



Cognitive Behavioural Therapy (CBT)

Course Manual

Notice of Rights

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form, or by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission.

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 9:
CBT Intervention techniques

Objectives

The objectives of this module are to explore the intervention techniques used in CBT, including ethical considerations to be taken into account when working with certain populations of clients, for example, those with asthma, pregnant clients and clients with depression.

Ethical considerations

Although care is taken to ensure that all techniques utilised by CBT practitioners are used in conjunction with the cognitive formulation, there are instances where the implementation of such methods e.g. rational-emotive imagery are inappropriate, ineffective, or at times even detrimental to the patients mental state. This is particularly apt in the case of those who present with symptoms which are triggered by stress or anxiety i.e.:

- Asthma
- Seizures
- Heart conditions
- Depression
- Suicide ideation
- Hysteria
- Pregnancy
- Severe psychiatric disorders

If the client presents with any of the above diagnosis or medical history, the CBT practitioner should implement techniques least triggering for the patient, i.e. techniques which actively work against the development of anxiety such as relaxation methods and/or coping imagery.

The ethics of schema change

As previously mentioned, core beliefs and schemas are integral to the life history and experiences of the client and as such, affect all aspects of cognition, emotion and behaviour. Any changes which are made to schemas must therefore be carefully considered due to the potential impact upon the individual. These changes can result

in increased emotional distress, feelings of dysregulation and the urge in clients to change key aspects of their life (Leahy, 2001).

Therapists must therefore be mindful of this and discuss the process of schema change with the client, along with the implications of this prior to intervention. At this stage, the client may decide not to engage with the intervention and the therapist must respect the client's wishes with regard to this. Any intervention used in CBT are used with reference the cognitive formulation

Multiple choice questions

- 1) *Some methods of CBT can be deemed inappropriate in cases where*
 - a) *The client has symptoms triggered by stress or anxiety*
 - b) *The client has a focused issue*
 - c) *The client has been referred by a GP*

- 2) *If a client presents with a complex need, the CBT practitioner should*
 - a) *Refuse treatment*
 - b) *Treat the client as normal*
 - c) *Chose least triggering techniques*

- 3) *The ethics of schema change must be carefully considered in all cases*
 - a) *True*
 - b) *False*

- 4) *All intervention used in CBT should be implemented with reference to*
 - a) *NICE guidelines*
 - b) *Cognitive formulation*
 - c) *UN convention on the rights of the child*