The Specialist Academy

Cognitive Behavioural Therapy (CBT)

Course Manual

Course Contents

The Specialist Academy

Module 6:

The Cognitive-Behavioural Framework: Planning a CBT session

Objectives

The main objective of this module is to equip the learner with a knowledge-base of the Cognitive-Behavioural Framework and an understanding of how a CBT session is planned, including: Intake assessment; Case conceptualisation; Case formulation and the Case conceptualisation model, with reference to the literature.

Intake assessment

The initial assessment upon intake of a potential client includes the use of instruments such as questionnaires, interviews discussion of treatment protocol and/or goals with the client or a preliminary case conceptualisation.

The tools used that the intake assessment stage are variable across practitioners and private and public service providers. In private practice, CBT facilitators and clients may complete an information sheet detailing a client's contact information and next of kin among other information relating to session interviews such as transcripts. Where CBT is carried out in a group setting, the following documentation may be collated:

- Client information
- Intake questionnaire
- Diagnostic information
- Consent form
- Case notes

If CBT is carried out in a hospital or university based setting, information relating to a client is often stored on a central database along with supporting documentation such as standardized questionnaires in order to best quantitatively and qualitatively support intervention outcomes.

The clinical interview is a process universal to CBT practitioners across the range of services. This is primarily due to the flexibility of its structure, its ability to focus on a specific issue or areas of wider concern (Dobson, 2012), its structured, or indeed, its unstructured nature. Due to this, the duration of initial interviews can vary from minutes to hours dependent upon the approach taken by individual practitioners or clinical services.

At the assessment stage, the practitioner should extract information regarding the behavioural consequences of the issue at hand using interview techniques. Information should also be recorded on the severity of the issue, the frequency at which it occurs and the duration of its occurrence. All coping mechanisms which the client had engaged in should be detailed.

Following this, information will be collated on the personal history of the individual client, to include details on social development, medical history and developmental concerns.

Dobson and Dobson (2009) recommend that the therapist ask the patient to come up with a number of self-descriptive adjectives; if conducted at the end of the interview these will be contrasted with therapists' predictions regarding such adjectives. If these parallel one another, this aids in the demonstration of the therapists understanding and rapport with the client. On the other hand, if large discrepancies exist between the therapist prediction and the clients' actual adjectives this illustrates the therapist should engage in further questioning and assessment to gain a better understanding of the client before intervention.

Case conceptualisation

A key component of CBT is the development of case conceptualisation (Peasons, 1997; 2008). This is useful for a number of reasons such as:

- developing a case model
- prioritising the order in which problems are addressed
- deciding upon optimal treatments and interventions
- building a rapport with the client
- predicting the treatment outcomes
- Setting targets
- Understanding the clients behaviour both in and out of the session

The layout of a case conceptualisation is guided by the work of Bieling and Kuyken (2003); they state that this document should have predictive validity; lead to positive

outcome and should aid the development of a therapeutic allegiance and enhance treatment adherence in practitioners.

The main body of case conceptualisation is a description of the mechanisms the client may utilize which brings about or maintains their symptoms. This is linked to core beliefs and automatic thought processes discussed previously, included in this are references to the diathesis-stress model which demonstrates the potential for vulnerabilities to be triggered, causing a problem to arise.

The manner in which information within a case conceptualisation is shared with the client usually takes a diagram form, such as the cognitive behavioural model of emotional distress presented in previous modules (Dobson & Dobson, 2012).

Case formulation (Pearsons, 1989) and case conceptualisation models (Beck, 2005)

There are two forms of case conceptualisation, the first, Pearsons (1989) calls for information regarding the clients development, current issues, core beliefs, stressors, the underlying maintaining mechanisms and the relationship between these components, The second most popular form of case conceptualisation is Beck's (1995) model which falls along the same lines as Peason's (1989) model but also includes information regarding assumptions or rules which the client holds, based upon their core beliefs.

Multiple Choice Questions

1. *CBT tools are universal across practitioners:*
   a) *True*
   b) *False*

2. *What is the length of a typical initial assessment?*
   a) *Minutes*
   b) *Hours*
   c) *Variable*

3. *In a hospital setting, client information is stored*
   a) *On an electronic database*
   b) *In hardcopy format*
   c) *As an audio recording*

4. *Information collected on a client's personal history should include:*
   a) *Social development*
   b) *Medical history*
   c) *Developmental concerns.*
   d) *All of the above*

5. *If discrepancies are found between client and practitioner predictions, the practitioner should:*
   a) *Terminate therapy*
   b) *Refer the client to another practitioner*
   c) *Engage in further discussion and assessment with the client*

6. *The format of case conceptualisation has been developed by*
   a) *Jung*
   b) *Bieling and Kuyken*
   c) *Beck and Riesling*

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*
   b) *Becks model*
   c) *Freudian theory*

8. *Case conceptualisation which calls for information regarding assumptions or rules which the client holds, based upon their core beliefs is termed:*
   a) *Peasons model*
   b) *Becks model*
   c) *Freudian theory*

Bibliography

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