


Solve Difficult Problems with Cognitive Behavioral Therapy

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Social Work and Theoretical Models

- Psychodynamic psychotherapy
- Family systems
- Other approaches
- Eclectic approaches
- CBT



CBT and Clinical Social Work

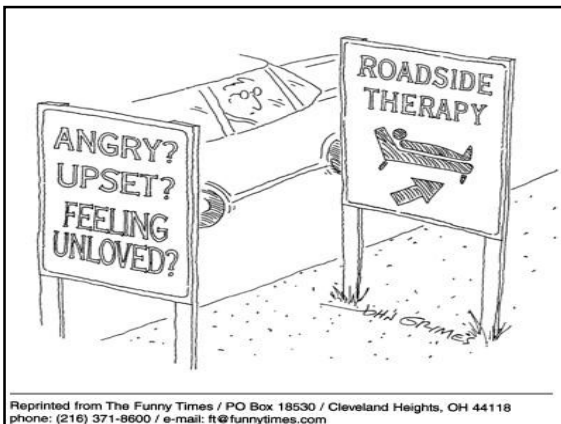
- The “person in situation” -- the role of context in CBT.
- Helping people to change -- the need to be problem focused, solution focused, collaborative, and psycho-educational.
- A model of treatment that is active , short-term and directive.
- Evidence Based Approach



A Different Lineage

- CBT arises out of a different school of inquiry into the origins of human behavior from psychoanalytic thought.
- Pavlov, Skinner, Beck, Ellis, Millon, Linehan.
- Emphasis is placed on the empirical over the theoretical.
- Understanding behavior in terms of antecedents and consequences.





Overview of CBT

- Behavioral Assessment—Chain Analysis
- Solution Analysis



Overview Continued

- Orientation to the Solution
- Commitment to the Plan
- Troubleshooting the Plan
- Collecting and Analyzing the Outcome



Problem—lack of skills
Solution—skills training

- A client has never held a job.
- A client doesn't know how to negotiate with her parole officer.
- A client frequently dissociates.
- A colleague doesn't know how to deal with a suicidal client.
- You don't know how to treat panic disorder

Problem—Unhelpful Thoughts
Solution—Cognitive Modification

- "Do whatever you want, I don't care really."
- "I don't deserve to have friends."
- "These kinds of calamities always happen to me. I'm hopeless."
- "My family would be better off if I killed myself."

Problem—Fear and Avoidance
Solution--Exposure

- A teen avoids school because of social anxiety.
- A person who has had a panic attack in church stops going to the church.
- A person with PTSD avoids going out of the house for fear of encountering her attacker.

Problem Consequences
Solution—Manage Contingencies

A teen is admired for being “class clown”
An incarcerated woman is punished by peers for working on her GED
You are known for being effective with suicidal clients. You get more suicidal clients assigned to your caseload
An anxious client avoids coming to session and won’t answer the phone when you call

Understanding Any Behavior

- What is behavior? Observable actions and private experiences.
- What can we say for sure about behavior?
 - What we observe
 - What the person “emitting the behavior” reports about their “private experience” which by definition is an experience no one else can observe directly such as a headache.



How do we describe behavior?

- Observable behaviors such as walking, talking, smiling, frowning.
- Private experiences such as thoughts, memories, bodily sensations, emotions.
- We describe just what we observed and nothing more or less.
- We leave out inferences, assumptions, judgments, theories, etc.



What else do we observe?

- Is the behavior an excess (such as too much sleeping, too much spending?)
- Or a deficit (such as not enough attendance at work, not enough homework completed?)
- Or does behavior show up in the wrong place (such as anger expression at therapist but not at abusive spouse.)

How do we understand behavior?

- In time versus in depth
- A B C' s of behavior
 - Antecedents
 - Behavior
 - Consequence
- Classical Conditioning
- Operant Conditioning



Classical conditioning--Pavlov

- Focus is on the antecedents.
- A stimulus (food) produces a response, (salivation).
- Another stimulus (a bell) is consistently paired with the first stimulus.
- The response (salivation) will occur in the presence of the bell alone.



Classical conditioning, associations and our clients

- Our client with panic disorder also has agoraphobia.
- Our client mistreated by her father is suspicious of most men.
- Our colleague who had a bad experience with an angry client cannot tolerate expression of anger in session.
- Our client who has frequently been hospitalized associates the hospital with nurturing.



Operant Conditioning

- Focus is on the Consequences
- A behavior produces a consequence that is either a reward of some type, neutral or is aversive.
- Rewards are reinforcing if they cause the behavior that produced them to increase.
- Example, I studied hard and got an A in math. Now studying math is a habit.



Principles of Learning

- If you want a behavior to get stronger, add reinforcing consequences and remove aversive ones. Don't assume what you think is a reward is reinforcing! Example: praise
- If you want to suppress behavior remove all reinforcing consequences. If that doesn't work add aversive consequences.
- Beware! Punishment teaches no new behavior and can create attitude.



Reinforcing Consequences

- Positive reinforcers-I hit the jackpot at the casino, after my facelift everyone says I look fabulous, I win an award at work.
- Negative reinforcers- I have a glass of wine and anxiety declines at a party. Or I put on my seatbelt and the annoying sound stops. Or, I decide to avoid going to a meeting and feel relief.



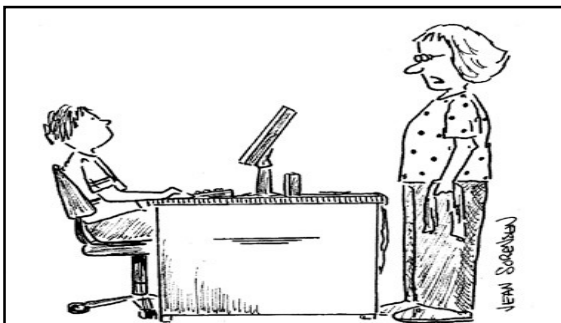
Neutral/punishing consequences and their impacts on our clients

- I get better and I get discharged from tx.
- When I finish my sentence in prison I lose my housing and food.
- When I stop using drugs I go through withdrawal and lose my "friends".
- Sometimes no one notices me when I behave myself.
- I work hard and never get a raise.



Problems with Punishment

- Punishment creates “attitude”
- Punishment does not create “new learning”
- Use punishment with great care and when at all possible find another response to reinforce.



“Your father and I decided on your punishment: for the next two weeks, you have to play outside for an hour a day.”

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Pre-treatment Step 1: Assess the Problem

- Client comes in with a presenting problem, “I am depressed.”
- CBT instructs me that depression includes a set of behaviors and contexts.
- In order to know how to treat this person’s depression I need to understand the behaviors they engage in that make the behavior worse.
- I also need to know what they are doing that is skillful and helpful in reducing their depression.
- And I need to know the context in which it all occurs.



Assess the Problem 2

- A teen has cut her wrist superficially and says she wants to die
- The teen becomes mute when asked about her suicidal urges.
- Her parents say she is a “prima donna” and can’t stand pain enough to really hurt herself
- Your colleagues believe this girl is manipulating you.

Assess the Problem 3

- Your client has severe chronic pain from an automobile accident
- You suspect he is drinking to self-medicate
- He becomes angry whenever you bring this up in session
- He wants you to write a letter for his disability claim

Step 2 Set Goals Together

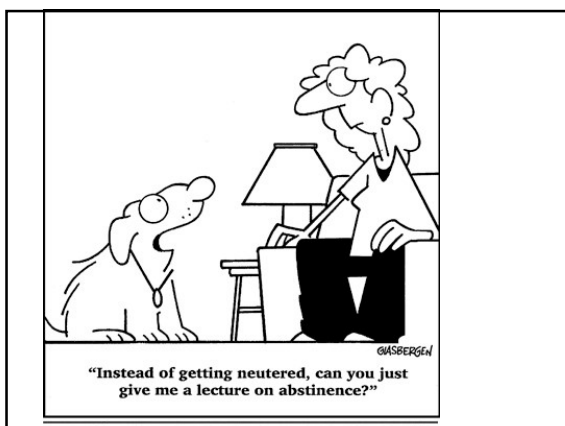


- CBT requires that even before beginning the problem you orient to what you are planning and get agreed upon goals. Goals which are as specific as possible. Example, “I want to not be depressed” is translated into “I want to be able to get up out of bed, take care of my children and improve communication with my husband.”
- Literature and teaching are provided on the disorder in question.

Step 3 Orientation

- CBT specifies that you orient the client to what to expect in treatment, what kind of participation you will ask for (such as homework or attendance in a group). You reveal your experience and training treating their problem and generally how long it takes. Example: "I have training in the exposure method which is evidence based treatment. I have been successful treating this disorder but I know it will be hard for you and you will need to work very hard to face your fears. In fact, our goal will be to get you to have a panic attack in the grocery and learn you can survive it."



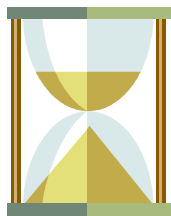


Step 4 Commitment

- CBT requires an explicit commitment to a treatment protocol.
- Commitments that are facile must be troubleshot.
- Ask "what will get in the way of you coming weekly and doing the homework we have discussed?"
- Strengthen commitment and when client falls out of commitment return to a discussion of its importance.



Treatment—Chain Analysis



Time vs. Depth
One very specific instance
of behavior
24 hours or less
Looking at all the
thoughts, emotions,
bodily sensations,
observable behaviors.

Behavior Chain Analysis #1 What is the behavior to be analyzed?

- Select one specific instance of a (usually) problematic behavior. Example: client drank six beers and two shots and an hour and passed out at fraternity house.
- Select the most damaging behavior. Example: client left work early, cussed out her boss in the parking lot and went home and overdosed. What would you analyze?



Behavior Chain Analysis #2 Vulnerability Factors

- Factors that make the person more likely to engage in a problematic behavior that particular day.
- Factors specific to that day. Example, if client always hears voices that is not a VF.
- Factors which can be the focus of treatment to reduce vulnerability!



Behavior Chain Analysis #3 The Prompting Event!

- What got this whole train in motion?
- What was the straw that broke the camel's back?
- When did you know, "I am going to hurt myself, or I am going to use?"
- What was the (usually) external event that started me on the slippery slope?



Behavior Chain Analysis #4 Problem Links



- What emotions, thoughts, bodily sensations, observable events made it more likely I would engage in the problem behavior? What behaviors and situations are "in control of" the behavior?
- What if I learned skills to manage these in the context of the prompting event? What could I do, if even after my boss yelled at me and I saw my dealer in the parking lot so that I would be able to avoid buying and using drugs?

BCA #5 What exactly is the Problem Behavior?

- Find out everything you can about it. What exactly happened and how?



**Behavior Chain Analysis # 6
Consequences of Behavior**

- What is the immediate consequence (first few seconds) of the behavior we are analyzing?
- Is that consequence reinforcing and if so in what way? Don't forget negative reinforcers.
- What are the longer term (next few hours) consequences?
- Recognizing we are wired for the short term.
- In order to change behavior we must change consequences or change how we think about consequences or both.



Practice conducting BCA

- Select a behavior you are willing to have analyzed by a partner. Something not too exposing but something you care about and have had trouble changing. Be very specific and narrow. Example, I cannot seem to get myself to complete certain kinds of paperwork or I am frequently late to work or I eat too much ice cream.
- Find a partner and you will have a total of 15 minutes for each of you to conduct a bca on the other. Remember to select a specific instance of this behavior.
- Write down what you discovered in ABC form.
- Give each other feedback on how that went.
- Go!

Questions and Feedback on BCA's

- What did you discover about your partner's behavior?
- What did you discover from describing your own behavior?
- How do you think this would help you to understand your client?
- How do you think this would help your client to understand him/herself?


Treatment—Solution Analysis

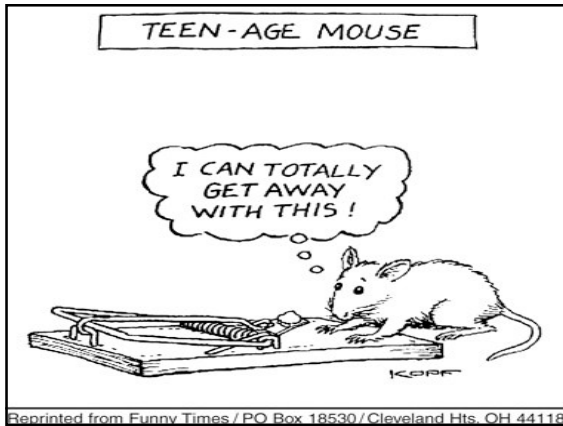
- Is the problem behavior primarily a result of skills deficits? Example: does Ed know how to ask his boss for time off?
- Is the problem behavior primarily a result of fear and avoidance? Example: Ed knows how to ask but is afraid and avoids.
- Is the problem behavior the result of unhelpful contingencies? Example: when Ed asks for time off his boss hints about layoffs.
- Is the problem behavior the result of faulty cognitions? Example: Ed believes only losers ask for time off.

Solution 1 Doing Skills Training

- CBT abounds with skills enhancement models including Dialectical Behavior Therapy and the treatment for Panic Disorder.
- Many clients lack skills in interpersonal communication, distraction, self-soothing, and self-management. These skills deficits interfere with progress in therapy.
- Insight alone does not translate into behavioral change. Example: overeating.

Solution 2 Doing Cognitive Restructuring


- Does client have many unhelpful ways of thinking that get in the way of problem-solving? Such as dichotomous thinking, catastrophizing and other thinking errors?
- Does client rely on emotions along for information and refuse to check the facts?
- Does client engage in excessive self-blame, self-judgment and self-invalidation? 



Solution 3 Managing Contingencies

Is skillful behavior being punished? Example: my family ignores me and expects more of me when I am going to school and not complaining. Client needs help to get family to notice and reward going to school, doing homework, etc.

Is unskillful behavior getting reinforced? Example: When I cut my parents get all worried about me and start wanting to know what is going on with me. I like this. Also when I cut it makes me feel better, like I can cope.





Solution 4—Doing Exposure

- Clients may know what to do but fear (or another emotion) gets in the way.
- Exposure/response prevention is evidence based.
- Exposure can be formal or informal.
- Avoid reinforced exposure.
- Help clients understand the avoidance paradigm.

Additional Solutions Strategies

- Stimulus Control
- Mindfulness
- Acceptance
- Validation



Stimulus Control

- Recognizing and avoiding cues when possible.
- Changing the valence of a cue.
- Getting certain behavior not to “pop out” in presence of the cue.
- Getting behavior to “pop out” at the right time.
- Essentially, getting control of a stimulus!

Acceptance Strategies and CBT

- CBT is not all about change.
- The importance of acceptance to balance change.
- Acceptance in the therapeutic relationship: Validation
- Acceptance skills for the client: Mindfulness



Balancing Acceptance and Change

To create a context for change--

- In order to tolerate the time it takes to change.
- Modeling acceptance for clients who have very self-punishing thoughts.



Validation—strengthening the therapeutic relationship

- Functional Validation
- Verbal Validation
- Reciprocal Style
- Hitting the Target
- Five parts validation to one part change



Levels of Validation

- Wide awake
- Accurate reflection
- Reading the unarticulated
- Given x, y is understandable
- Anyone would feel that way
- Radical Genuineness



Practice--Validation

- Go back to the problem you analyzed this morning, or another if you wish.
- Choose a partner. For 5 minutes talk about your problem with your partner.
- Partner is to only validate. Use as many levels as possible. No change at all!
- Then switch and do the same with the partner being the person discussing the problem.
- Give feedback.

Acceptance Strategies--Mindfulness

- The “third wave” of CBT
- Current treatments employing mindfulness (among other CBT strategies) include treatments for anxiety, depression relapse prevention, borderline personality disorder, chronic pain stress reduction, substance abuse and post traumatic stress disorder.



Introduction to Mindfulness 1

- Observe what is, whether inside you or outside of you. Observe without comment. Observe without judgment. Notice one moment at a time.
- Describe what you have observed. Describe without adding or taking away. Describe without judging. Remember, if you didn't observe it you can't describe it.

Introduction to Mindfulness 2

- Participate. From your wise mind throw yourself into your experience without judgment. Enter a flow state by doing one thing in the moment.
- Be clear in the moment of your goal. Use skillful means. Be effective. Adopt a middle path.
- When you fail at any of this, which you will do, go back to the beginning. Let go of attachment to doing it right.

Radical Acceptance



- Pain in life is unavoidable. To refuse to accept pain is to “suffer”. Such suffering is optional.
- Radical Acceptance is accepting at the root that something is. It is not the same as saying it is good.
- One can only radically accept in the moment. Sometimes we must radically accept over and over.
- Radical acceptance is a way out of hell.

Willingness

- Willingness to do what is needed.
- Willingness to tolerate distress.
- Willingness to accept reality.
- Willingness as opposed to willfulness.
- Willing posture, willing hands.



Putting it all Together

- CBT requires a full case conceptualization before undertaking treatment
- A case conceptualization includes client's biosocial history, diagnoses, and previous treatment.
- A case conceptualization focuses on what are the most important problems and what solutions are needed?

Case Conceptualization CBT-practice

- Get in groups of three to four and sit together for discussion.
- You will have 15 minutes to discuss your case.
- Your goal is to come up with 3 problems in rank order of importance and a list of 1) skills needed, 2) exposure to be done, 3) contingencies to be managed and 4) cognitions to be restructured.

The Case

- Edith is a 47 year old single woman diagnosed with liver disease, depression and anxiety. She lives alone on social security disability and is very socially isolated. She reports being fearful of rejection and sometimes uses alcohol to lower her social anxiety. Edith spends days in her pajamas and sometimes sleeps 14 to 16 hours at a stretch. For the past week she has not gone out of the house except to the grocery where she had a panic attack. Since then she has been drinking nearly every day in anticipation of this interview. Edith is well-educated and used to work as a secondary school teacher until her diagnosis of autoimmune hepatitis. She is very angry at herself that she has "fallen so low." She says she hates herself and believes she is being punished. She is especially upset that her previous therapist, who she saw for 10 years retired and moved out of state. She and Dr. Dulit (the therapist) met every week and attended the same church. Edith misses Dr. Dulit terribly. Edith is on lexapro, 20 mg and abilify. She also takes xanax prn.

Feedback

- Select one person from each group to be the spokesperson
- Describe all of Edith's problem behaviors
- Rank Edith's problems in order of severity.
- What will you treat first?
- What CBT solutions will you use?
- What Acceptance Strategies will you use?

Summary

- CBT as a theoretical orientation which values empirically validated treatments.
- Behaviorism led the way with principles of learning, behavioral assessment, skills training, exposure and contingency management.
- Cognitive therapy followed with the role of cognition in behavior and techniques for cognitive restructuring.

Summary, continued

- Acceptance strategies have come to be seen as important including validation and mindfulness.
- CBT offers many evidence based treatments which can be learned and employed by social workers.
- All therapists can benefit by understanding the basics of CBT and adding them to whatever orientation they mainly employ.

Thank

I hope you had a good day and learned some useful stuff. Be well, do good work and stay in touch...



Cedar
