



Cognitive Behavioural Therapy (CBT)

Course Manual

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Answers to Modules

Module 1 - Introduction to Cognitive Behavioural Therapy (CBT)

1. What is CBT?
 - b) A psychotherapeutic, present-orientated talking therapy
2. What are the four components of the cycle of negativity?
 - c) Thoughts, feelings, physical sensations and actions
3. For what client group is CBT most commonly used?
 - a) People with anxiety and/or depression
4. What is the primary aim of CBT?
 - b) To equip the client with the skills to self-manage their problems
5. Which theorist has been most influential in the development of CBT?
 - c) Beck
6. What are the advantages of CBT?
 - c) It is effective for people with some mental health issues
7. What are the disadvantages of CBT?
 - a) It is ineffective for people with complex needs
8. List the forms which CBT can take
 - e) All of the above

Module 2 - Exploring the theoretical basis of CBT

1. Which theorist developed the realist model of human functioning?
 - a) Held
2. The realist model presents that:
 - a) Reported events actually occur
3. The extent to which a client presents is influenced by the relationship between their perception of the world and real life events
 - a) True
4. The realist model has its basis in
 - b) Logical positivism
5. The constructivist model
 - b) Is fundamentally different to the realist model
6. The radical constructivist approach holds that the world outside of the individual exists in true form
 - b) False
7. The theory that reality exists and can be attended to by a person, perceived and remembered
 - a) Information processing model
8. The cognitive-behavioural model of emotional distress has been illustrated by:
 - a) Dobson and Dobson

Module 3 - Applications of CBT theory to practice

1. Automatic thought is a term coined by:
a) Beck and Greenberg
2. Automatic thoughts are positive in nature
b) False
3. Which model underlies automatic thought?
a) Information processing model
4. The way in which a person reacts to and processes new information has been termed
a) Schema
5. The cognitive behavioural model is defined as
a) The process by which automatic thoughts are core beliefs impact upon cognitive functioning
6. What is the term given to the existence of dormant schemas
a) Silent schemas
7. Schemas are thought to develop from childhood experiences, based upon the theory of
c) Both of the above

Module 4 - CBT variations

1. What is the most common form of CBT?
 - a) 1:1 therapy
2. The advantages of 1:1 therapy
 - a) Allows rapport to be built between client and therapist
3. Group therapy is most often used
 - b) In addition to 1:1 therapy
4. A vital component of self-help is:
 - a) Homework
5. Computerised CBT can be defined as
 - b) Evidence-based computer-aided CBT
6. The Fear Fighter Treatment is a form of
 - c) CCBT

Module 5 - Characteristics of CBT

1. The therapeutic style of CBT is similar to that of other forms of counselling
b) False
2. The CBT practitioner draws information from the client by:
a) Empathetically managing the direction of the session
3. Information is gathered using:
c) A dual approach
4. A conceptualisation of the client's main symptomatic presentation is termed:
a) A cognitive formulation
5. The format each session typically follows a common structure made up of
c) 8 stages
6. The Cognitive Behaviour Model of Emotional Distress was developed by:
a) Dobson & Dobson
7. CBT examines unhelpful thinking using:
a) A socratic questioning approach
8. Which of the following is integral to the success of CBT?
c) Both of the above

Module 6 - The Cognitive-Behavioural Framework - Planning a CBT session

1. CBT tools are universal across practitioners:
b) False
2. What is the length of a typical initial assessment?
c) Variable
3. In a hospital setting, client information is stored
a) On an electronic database
4. Information collected on a client's personal history should include:
d) All of the above
5. If discrepancies are found between client and practitioner predictions, the practitioner should:
c) Engage in further discussion and assessment with the client
6. The format of case conceptualisation has been developed by
b) Bieling and Kuyken
7. Case conceptualisation which calls for information regarding the clients development, current issues, core beliefs, stressors, the underlying maintaining mechanisms and the relationship between these components is termed
a) Peasons model
8. Case conceptualisation which calls for information regarding assumptions or rules which the client holds, based upon their core beliefs is termed:
b) Becks model

Module 7 - The Cognitive-Behavioural Framework - Implementing a CBT session

1. Overlap exists between the beginning, middle and end stages of CBT
 - a) True
2. The technique which focus' the aim of the intervention across all stages is termed:
 - a) Cognitive conceptualisation
3. Therapist goals can be grouped into:
 - a) Three categories
4. The manner in which the therapist and the client work in together to resolve issues is termed:
 - b) Therapeutic alliance
5. Feedback is
 - a) information given to the client which supports them by communicating that they are doing or saying the right thing
6. What is the purpose of CBT?
 - a) To help the client reach the stage where they can confidently reach short and long term goals independent of the therapist
7. Which model state that when processing new information, we distort our thinking
 - a) The cognitive model
8. Intermediate beliefs can be divided into three areas:
 - a) attitudes, rules and assumptions

Module 8 - The Cognitive-Behavioural Framework - End stage of CBT

- 1) The focus of the end stage of CBT is
 - c) Enabling the client to become their own therapist
- 2) The process of therapy is:
 - b) A triad
- 3) Preparation for ending therapy begins:
 - a) At the beginning stage of therapy
- 4) Summaries are used
 - a) To consolidate materials and strengthen ideas and concepts
- 5) The behavioural element of CBT is based on
 - a) The behavioural cognitive therapy model
- 6) If the client has complex needs the therapist should
 - b) Recommend self-help
- 7) The processes by which the potential for a client to lapse are addressed
 - c) At the end stage of therapy
- 8) An action plan lays out
 - b) What to do for themselves in times of need

Module 9 - CBT Intervention techniques

- 1) Some methods of CBT can be deemed inappropriate in cases where
 - a) The client has symptoms triggered by stress or anxiety
- 2) If a client presents with a complex need, the CBT practitioner should
 - c) Chose least triggering techniques
- 3) The ethics of schema change must be carefully considered in all cases
 - a) True
- 4) All intervention used in CBT should be implemented with reference to
 - b) Cognitive formulation

Module 10 - Treatment protocols

- 1) Relaxation exercises are directly effective in modifying the thinking process
 - a) False
- 2) The multimodal relaxation method is most often used
 - b) In group therapy
- 3) In the multimodal relaxation method, feedback is obtained
 - c) Both of the above
- 4) Progressive relaxation involves:
 - a) Tensing and relaxing of muscles
- 5) The Progressive relaxation method was condensed by
 - a) Wolpe and Lazaus
- 6) Relaxation response has been likened to
 - a) Meditation

Module 12 - CBT for those at risk of suicide

- 1) Which is a questionnaire used primarily for those with suicidal ideation
 - a) Hopelessness scale
- 2) Males are more at risk of suicide
 - a) True
- 3) If a person has a suicide plan to be implemented in the next 48 hours, they should:
 - a) Be hospitalised
- 4) If a client presents with suicidal ideation, the practitioner should:
 - a) Always take them seriously
- 5) A client can communicate suicidal thoughts by
 - d) All of the above
- 6) Which of the following is a suicide-specific CBT intervention?
 - a) Assisting the client to draw up helpful action plans as an alternative to suicide

Module 13 - CBT for Anxiety Disorders

- 1) Is CBT effective for chronic anxiety?
 - a) Yes
- 2) The cognitive model of panic was developed by
 - b) Clark
- 3) Rapport is built between client and practitioner by
 - a) Explaining the treatment to the client
- 4) If the client is found to present with intrusive thoughts, the practitioner should
 - a) Request the client list cues and triggers
- 5) The process by which the client is guided through cues specific to their OCD symptomatology is termed
 - a) Response prevention
- 6) For clients with panic disorder, meetings should take place
 - c) Once a week
- 7) Has exposure been found to be effective for those with panic disorder?
 - a) Yes
- 8) CBT has been proven effective for PTSD treatment
 - a) True

Module 14 - CBT for Eating Disorders

- 1) The main model for the treatment of anorexia nervosa through CBT was devised by
 - a) Tarrier
- 2) The cognitive model of anorexia nervosa (Tarrier, 2006) is
 - c) Person-centred
- 3) Is CBT an effective treatment for anorexia nervosa?
 - c) More research required
- 4) For bulimia nervosa, which of the following has been found most effective?
 - b) CBT
- 5) The term 'transdiagnostic' refers to:
 - a) The increasing school of thought that there are greater parallels between previously individualised diagnoses of eating disorders.

Module 16 - Implementation of CBT

- 1) What is the main accrediting body for CBT practitioners in the UK?
 - b) British Association for Behavioural and Cognitive Psychotherapies
- 2) In the NHS, who delivers CBT most commonly?
 - a) Clinical Psychologists
- 3) What is the cost of a course of CBT to the NHS?
 - a) £750
- 4) What is the cost of a session of CBT in private practice?
 - b) £40-100

Module 17 - Evidence-based practice of CBT

- 1) Is CBT equally effective for all service users?
 - a) No
- 2) For people with a diagnosis of depression CBT has been found to be
 - b) As effective as medication
- 3) CBT in the UK is provided in a singular format
 - b) False
- 4) CBT is most effective
 - a) If the client engages fully
- 5) CBT is least effective for
 - b) People with complex needs