Enhancing Sessions with Transdiagnostic CBT Strategies

Faculty of Adult Psychiatry Conference

RANZCP

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Background

- Despite robust pharmacotherapy, many patients remain symptomatic and functionally impaired.
- Access to evidence based psychotherapy is limited.
- CBT is a transdiagnostic approach, applicable across a wide range of disorders, due to shared underlying psychopathological mechanisms.
- When CBT augments medication, there can be improved outcomes in terms of symptoms and functional recovery.
- Psychiatrists are in a unique position to augment their standard care with CBT for common clinical presentations.
Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder

Gavin Andrews1,2, Caroline Bell1,3, Philip Boyce1,4, Christopher Gale1,5, Lisa Lampe1,6, Omar Marwat1,2, Ronald Rapee1,7 and Gregory Wilkins1,8

If treatment is indicated, use any of the following options:

- CBT: either 8–12 sessions of face-to-face CBT, provided by an experienced clinician or a programme of guided dCBT for panic disorder;
- SSRI (or SNRI) antidepressant (together with advice about graded exposure to anxiety triggers);
- The combination of CBT and medication.

For patients with mild panic disorder, consider CBT.
For those with moderately severe panic disorder, consider CBT, an SSRI (or SNRI) or a combination of CBT and medication.
For those with severe panic disorder, consider initial treatment with a combination of CBT and medication.
Are claims of non-inferiority of Internet and computer-based cognitive-behavioural therapy compared with in-person cognitive-behavioural therapy for adults with anxiety disorders supported by the evidence from head-to-head randomised controlled trials? A systematic review

Richard O’Kearney1, Sheri Kim1, Rachelle L Dawson1 and Alison L Calear2

Conclusion: There is limited evidence from randomised controlled trials which supports claims that computer- or Internet-delivered cognitive-behavioural therapy for anxiety disorders is not inferior to in-person delivery. Randomised controlled trials properly designed to test non-inferiority are needed before conclusions about the relative benefits of in-person and Internet- and computer-delivered cognitive-behavioural therapy can be made.
Learning CBT by Self-Practice/Self-Reflection

• SP/SR is a self-experiential training strategy in which participants practice CBT strategies on themselves (SP) and then reflect on the implications for their personal and professional lives (SR) (Bennett-Levy et al, 2015).

• SP/SR workbook (Experiencing CBT from the Inside Out) can be used alone, with a buddy, with a supervisor or in groups.

• May improve therapist competence (Thwaites et al 2014), therapist confidence and empathy for patients (Gale & Schröder, 2014) and have personal benefits of enhancing therapist self-care (Bennett-Levy, Wilson, et al., 2015; Pakenham, 2015).
S-R/S-R- 3 Main Areas of Reflection

• What did you notice about applying the CBT strategy to yourself?
• Has your experience of this “from the inside” changed the way you might do this with your clients?
• Are there any implications for your self-care?
“To fully understand the process of the therapy, there is no substitute for using cognitive therapy methods on oneself.”

Christine A. Padesky, 1996
Agenda

• Brief Overview of CBT
• Enhancing Motivation to Change
• Case conceptualisation
• SMART Goals
• Behavioural Activation
• Functional Analysis of Behaviour
• Thought Records
• Behavioural Experiments
• Cost Benefit Analysis
• Positive Data Logs
Cognitive Theory

• Emotions and behaviours are associated with how people *interpret and think* about a situation rather than the event themselves.

Aaron (Tim) Beck 1921-
Linear Model

Antecedents
(Situation/event)

Beliefs
(automatic thoughts)

Consequences
(emotional, behavioural, physiological)
e.g. reading a CBT text book
Reader A thinks, “This really makes sense. Finally, a book that will really teach me to be a good therapist!” Reader A feels mildly excited and keeps reading.

Reader B thinks, “This approach is too simplistic. It will never work.” Reader B feels disappointed and closes the book.


Reader D thinks, “I really need to learn all this. What if I don’t understand it? What if I never get good at it?” Reader D feels anxious and keeps reading the same few pages over and over.

Reader E has different thoughts: “This is just too hard. I’m so dumb. I’ll never master this. I’ll never make it as a therapist.” Reader E feels sad and turns on the television. 

(J. Beck, 2011)
Cognitive Theory

• We automatically selectively attend to and emphasize negative experience, and either discount or fail to recognize more positive experience.
• This **negativity bias** fuels depressed and anxious mood.
• BUT our negative thoughts are only interpretations of some of the facts and not truths in themselves so they may distort reality.
• For an excellent overview of the negativity bias, listen to Podcast; ‘How to change your brain’, Being Well with Dr Rick Hanson 7/9/2020
Why do we interpret situations differently?

• We view situations through the lens of our underlying core beliefs about the self, others and the world.

• These most central and relatively stable ideas arise from significant experiences in childhood, or later life.

• Core beliefs give rise to should rules and assumptions about oneself, the world and others.
Emotion

Behaviour

Automatic Thoughts

Critical Incidents/Stressors

Compensatory Strategies

Assumptions 'If..., then...'
Should rules 'I should...' 'They shoud...'

Core Beliefs
'I am...' 'The world is...' 'People are...'

Early Life Events
What are Reader E’s core beliefs and assumptions?

• Reader E: “This is just too hard. I’ll never master this. I’ll never make it as a therapist.” Reader E feels sad and turns on the television.
Critical mother
Compared self with older brother

'I am inadequate'

'If I work really hard, I might do ok'
'If I don't get A's, then I've failed'

Study very hard
Overprepare
Avoid seeking help
Rarely see friends

Preparing for exams

'I can't understand this'

sad stopped studying
Key Features of Successful CBT

• Individual model (or *conceptualisation*) which is ever-evolving

• Strong collaborative and empathic therapeutic alliance (note positive alliances are correlated with positive treatment outcomes)

• Goal oriented and structured sessions

• Use of homework (write it down, aim for at least 70% confidence in completing it, remember to check it and give credit for effort rather than achievement)

• Use of Socratic questioning
Weekly Therapy Report

Name: ___________________________ Date: ___________________________

1. **What did you learn today that is important to remember?**
   
   ____________________________________________________________
   
   ____________________________________________________________

2. **Did anything bother you in the session today?**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

3. **Your homework for the next session is:**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

4. **How likely are you to do new homework?**
   **Are there any obstacles that could prevent you from completing your homework?**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

5. **What would you like to cover in the next session?**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

Adapted from J Beck, 2011
Socratic Questioning and Guided Discovery

- **Socratic Questioning** - art of asking questions to encourage people to think for themselves to arrive at the objective truth.

- Ask questions which:
  1. the patient has the knowledge to answer
  2. draw attention to information which is relevant but may be outside current awareness
  3. move from the concrete to the more abstract
  4. provide new information to re-evaluate old thinking or construct new ideas

(Padesky, 1993)
Socratic Questioning and Guided Discovery

- Asking informational questions
  What is going through your mind?
  What do you mean by ____?
  Can you give me an example?
  What makes you think this is true?
- Empathic listening and reflection
- Frequent summaries
- Synthesising/analytical questions that require the patient to apply the new information
  What do you make of this?
  How do you put it all together?
  What is an alternative way of looking at it?

(Padesky, 1993)
Enhancing Motivation to Change
## Decisional Balance

<table>
<thead>
<tr>
<th>Advantages of making a change</th>
<th>Disadvantages of making a change</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Advantages of not making a change</th>
<th>Disadvantages of not making a change</th>
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In One Year’s Time...Continuing to have this problem

<table>
<thead>
<tr>
<th>Area of life</th>
<th>What will have happened in these areas?</th>
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</thead>
<tbody>
<tr>
<td>My social life</td>
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<td>My work/education</td>
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<td>My finances</td>
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<td>My emotional health</td>
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<td>My relationship with my partner</td>
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<td>My relationship with my children</td>
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<td>My relationship with close friends</td>
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<tr>
<td>My relationship to my parents/siblings</td>
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<tr>
<td>My contribution to the community</td>
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<tr>
<td>My spiritual life</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>
## In One Year’s Time... No longer having this problem

<table>
<thead>
<tr>
<th>Area of life</th>
<th>What will have happened in these areas?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Adapted from Shafran, Egan & Wade, 2010
### WORKSHEET 6.4: BEING THE PERSON YOU WANT TO BE ACROSS DIFFERENT AREAS OF YOUR LIFE

<table>
<thead>
<tr>
<th>Area of life</th>
<th>Who do you want to be in this area? What do you want to do in this area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My social life</td>
<td></td>
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<tr>
<td>My work/education</td>
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<td>My relationship with my partner</td>
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<td>My relationships with my children</td>
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<td>My relationships with close friends</td>
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<tr>
<td>My relationships with my parents/siblings</td>
<td></td>
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<tr>
<td>My contribution to the community</td>
<td></td>
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<tr>
<td>My spiritual life</td>
<td></td>
</tr>
<tr>
<td>My valued pastimes and hobbies</td>
<td></td>
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<tr>
<td>My fitness and physical and nutritional health</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Shafran, Egan & Wade, 2010
Use of Metaphors

- Person-in-the-hole
- Quicksand
- Passengers on the bus
- Tap on the shoulder to dance
Case Conceptualisation
Case Conceptualisation

• The conceptualisation is like the road map for the therapy journey.
• There are a number of ways to reach the final destination and if you make a wrong turn or take a detour, you can always return to the route.
JAYASHRI’S FIVE-PART FORMULATION

ENVIRONMENT

Immediate triggering situation
Client begins to cry in session

Thoughts
Poor Jenny
it’s terrible to see her so distressed
I shouldn’t be upsetting her like this
I should be helping her to feel better not worse

Bodily sensations
Tense
Increased heart rate
Heaviness in stomach

Emotions
Anxiety 70%
Confusion 80%
Disappointment 60%

Behaviors
Start to reassure client that all will be well
Start discussing a less upsetting item on the agenda

Developmental history
Genetics and physical health
Culture
Spirituality and religion

Bennett-Levy et al, 2015
DAVID’S FIVE-PART FORMULATION

ENVIRONMENT

Immediate triggering situation
Accompanying Karen to her annual work Christmas party

Thoughts
I hate meeting new people
I have nothing to say to them
They think I am boring
They wonder what she sees in me

Bodily sensations
Tense shoulders
Rapid heart beat
Feeling sick

Emotions
Anxiety 80%
Sadness 60%

Behaviors
Standing alone at the bar
Drinking too much
Ask Karen repeatedly, “When are we going home?”

Developmental history
Genetics and physical health
Culture
Spirituality and religion

Bennett-Levy et al, 2015
Self-Practice Exercise
- Five-Part Formulation

• Complete the five-part diagram using a specific recent situation where you felt a strong emotional response.

• Try to be specific in identifying your thoughts, emotions, behaviours, and bodily sensations.
Self-Reflective Questions

• What did you notice about applying the CBT strategy to yourself?
• Has your experience of this “from the inside” changed the way you might do this with your clients?
• Are there any implications for your self-care?
Questions/Comments
Setting Goals
SMART Goals

**Specific:** Are your goals specific? What are the dates, times, resources, etc., needed to achieve them?
SMART Goals

**Measurable:** How will you measure progress with your goals and how will you know when you’ve reached them?
SMART Goals

**Achievable:** Are your goals achievable: just out of reach but not unrealistically so?
SMART Goals

**Relevant:** Are your goals directly relevant to your life and getting things in order? What would you like to be able to do soon that will make a real difference?
SMART Goals

**Timely:** By what date would you like to achieve your goals? Start with short term goals. The addition of some medium and long-term goals may be helpful as you progress.
<table>
<thead>
<tr>
<th>Goal [before SMARTening]</th>
<th>Achievable: Are your goals achievable: just out of reach but not unrealistically so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific: Are your goals specific? What are the dates, times, resources, etc., needed to achieve them?</td>
<td>Relevant: Are your goals directly relevant to your life and getting things in order? What would you like to be able to do soon that will make a real difference?</td>
</tr>
<tr>
<td>Measurable: How will you measure progress with your goals and how will you know when you’ve reached them?</td>
<td>Within a Time frame: By what date would you like to achieve your goals? Start with short-term goals. The addition of some medium- and long-term goals may be helpful as you progress.</td>
</tr>
</tbody>
</table>
JAYASHRI’S FIRST SMART GOAL

To encourage a client who has a diagnosis of panic disorder to perform a panic induction experiment in a session.

Specific: Are your goals specific? What are the dates, times, resources, etc., needed to achieve them?

- Discuss goal with supervisor.
- Review diary.
- In the first month, choose two clients with panic disorder. Conduct panic induction with both clients by the end of the month.

Measurable: How will you measure progress with your goals and how will you know when you’ve reached them?

- Rate level of confidence in using panic induction before and after sessions.
- Rate own levels of anxiety before and after sessions.
- Review outcomes in terms of client feedback and progress with supervisor.
- Record and watch sessions.

Bennett-Levy et al, 2015
Achievable: Are your goals achievable: just out of reach but not unrealistically so?

I feel confident that this goal is achievable if I get the support from my supervisor, which I feel confident I will.

Relevant: Are your goals directly relevant to your life and getting things in order? What would you like to be able to do soon that will make a real difference?

- Relevant to effectiveness and confidence as a therapist.

Within a Time frame: By what date would you like to achieve your goals? Start with short-term goals. The addition of some medium- and long-term goals may be helpful as you progress.

- Short-term goal (1 month): To have performed two panic inductions by the end of the month.
# Achieving Personal Goals

Rate how much progress you made toward achieving the personal goals you set for your program using the scale below.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No progress</td>
</tr>
<tr>
<td>1</td>
<td>A little progress</td>
</tr>
<tr>
<td>2</td>
<td>Moderate progress</td>
</tr>
<tr>
<td>3</td>
<td>A great deal of progress</td>
</tr>
<tr>
<td>4</td>
<td>Goal achieved!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

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Behavioural Activation
Cycle of Inactivity

• When depressed, patients withdraw from activities that had previously given them a sense of achievement or pleasure.
• They increase certain behaviours (staying in bed, watching television) that may help in the short term but maintain or increase depression in longer term.
• Even when they manage to engage in various activities, self-critical automatic thoughts undermine sense of achievement or pleasure.
• Being more active and giving themselves credit for effort can improve mood, and also strengthen sense of self-efficacy and control.
The Vicious Cycle of Depression

- Depression
- Low energy, fatigue,
- Decreased activity, neglect of responsibilities
- Increased guilt, hopelessness, ineffectiveness

www.cci.health.wa.gov.au
What do depressed patients believe?

But, we know,

MOTIVATION ➔ ACTION

ACTION ➔ MOTIVATION
Behavioural Activation: Self-monitoring

• Daily activity diaries monitor activities hourly and rate pleasure or mood and mastery/level of achievement.

• Allows development of awareness of behaviour patterns and the impact that they can have on our mood and thoughts.

• Informs subsequent structuring of helpful activities.
# JAYASHRI’S ACTIVITY AND MOOD DIARY

## Day 1—Monday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity and Entry</th>
<th>Depressed</th>
<th>Anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 A.M.</td>
<td>Got up and ate my breakfast, thinking about clients with complex problems I was seeing first thing.</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>8 A.M.</td>
<td>Drove into work. Played some of my favorite CDs.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>9 A.M.</td>
<td>Saw client, it went well, and I felt like the week had got off to a good start.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 A.M.</td>
<td>Had meeting with my manager. Wanted to discuss going on some further training but didn’t get round to mentioning it. Avoided bringing it up.</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>11 A.M.</td>
<td>Had final session with client who had done really well.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 noon</td>
<td>Caught up on outstanding client notes and letters, annoyed that didn’t have time for lunch.</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Time</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
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<td>8 to 9 am</td>
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<td>9 to 10</td>
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<td>10 to 11</td>
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<td>11 to 12 pm</td>
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<td>12 to 1</td>
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<td>1 to 2</td>
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<td>6 to 7</td>
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<td>7 to 8</td>
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<td>8 to 10</td>
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<tr>
<td>10 to 12 am</td>
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</table>
Daylio Journal
Super Easy Journal with Stats

⭐⭐⭐⭐⭐ 3.2K

OPEN
Behavioural Activation: Daily Activity Scheduling

• Plan each day in advance at set time.
• Aim for balance of fun/‘antidepressant’ activities and necessary/‘work’ activities.
• May need to break tasks down into small steps (graded task assignment).
• Reward after difficult activity and give credit for effort.
• Review at end of day and trouble shoot.
Drive, achievement, reward system

Soothing & bonding system

• Anger
• Anxiety
• Disgust
• Shame
• Excitement
• Energy
• Pleasure
• Joy

Depression

Threat-monitoring system

Paul Gilbert, 2009
Daily Activity Scheduling

• Take home message “Follow your plan, not your mood”
Reversing The Vicious Cycle of Depression

- Increased Activity
- Feeling hopeful, more
- Improved Depression
- Greater energy & motivation

www.cci.health.wa.gov.au
Habit Tracker
Build Habits, Track Goals

OPEN

Motivation Message
Change your brain

Show memo after Check-in

Chart Type

Habit Term
Start: 2020-10-11
End: No End
Right now I'm mostly feeling

- Low, flat or depressed
- Anxious, nervous or worried
- I'm not feeling either of the above

Tell us more

Pick one option that best describes the problem

- I can't stop thinking about something
- I feel emotional, and I'm sick of feeling this way
- How I'm feeling is stopping me from doing things
- My body feels drained, numb or heavy
- I can't quite put my finger on it

Next
Go and sit in a park for at least 5 minutes

Visit your favourite website

“My feelings make me uncomfortable right now, but I can accept them.”

Take a dog for a walk - either your own or a friend’s

Objectives
Visit your local park and take a seat. Take a moment to take in all of the sights, sounds, smells, and sensations.

Why This Helps
Activities like these can help boost mood because they are usually pleasurable. When we feel low or anxious, we might not feel like doing these sorts of things, but doing them can actually lift us out of an unpleasant state.

This is part of a research-backed psychological technique called behavioural activation, which works by breaking the following cycle:

Cycles like these can perpetuate low moods and breaking them can help restore balance.
MY FEELINGS MAKE ME UNCOMFORTABLE RIGHT NOW, BUT I CAN ACCEPT THEM.

Objectives
Repeat this phrase in your head 5 times, each time carefully considering the meaning. Then apply it to your current situation (e.g. "My thoughts about failing my driving test make me uncomfortable right now, but I can accept them") and repeat it another 5 times. Write it down to remind you.

Why This Helps
Self-encouraging thoughts can be powerful positive forces. Making yourself consider a self-encouraging thought by repeating it in your head and taking time to think about the meaning can help boost your self-esteem and encourage a fairer viewpoint of your feelings. Thoughts and feelings are temporary states, and sometimes we need encouragement to help us realise that any negativity will be over soon. Worrying that negativity will never end just leads to more negativity.

Mission type
Thought-based. More info

SUPPORT OPTIONS
If you would like to talk to someone or find out more about getting support, try one of these services. Tap on the service to be directed to their website, or tap on the phone number to start a conversation:

AUSTRALIA
Lifeline - website includes Crisis Support Chat
Phone (24hrs a day): 13 11 14

Beyondblue
Phone: 1300 224 636

eheadspace - for young people 12-25 and their families
Phone: 1800 650 890

If your life is in danger call 000

CANADA
Mental Health Helpline
Phone (24hrs a day): 1-866-531-2600

NEW ZEALAND
Lifeline Aotearoa
Phone (24hrs a day): 0800 543 354

UNITED KINGDOM
Samaritans
Phone (24hrs a day): 116 123

UNITED STATES OF AMERICA
National Suicide Prevention Lifeline
Phone (24hrs a day): 1-800-273-8255

More information about finding mental health support can be found at: www.moodmissionapp.com/findhelplinenow
Functional Analysis of Behaviour
The Behavioral Equation: Determining the Function

Antecedent A \rightarrow Behavior B \rightarrow Consequence C

The function of a behavior is determined by the consequences that follow the behavior.
ABC Functional Analysis for Problem Behaviours

1) **antecedents** (triggers) – start immediate, work back. Includes situations, thoughts and feelings that precede the behaviour.

2) **target behaviour**

3) **consequences** (payoffs) – start immediate, work forward
   - Physiological (e.g. feel good in short term, later feel guilty)
   - Behavioural (e.g. escape or avoid something unpleasant. Later become self critical and demoralised; get behind in tasks.)
   - Social (e.g. reassurance, gain care in short term. May lead to relationship strain in longer term.)
Which coach would you choose?
Changing Unwanted Behaviours

• What is your unwanted behaviour?
• What do you say to yourself when this behaviour arises?
• How does this self-criticism make you feel and think?
• How effective is it at motivating you?
• What would your healthy or compassionate voice say? This is the voice that cares about you and doesn’t want you to suffer (vs the voice that fears not being good enough).

https://self-compassion.org
Exercise. Identifying Necessary Activities Using Imagery

Imagine that you are contemplating doing an activity that you have struggled with, something that is not particularly pleasurable but would be good to do. Due to lack of time, motivation, habit or avoidance, this activity keeps getting put off. What are you thinking, how are you feeling, what sensations are you experiencing in your body?

Bennett-Levy et al, 2015
Exercise. Identifying Necessary Activities Using Imagery + Strengths

Now imagine that you are utilising your strengths and motivating yourself using a compassionate rather than self-critical voice in that situation. What are you seeing yourself doing differently, how you are moving, feeling and thinking differently. Where do you notice that in your body?

Bennett-Levy et al, 2015
Self-Reflective Questions

• What did you notice about applying the CBT strategy to yourself?
• Has your experience of this “from the inside” changed the way you might do this with your clients?
• Are there any implications for your self-care?
Questions/Comments
Thought Records
Negative Automatic Thoughts

• Pop up spontaneously, usually quite brief.
• May be in verbal and/or visual form.
• People are often more aware of the emotion they feel rather than the thoughts themselves.
• Ask, “What was just going through your mind?” when there is a shift in mood, distressing physical sensations or dysfunctional behaviour.
• Can evaluate according to validity and/or utility
Socratic Questions - validity

**Evidence Question**
- What is the evidence that supports this idea?
- What is the evidence against this idea?

“Alternative Explanation” Questions
- Is there an alternative explanation or viewpoint?
- When I am not feeling this way, how do I think about this type of situation any differently?

The “Distancing” Questions?
- If a compassionate friend knew I was thinking this thought, what would they say to me? What would I say to a friend in this situation?
- Five years from now, if I look back at this situation, will I look at it any differently?
Socratic Questions - utility

"Impact of the Automatic Thought" Questions

• What are the costs and benefits of thinking this? How helpful is it?
• Even if the worst thing happened, how could I cope?
• If I could think in a more compassionate way about this, how would I feel?
• Is it helpful to dwell on this? What could I do that would be more helpful?
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<thead>
<tr>
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<tbody>
<tr>
<td>Sunday evening, in the airplane, on the runway, waiting for the plane to take off.</td>
<td>Fear 98%</td>
<td>I'm feeling sick.</td>
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<td></td>
<td>My heart is starting to beat harder and faster.</td>
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<td></td>
<td></td>
<td>I'm starting to sweat.</td>
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<tr>
<td></td>
<td></td>
<td>I'm having a heart attack.</td>
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<td></td>
<td></td>
<td>I'll never be able to get off this plane and to a hospital in time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I'm going to die.</td>
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<tr>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>My heart is racing.</td>
<td>A rapid heartbeat can be characteristic of anxiety.</td>
<td>My heart is racing and I am sweating because I'm anxious and nervous about being on an airplane. 95%</td>
</tr>
<tr>
<td>I'm sweating.</td>
<td>My doctor told me that the heart is a muscle, using a muscle is not dangerous, and therefore a rapid heartbeat is not dangerous.</td>
<td>My doctor assured me that a rapid heartbeat is not necessarily dangerous and in all likelihood my heart will return to normal in just a few minutes. 85%</td>
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<tr>
<td>These are two characteristics of a heart attack.</td>
<td>A rapid heartbeat doesn’t mean that I am having a heart attack.</td>
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<td>I have had this happen to me before in airports, on airplanes and when thinking about flying.</td>
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<td>In the past, my heartbeat has returned to normal when I read a magazine, practiced deep breathing, did Thought Records, or thought in non-catastrophic ways.</td>
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<td>Date:</td>
<td>Name:</td>
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</tr>
<tr>
<td>1.</td>
<td>Situation</td>
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<td>2.</td>
<td>Moods</td>
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<td>3.</td>
<td>Automatic</td>
<td>Images</td>
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<td>Thoughts</td>
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<td>4.</td>
<td>Evidence that supports the thought</td>
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<tr>
<td>5.</td>
<td>Evidence that does not support the thought</td>
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<td>6.</td>
<td>Alternative/Balanced Thoughts</td>
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<td>7.</td>
<td>Rate Moods Now</td>
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<td></td>
<td>Moods from column 2</td>
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<tr>
<td></td>
<td>and any new moods</td>
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<td>0-100%</td>
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Teaching Thought Records

- Avoid if patient’s level of distress is too high.
- Make sure there is enough session time.
- Select key ‘hot’ thought, not multiple thoughts.
- Change questions into statements.
- Look for evidence for negative automatic thought too, otherwise challenging can seem superficial.
- Choose a few helpful Socratic questions to challenge ‘hot’ thought.
- Remind spelling and handwriting aren’t important.
- Remind that it is a skill that takes practice.
Maximising Benefits

• Read balanced thought daily in order to integrate.
• Note tone of voice and body posture.
• Can record new responses on mobile phone.
• If evidence against is superficial or lacking, may need to gather more evidence.
• To increase believability of balanced thought, integrate behavioural change in keeping with new belief.
What if Hot Thought is true?

- Focus on problem solving, developing social skills or increasing competencies.
- Work on acceptance and moving towards values despite adversity or setbacks.
- Ask utility questions.
- If there has been an intellectual shift but belief still “feels” true at gut/heart level, this indicates the thought may actually be a core belief.
Cognitive Biases

• We are all prone to thinking biases, much like how a camera filter biases what is photographed through the lens.

• Labelling common thinking distortions helps to gain perspective from thoughts and challenge the validity and utility of thinking.
Jumping to Conclusions:
We jump to conclusions when we assume that we know what someone else is thinking (mind reading) and when we make predictions about what is going to happen in the future (predictive thinking).

Personalisation:
This involves blaming yourself for everything that goes wrong or could go wrong, even when you may only be partly responsible or not responsible at all. You might be taking 100% responsibility for the occurrence of external events.

Catastrophising:
Catastrophising occurs when we “blow things out of proportion”, and we view the situation as terrible, awful, dreadful, and horrible, even though the reality is that the problem itself is quite small.
Black & White Thinking:
This thinking style involves seeing only one extreme or the other. You are either wrong or right, good or bad and so on. There are no in-between or shades of gray.

Emotional Reasoning:
This thinking style involves basing your view of situations or yourself on the way you are feeling. For example, the only evidence that something bad is going to happen is that you feel like something bad is going to happen.

Magnification and Minimisation:
In this thinking style, you magnify the positive attributes of other people and minimise your own positive attributes. It’s as though you’re explaining away your own positive characteristics
Shoulding and Musting:
Sometimes by saying “I should…” or “I must…” you can put unreasonable demands or pressure on yourself and others. Although these statements are not always unhelpful (eg “I should not get drunk and drive home”), they can sometimes create unrealistic expectations.

Overgeneralisation:
When we overgeneralise, we take one instance in the past or present, and impose it on all current or future situations. If we say “You always…” or “Everyone…”, or “I never…”, then we are probably overgeneralising.

Labelling:
We label ourselves and others when we make global statements based on behaviour in specific situations. We might use this label even though there are many more examples that aren’t consistent with that label.
CBT Thought Diary
Mood, CBT, & Gratitude Journal

Learn
Introduction
- What is CBT?

Mood Tracking
- Why Track My Mood?
- Tips & Tricks

Negative Thoughts
- Overview
- What are Automatic Thoughts?
- What are Cognitive Distortions?
- How to Challenge Your Thoughts
- Cognitive Distortions Explained
14/9/20, 10:03 pm
Details
Overloaded with work tasks

Negative Thoughts
I have too much to do and not enough time.

Cognitive Distortions
 والا-نتشيير

Challenge
Maybe it can be broken down. I have time to do the most important things. It will seem easier once I get started.

Emotions
😊 Relaxed
😊 Motivated

Gratitude
I am getting stuff done and there are gd resources out there
Self-Practice Exercise
- Challenging your thinking
Self-Reflective Questions

• What did you notice about applying the CBT strategy to yourself?
• Has your experience of this “from the inside” changed the way you might do this with your clients?
• Are there any implications for your self-care?
Questions/Comments
Behavioural Experiments
Behavioural Experiments

• Behavioural exercises which aim to induce emotional arousal and cognitive change.
• Intended to test validity of existing beliefs or new adaptive beliefs.
• Also useful to test assumptions about behaviours:
  • ‘If I (do not engage in compensatory strategy), then (my core belief is likely to come true)’
    e.g. ‘If I don’t work really hard, then I will fail’
Patients often report that despite being cognitively aware that their thoughts are flawed, they continue to act as if they are correct because they “feel true”.

Typical responses to thought records include, “I know it rationally but…”,

Whereas the response to behavioural experiments is, “I experienced it, therefore it must be true”.

Believed with ‘the head’ and ‘the heart/gut’ i.e. rationally and emotionally.
Types of Experiments
- Observational

- Patient is observer or data gatherer.
- Useful if direct action too anxiety-provoking or more information is required.
- May involve direct observation of therapist (modelling), surveys, internet searches etc.
- e.g. survey re sweating
Types of Experiments
- Active

• Patient deliberately thinks or acts in a different way in a problem situation and notes outcome. They take a lead role as both ‘actor’ and ‘observer’.
• Hypochondriasis- Increased checking (e.g. swallowing 4 times)
• Social Phobia- Increased safety behaviours (e.g. hold items tightly)
• OCD- Thought suppression experiment
Structure of Behavioural Experiments

• Incorporate key features of adult learning theory- Plan, Experience, Observe, Reflect

• Identify target cognition- old belief
• Identify alternative perspective – new belief
• Devise Experiment
• Discuss predictions
• Review Results
• Review Conclusions and new learning
Example: Shelly’s Behavioural Experiment

- **Belief to be tested:** “If I allow my supervisor to observe my therapy, then he will realise what a useless therapist I am” 85%

- **Alternative perspective:** “Although I’m not a perfect therapist, I know that I’m good enough. If I let my supervisor see what I do, he’ll think it’s fine and will help me to improve.” 10%

- **Experiment:** Take a recording of a therapy session and show it to my supervisor.

- **Specific Predictions:** I will feel very anxious, my heart will race and will noticeably sweat. My supervisor will look stony faced and point out all the things I do wrong.
Example: Shelly’s Behavioural Experiment

• **Results:** I was very anxious and my heart was beating fast but this reduced as I went along. I felt like avoiding but I pushed through. My supervisor gave me some negative feedback but also pointed out some positives.

• **Conclusions:** I need to keep doing this as it helps me benefit from supervision. The feedback indicated that I am at the right level for my stage of training.

new ratings:  
old belief - 35%  
alternative perspective - 50%
| **Belief/image to be tested**  
| (Rate % belief)  
<p>| | |</p>
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| **Alternative Perspective**  
| (Rate % belief)  
|   |   |
| **Experiment**  
| (How can I test my belief/image?)  
|   |   |
| **Specific Predictions**  
| (Objective outcomes to observe)  
|   |   |
| **Results**  
| (What happened?)  
|   |   |
| **Conclusions**  
| (What did I learn? How much do I believe my previous thought/image? Visualise the new helpful image as if it is actually occurring now)  
|   |   |
Behavioural Experiments- Pitfalls

- Experiment too complex
- Patient and/or therapist anxious about the experiment
- Confidentiality and boundary issues
- Prediction comes true (even if belief is confirmed, it may provide useful information)
- One off experiment is insufficient
- Safety behaviours and cognitive biases may interfere with learning
Behavioural Experiment- Panic Disorder

• Target Cognition- If I feel dizzy, I must rest otherwise I will pass out.

• Avoids exercise, sits down if feels lightheaded, only walks with husband, takes mobile phone everywhere.
Behavioural Experiment - Social Phobia

- Target Cognition - People dislike me.

- Doesn’t initiate conversation, avoids eye contact, wears sunglasses inside, doesn’t express personal opinions.
Behavioural Experiment- GAD

• Target Cognition- If I don’t distract myself when I start to worry, the worry will take over and I’ll lose control.

• In response to worry engages in counting or keeps busy with housework. Avoids reading newspaper articles about health issues and disasters.
Questions/Comments
Cost Benefit Analysis
Cost Benefit Analysis

• Advantages and disadvantages method to engage patient in considering change in longstanding rules and core beliefs if not convinced.

• If there are more disadvantages, is this a rule/belief/behaviour you would like to change?
Rule: I should do everything perfectly

**Advantages**

- It makes me produce good work (100%)
- It makes me try hard to do well (80%)
- When something goes well, I feel really good (100%)
- Other people praise me (70%)

**Disadvantages**

- It increases my anxiety, so that my performance suffers (100%)
- It stops me from doing many of the things I would like to do, because I may not succeed (80%)
- It makes me very critical of myself (90%)
- My successes are undermined (90%)
- No leisure time (90%)
# Cost/Benefit Analysis

**Topic:** ________________________________

<table>
<thead>
<tr>
<th>Costs</th>
<th>How Important</th>
<th>Benefits</th>
<th>How Important</th>
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**Total:** ____________________________

**Total:** ____________________________

**Decision:**

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Positive Data Logs
Core Beliefs

• Core beliefs are entrenched unconditional beliefs that it may be rooted in childhood events.
• These beliefs can “feel” true, and yet be mostly or entirely untrue.
• They are maintained by information processing biases.
• A variety of strategies over time can change this idea so that the patients can view themselves in a more realistic way.
• Unlovable core beliefs (e.g. “I am unlovable/unlikeable”, “I am not good enough”); incompetent core beliefs “I am weak”, “I am a loser”, “I am defective”); worthless core beliefs (e.g. “I am worthless”, “I am unacceptable”, “I am bad”).
Information Processing Model

(Judith Beck, 2011)
Developing Alternative Core Beliefs

• Aim to guide patients towards a more realistic, and functional belief.
• A relatively positive belief is more believable than the polar opposite of their existing belief.
• E.g. “If I ask for help, it’s a sign of weakness.” → “If I ask for help, it means I am facing my problems which can be sign of strength.”
• E.g. “I’m unlovable” → “I’m likeable to some people.”
Positive Data Log

• Tool to weaken old core beliefs and strengthen alternative core beliefs by collecting relevant evidence.
• Ask, “How would you like to be thinking about yourself, others and the world?”
• Aim to identify an alternative core belief and help patient collects evidence which supports new belief.
• If patient unable to devise alternative core belief initially, start with old belief and note evidence which contradicts it. Once intensity of belief is reduced, then develop new belief.
Positive Data Logs

• Log is reviewed at start of each session, and strength of belief rated. Initially most of the work is done in session.
• Collaboratively identify small pieces of evidence from different categories and point out when patient disqualifies data.
• Identify 1-5 pieces of evidence daily and continue for several months to “build up mental muscle”.
Fine-Tuning Positive Data Logs

• Use memory aids like post-it notes, pop-up reminders or alarms on phones to collect daily.
• Encourage patient to record the data rather than just making mental notes which are easy to forget.
• Think of data that they would say were positive evidence for another person.
• Ask themselves what a friend or you their therapist would be pointing out daily as positive evidence.
• In order to fight the negativity bias and “take in the good”, need to enrich and absorb the information.
HEAL- the 4 Steps of *Taking in the Good*

1. **Have** a positive experience.
2. **Enrich** it.
3. **Absorb** it.
4. **Link** positive and negative material.

[https://rickhanson.net](https://rickhanson.net)
**Worksheet 12.6. Core Belief Record: Recording Evidence That Supports a New Core Belief**

**New Core Belief:**

**Evidence or experiences that support my new belief:**

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 
16. 
17. 
18. 
19. 
20. 
21. 
22. 
23. 
24. 
25. 

Shelly’s Positive Data Log: ‘I am a good enough therapist’

Monday 31/8
• Recorded therapy session with John
• Asked for feedback from my supervisor about the recording

Tuesday 1/9
• Noticed that my patient, Heather, was improving—and gave myself a pat on the back
• Looked forward to supervision today to discuss a difficult case

Wednesday 2/9
• Spoke with another trainee about my lack of confidence (and she shared that she struggles with this too).

Adapted from Bennett-Levy et al, 2015
Day One Journal
Your journal for life

3.6K

Spending time with Mum.
11:46 am

Walking In nature with my dog.
11:41 am

Riding my bike.
11:38 am

11:37 am
Gentle REMINDER:
Take care of myself today.

Note to Self:
Relax!
You are enough.
You have enough.
You do enough.
Self-Practice Exercise: My New Way

Imagine yourself being exactly as you would like to be in problem situations, even if right now it is hard to believe that you could feel or act in this way. See yourself clearly in one of these situations, but feeling exactly as you would like to feel, behaving in exactly the way that you would like to be behaving, thinking in exactly the way that you would like to be thinking about yourself and the situation. How do you want to be feeling? Do you notice any particular place in your body that you feel this? What do you see yourself doing? How does that feel? How does it feel to feel this way in your body? What personal strengths are you bringing to the situation? Feel these in your body too. What thoughts and images are you having: about you and about the situation? How is what you see yourself doing different from before? What new underlying patterns of thought and behaviour are you incorporating into your repertoire?

Bennett-Levy et al, 2015
Conclusions

• Psychiatrists can play a pivotal role in advancing CBT training and practice.
• Training and supervision in psychotherapies should remain a priority to improve competencies among psychiatrists and trainees and access of therapy for patients.
• SP/SR may be a useful psychotherapy training tool for doctors which can be delivered in a range of formats and levels of experience to improve personal and professional development.
• Incorporating CBT may improve treatment effectiveness, as well as satisfaction of therapists.
Reading List


CBT Training Videos

• https://oxcadatresources.com/ptsd-training-videos/


• https://www.youtube.com/user/uofldepressioncenter/videos
Useful Apps

Suicide Prevention
• Beyond Now

Mindfulness apps
• Smiling Mind
• Calm
• Headspace $
• Insight timer

Reflection apps
• Day one
• Journey

Fitness apps
• Strava
• Zombies Run

Keeping good habits and routines
• Habit tracker
• Streaks

Mood tracking
• Daylio
• Sanvello $
Useful Apps

CBT strategies

• Breathe
• Worry time
• Mood mission
• Uplift
• CBT-I Coach

Thought recording

• CBT thought record diary
• Mood kit mood $
• Mood notes $
Useful Websites

CBT modules and templates

• www.cci.health.wa.gov.au
• www.getselfhelp.co.uk
• https://chairwork.co.uk
• https://self-compassion.org

Podcasts


Conferences and workshops

• www.aacbt.org.au
• www.psychology.org.au
Internet CBT

- myCompass | www.mycompass.org.au
- MoodGYM | www.moodgym.anu.edu.au
- THIS WAY UP | www.thiswayup.org.au
- e-couch | www.ecouch.anu.edu.au
- MindSpot | www.mindspot.org.au
- Mental Health Online | www.mentalhealthonline.org.au
Self-Reflective Questions

• What am I taking away from the workshop that I want to remember:

  • 1. For my own process (Personal Self)?

  • 2. For my work with patients (Therapist Self)?

  • 3. What is the first thing that I will implement from what I leaned in the workshop?
Thank you