



Cognitive Behavioural Therapy (CBT)

Course Manual

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Course Contents

- Module 1 - Introduction to Cognitive Behavioural Therapy (CBT)
- Module 2 - Exploring the theoretical basis of CBT
- Module 3 - Applications of CBT theory to practice
- Module 4 - CBT variations
- Module 5 - Characteristics of CBT
- Module 6 - The Cognitive-Behavioural Framework - Planning a CBT session
- Module 7 - The Cognitive-Behavioural Framework - Implementing a CBT session
- Module 8 - The Cognitive-Behavioural Framework - End stage of CBT
- Module 9 - CBT Intervention techniques
- Module 10 - Treatment protocols
- Module 11 - CBT for depressive disorders
- Module 12 - CBT for those at risk of suicide
- Module 13 - CBT for Anxiety Disorders
- Module 14 - CBT for Eating Disorders
- Module 15 - The future of CBT
- Module 16 - Implementation of CBT
- Module 17 - Evidence-based practice of CBT
- Module 18 - Answers to Practice Questions



Module 3:
Applications of CBT theory to practice

Objectives

The objectives of this module are to explore the application of CBT theory examined in the previous module, to practice, including an overview of areas key to CBT practice; Automatic Thought and Core Beliefs with reference to relevant empirical literature and key theorists. These applications will be examined further through the use of a case study.

As touched upon in Module 2, the processes of Automatic thought and core beliefs are of central importance to the theoretical basis of CBT. This module will examine these processes in greater detail with reference to practice and theoretical explanations.

Automatic Thought

A key component of thinking; Automatic Thought is a term coined by Beck and Greenberg (1974) to describe thought which enter a person's consciousness unbidden. Automatic Thought has also been termed: internalised statements self-statements; things you tell yourself and self-talk (Maultsby, 1968; Ellis, 1962; Curwen, Palmer & Ruddell, 2000). Automatic thoughts are predominantly negative in nature as, according to Dobson (2012), they are made up of a number of aspects of the information processing model of cognition as presented in Module 2, as such; this means that the reflexive nature of automatic thoughts occur as cognitive bias promotes the processing of new information in a self-confirming or self-maintaining manner.

The actual thoughts which comprise automatic thought are a direct result of the information processing model, including: attention to the trigger event; thoughts regarding the situation the client is in; the client's appraisal of the situation (positive or negative) with regard to schemas and the production of the thought or 'cognitive product'. The production of negative outcomes in relation to the information processing model of cognition have been explored by Beck (1995), including an examination of the role which misperceptions or cognitive distortions play in this. The manner in which cognitive distortions interact with existing schemas is influenced by the individuals' method of maintaining the integrity of these schemas.

Core Beliefs

Underlying beliefs and assumptions comprise the basis of the development of automatic thought (Curwen et al, 2000); this relationship can be further examined by exploring the concept of Schemas, a term which has been used interchangeably with 'beliefs' (Dobson, 2012).

Schemas

Within a cognitive behavioural framework, schemas are viewed as reactive and proactive. In terms of a reactive schema, this describes a person's way of reacting to and processing new information; whereas proactive schemas describe the processes by which a person enters new settings, approaches new experiences and uptake of information across a range of settings and contexts (Dobson, 2012).

The cognitive-behavioural model of emotional distress (Dobson & Dobson, 2009) as presented in Module 2, illustrates the processes by which automatic thoughts and core beliefs impact upon the cognitive functioning of an individual.

The concept of schemas is central to the understanding of many disorders from a cognitive behavioural viewpoint (Beck & Emery, 1985). Disorder-specific models have been developed to demonstrate the role which schemas play in the development of disordered thinking (Beck, 1999; Clark, 1986; Wells, 2006; Lavender & Schmidt, 2006; Tarrier, 2006).

Schema themes have been separated into two categories; sociotropy and autonomy, whereby sociotropy has been defined as:

'An interpersonal dependency and the personal belief that one needs interpersonal relations and support to function.' (Dobson, 2012: 17)

If these deeply held interpersonal relationships are under threat, this can lead to the development of anxiety and if these relationships dissipate completely, depressive symptoms can develop. In contrast, people who fall into the category of 'autonomy' place great importance on the achievements, maintenance of independence and independent accomplishments by which they define themselves. Autonomous individuals are vulnerable to anxiety if they perceive a threat to their independence and if their achievements or accomplishments are threatened or diminished, there is

the potential for them to develop the symptoms of depression. These models are thought to be applicable across disorders and, as such, will be reviewed during disorder-specific modules.

The Sociotropy-Autonomy Scale (SAS) was developed to empirically measure these compounds (Beck, Epstein, Harrison and Emery, 1983). In terms of the evidence-base for this measurement tool, peer-reviewed research has found it to have internal reliability (Bieling, Beck & Brown, 2000).

It is important to understand that every person has a number of difference schemas for different aspects of their lives which develop spontaneously through natural processes and operate concurrently. These schemas may be positive or negative and the extent to which they fall into either of these categories is determined by extenuating factors such as life experience and development.

More complex is the theory of ‘silent schemas’ (Dobson, 2012), which explores the hypothesis that schemas can lie dormant until triggered by a situation or event which an individual encounters. This has been further explored using the diathesis-stress model (Coyne & Whiffen, 1995; Robins & Block, 1989), whereby schemas depict a ‘diathesis’ or predisposition to develop dysfunctional thinking or behaviours. This predisposition is not activated until the person is placed under stress, by which it then comes to the fore. Using the cognitive behavioural model, when this occurs, current information held by the individual is assessed, either in a benign or positive manner dependent upon schemas (dormant or active) held; however, from the perspective of CBT, the processes often encountered are as a result of a negative assessment.

Referring back to the concept of automatic thought as discussed earlier, negative assessments of situations or events largely manifest themselves in automatic thought processes, the processes by which this happens are often unconscious but though CBT intervention can be brought under conscious control. The manner in which this occurs and the mechanisms used to achieve this will be discussed in later modules.

It has been found that negative situational appraisals alone are insufficient to result in emotional distress; only when an event or situation activate a schema in addition

to a negative meaning being associated with the event or situation, that emotional distress can manifest itself. The process by which this occurs has been termed 'cognitive specificity' (Clark, Beck & Alford, 1991; Clark, Beck & Stewart, 1990).

The manner by which schemas develop based upon childhood experiences has been explored through the use of two theories. The first of these stipulates that if a child has a parent or caregiver who suffers from a disorder such as depression, this, in turn will result in the child developing a schema which reflects the parent/caregivers coping mechanisms (Gaber & Martin, 2002). The second theoretical explanation for the development of schemas are that, previously functional childhood schemas which are carried forward into adulthood may become dysfunctional when the adult is expected to behave in a way which is different to that of their childhood behaviour; in this respect, schemas are said to 'typically make sense or [be] functional when they develop but may persist past their point of optimal utility' (Dobson, 2012: 27).

Multiple Choice Questions

1. *Automatic thought is a term coined by:*
 - a) *Beck and Greenberg*
 - b) *Skinner*
 - c) *Johnston and Pennypacker*

2. *Automatic thoughts are positive in nature*
 - a) *True*
 - b) *False*

3. *Which model underlies automatic thought?*
 - a) *Information processing model*
 - b) *Psychodynamic model*
 - c) *Biological model*

4. *The way in which a person reacts to and processes new information has been termed*
 - a) *Schema*
 - b) *Cognitive-behavioural model of emotional distress*
 - c) *Automatic thoughts*

5. *The cognitive behavioural model is defined as*
 - a) *The process by which automatic thoughts and core beliefs impact upon cognitive functioning*
 - b) *The manner in which positive reinforcement can aid cognitive processing*

6. *What is the term given to the existence of dormant schemas*
- a) *Silent schemas*
 - b) *Negative beliefs*
 - c) *Core beliefs*
7. *Schemas are thought to develop from childhood experiences, based upon the theory of*
- a) *Parent or caregiver depression*
 - b) *Functional childhood schemas becoming dysfunctional adult schemas*
 - c) *Both of the above*

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