



## **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



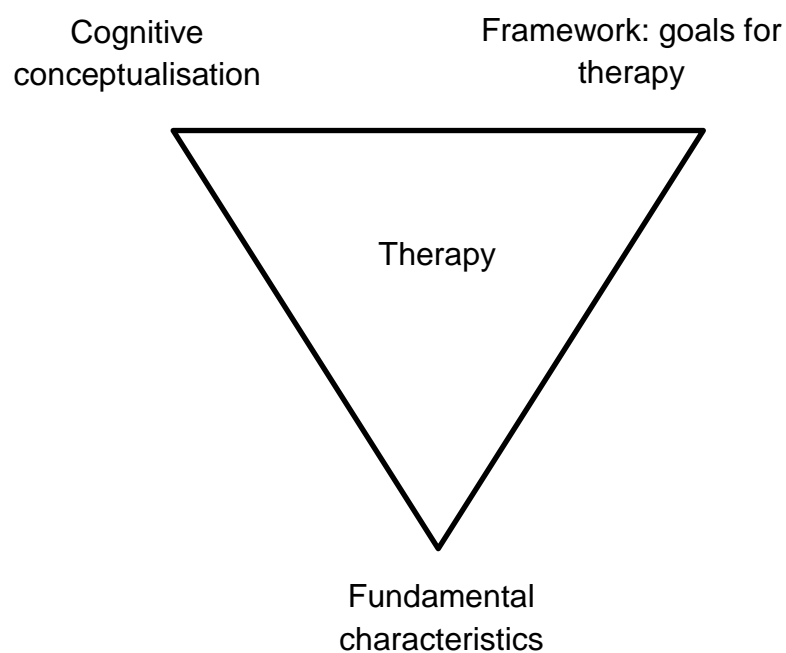
**Module 8:**

**The Cognitive-Behavioural Framework: End  
stage of CBT**

The overarching objective of this module is to examine, following from modules discussing the beginning and middle stages of the Cognitive Therapy process, the end stage of the therapeutic process, looking at the methods by which the therapist aids the progress from client to being their own therapist. The end stage of therapy will be discussed in terms of the three main themes previously laid out: Collaborative therapeutic relationship; Cognitive model process and helping the client work on problems both in and out of the session.

The main goal in the end stage of therapy is to progress the client from thinking about working through issues without the therapist, to working through issues independently. In this respect, components of consolidation and client independence combine to drive the therapists own goals, which, in turn, shape the content of the sessions in this stage of the therapy process.

### **Process of therapy**



## **Collaborative therapeutic relationship**

### **Prepare client for ending of therapy**

As previously discussed, the preparation for the client ending therapy begins early in the therapeutic process. The therapist gives the client an indication of how long the therapy process is likely to last, usually dependent upon private or publically funded practice, the remaining time left in the therapy journey is communicated to the client on a regular basis.

### **Cognitive model process**

*The client summarises what has been learnt and understands appropriate techniques and tools*

If the therapeutic goals have been met by the end stage of therapy, the client should have mastery of the cognitive model and developed the ability to understand their problems within the cognitive model framework and know how to apply a range of techniques and tools to resolve their issues. The range of techniques the client may require in order to exit the therapeutic programme can vary in terms of individual differences including the extent of issues faced by the client, the duration of the symptoms, the depth at which the issues have been explored, i.e. automatic thought level, intermediate belief level or core belief level, personality factors, level of understanding and insight to name a few. Rather than striving for mastery of many strategies, most CBT practitioners aim for their client to be confident in few coping mechanisms which they have previously applied to issues faced in either sessions or in homework scenarios.

Summaries are an important way in which material is consolidated and ideas and concepts discussed are strengthened. Clients have also been asked to summarise the session particularly in instances where new ideas or concepts have been introduced in order to support the learning process.

Before ending the therapeutic process, in order for the therapist to be confident that the client has developed the ability to summarize what they have learned and apply the appropriate tools to resolve problems they may face outside the therapy

environment, they should plan a session in which the client is faced with a range of potential scenarios and works through them in session.

### **Therapist attributes value to clients efforts**

As we have observed in earlier modules, CBT has a strong behavioural element, based upon the behavioural cognitive therapy model (Beck et al., 1979), in addition, Skinnerian (1953) positive reinforcement techniques are also utilised in every session by praising the client for engaging in behaviours which are in line with the therapists goals. At the end stage of CBT, following a summary of the therapeutic process by the client, the therapist will consolidate positive gains made and list for the client the changes which they have achieved.

*Decide when to end therapy consistent with development of cognitive conceptualisation*

The client is repeatedly updated as to the remaining time left on the particular therapy program with which they are engaging, lending the idea of therapy as a planned and structured process through which the client can learn to gain control over their own issues; the cognitive model can act as a tool to support this.

In some instances, clients may wish to extend the prescribed length of therapeutic intervention, in instances such as these, the therapist must recognised if they have underestimated the extent of the clients problems and whether they were suitable for short-term cognitive therapy. However, an alternative method of resolving this issue is to address it using the cognitive model itself as described in the next section.

### **Explore obstacles to ending**

Following on from an explanation of methods implemented by therapists when a client is reluctant to disengage with therapy during the end stage of the therapeutic process, the therapist should explore this with them in terms of the cognitive model. The therapist may ask the client to identify automatic thoughts they may be having, along with linking underlying beliefs into this discussion.

*Help Client work on problem(s) in and out of session*

### **Client to be own therapist**

As in the middle stage of CBT, it is of vital importance that the client internalizes the process of problem solving (Curwen et al., 2000). If the duration of therapy is known to be brief and particularly where the clients' needs are complex, it may be appropriate to recommend self-help (Ruddell & Curwen, 1997) such as a group or materials such as that by Greenberger and Padesky (1995) A Cognitive Therapy Treatment Manual for Clients.

### **Lapse and relapse reduction**

As examined previously, the processes by which the potential for a client to lapse and/or relapse are addressed run throughout the three stages of CBT, however, this is most important at the end stage. At the end stage of CBT, the therapist guides the client in creating their own action plan to implement in the event of a problematic issue arising after therapy ends. It is recommended (Curwen et al., 2007) that clients with complex difficulties attend a follow-up session either three, six or twelve months after therapy has finished to check if strategies are still being implemented effectively. A preparing for setbacks form may be useful for the development of an action plan, to be begun in session and completed at home by the client. The therapist may then recommend that the client rehearse the action plan using imagery within the final session, having using relaxation procedures prior to this. The process of imagery encompasses the whole process from beginning to end, including the action plan outlined in the preparing for setbacks form.

## Multiple choice questions

- 1) *The focus of the end stage of CBT is*
  - a) *Building a rapport with the client*
  - b) *Problem solving*
  - c) *Enabling the client to become their own therapist*
  
- 2) *The process of therapy is:*
  - a) *A dual process*
  - b) *A triad*
  - c) *A quadratic approach*
  
- 3) *Preparation for ending therapy begins:*
  - a) *At the beginning stage of therapy*
  - b) *At the middle stage of therapy*
  - c) *At the end stage of therapy*
  
- 4) *Summaries are used*
  - a) *To consolidate materials and strengthen ideas and concepts*
  - b) *To enable the client to remember what has been discussed*
  - c) *To point out strengths and weaknesses*
  
- 5) *The behavioural element of CBT is based on*
  - a) *The behavioural cognitive therapy model*
  - b) *Freudian theory*
  - c) *Skinnerian theory*



- 6) *If the client has complex needs the therapist should*
- a) *Extend the duration of therapy*
  - b) *Recommend self-help*
- 7) *The processes by which the potential for a client to lapse are addressed*
- a) *At the beginning stage of therapy*
  - b) *At the middle stage of therapy*
  - c) *At the end stage of therapy*
- 8) *An action plan lays out*
- a) *The method by which a client can contact the therapist in times of need*
  - b) *What to do for themselves in times of need*

## **Bibliography**

Curwen, B., Palmer, S. & Ruddell, P. (2007) *Brief Cognitive Behaviour Therapy* London: Sage.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think*. Guilford press.

Ruddell, P., & Curwen, B. (1997). What type of help. *Client Assessment*. London: Sage.