رواندرمانی شناختی رفتاری در بیماران مبتلا به کووید- 19

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Cognitive

Behavioral

Therapy

- Cognitive behavioural therapy had been introduced by Beck in 1960s, as structured and short term psycho-therapy.
- In reaction to abstract methods of psychoanalysis, it was more objective and tangible.
- Focusing on mental cognitions and believes, not just on mere observable behaviour.

Behavioral analysis:

ABCs

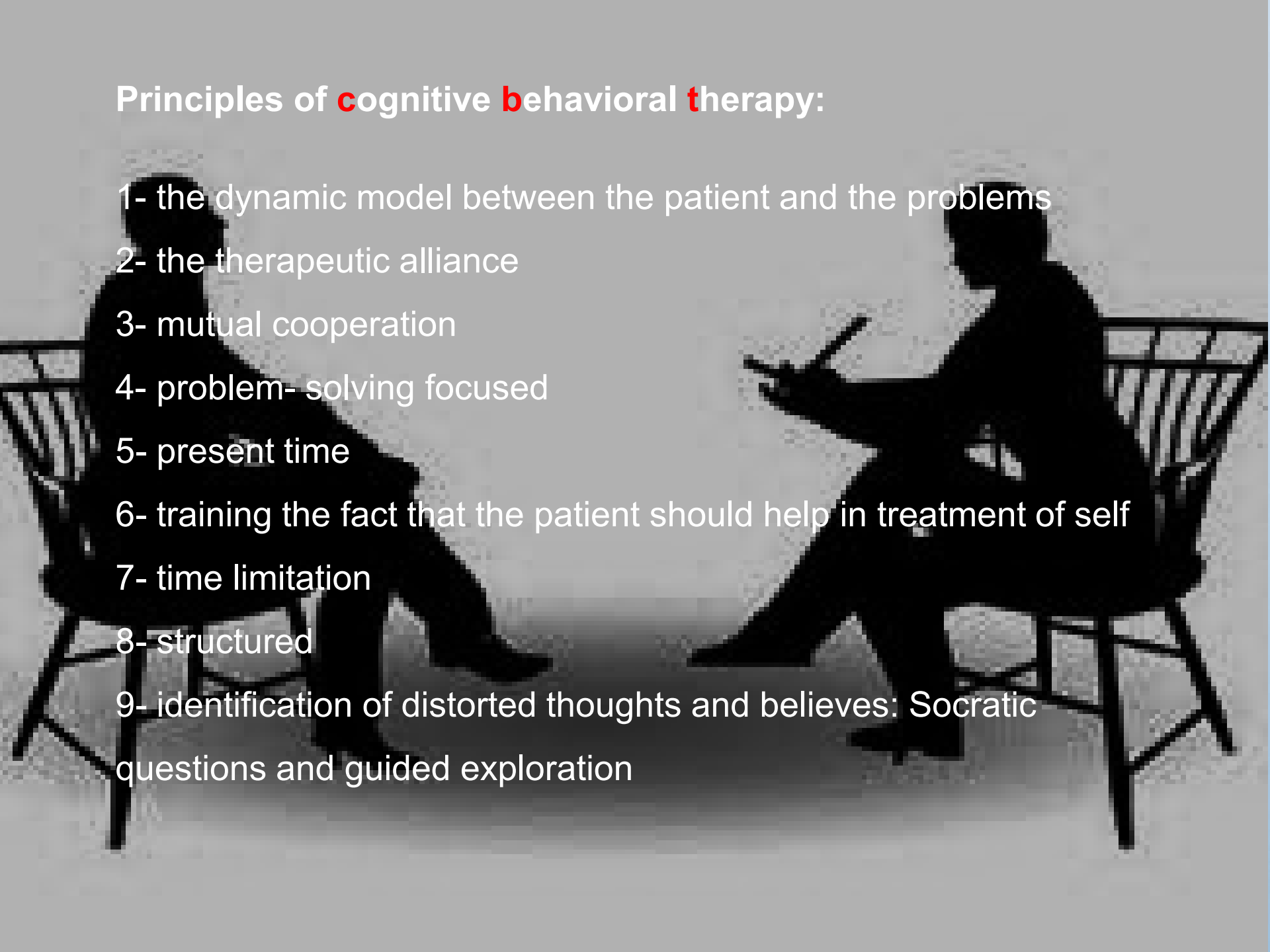
Antecedents

Behaviors and Beliefs

Consequences

Cognitive Behavioral Analysis:

- It assumes that distorted believes are common reason of all psychological problems
- Making cognitive change, includes changing in the believes and thoughts of the patients
- Making realistic thinking even if it does not include happiness
- Then it cause permanent changes in the behavior and emotion



Principles of cognitive behavioral therapy:

1- the dynamic model between the patient and the problems

2- the therapeutic alliance

3- mutual cooperation

4- problem- solving focused

5- present time

6- training the fact that the patient should help in treatment of self

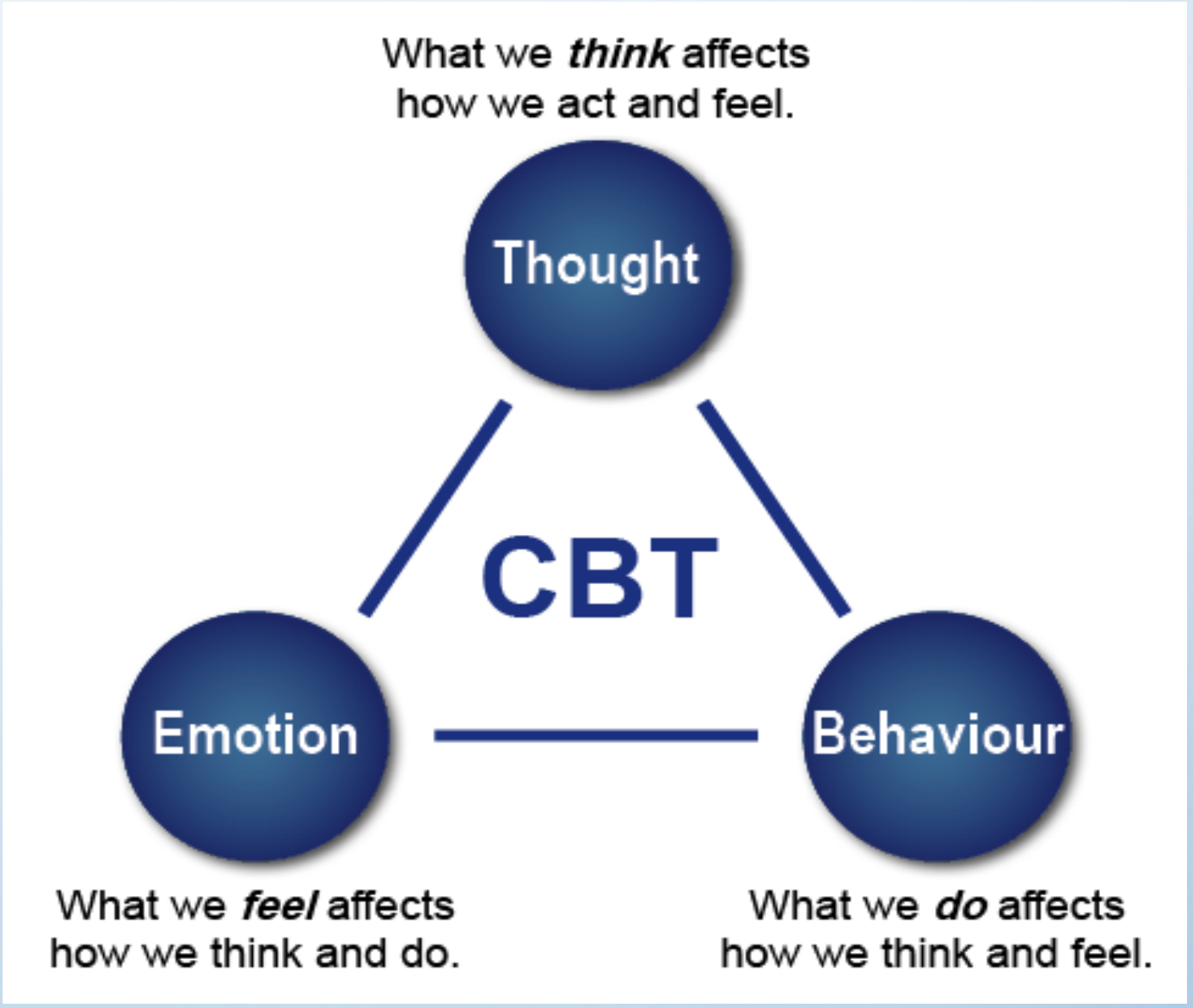
7- time limitation

8- structured

9- identification of distorted thoughts and believes: Socratic questions and guided exploration

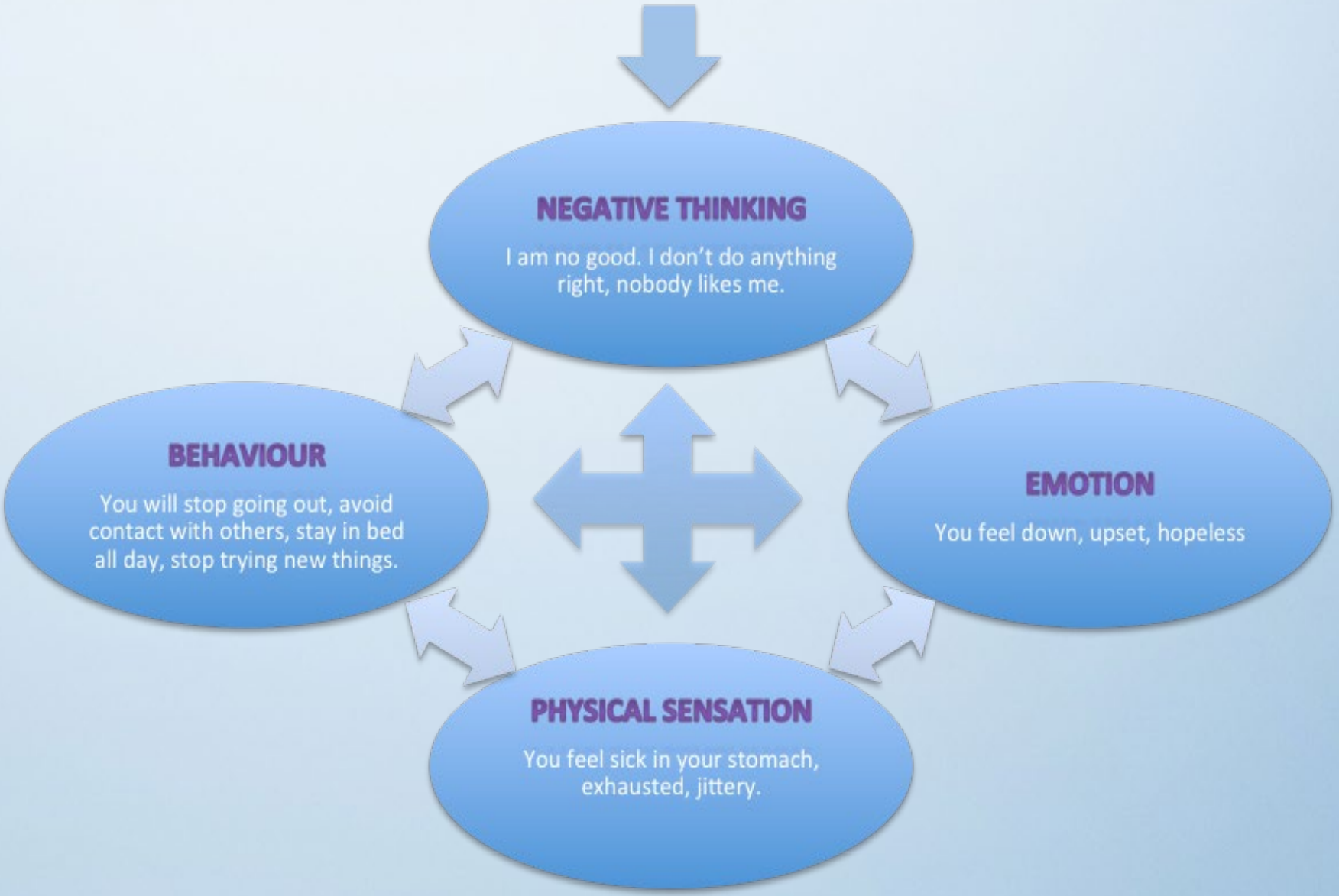
The first and most important factor of in behavioral evaluation:

Determining the exact behavior of the patient, which had made problem in the current life.


What we *think* affects how we act and feel.
Thought
CBT
Emotion
Behaviour
What we *feel* affects how we think and do.
What we *do* affects how we think and feel.

SITUATION

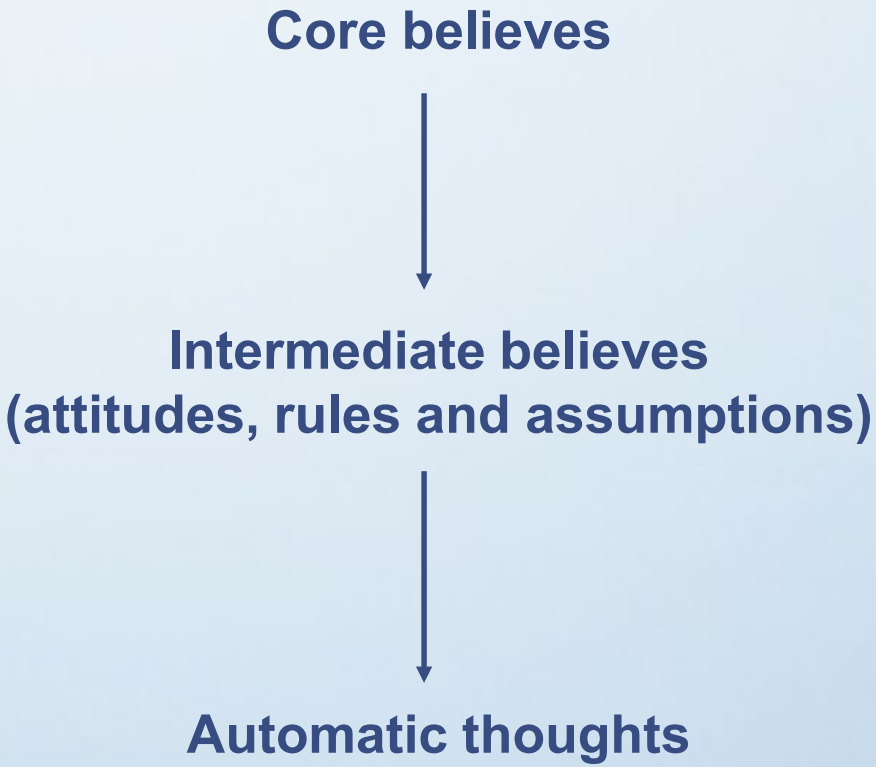
(E.g. Someone important to you says very negative things about you)



Cognitive and behavioral conceptualization:

cognitive behavioral model

- The diagnosis
- Current problems and reasons that are being survived by behaviors
- The believes and dysfunctional thoughts, which are related to the problem


Core believes
Intermediate believes
(attitudes, rules and assumptions)
Automatic thoughts

The relationship between behaviour with automatic thoughts:

Core believes
I am incapable

Intermediate believes

If I don't understand a text completely, I am stupid

Situation → automatic thoughts → emotion (sadness)

behaviour (closing the book)

reading special book | it is hard, I never understand | somatic signs (stomach pain)

Goals and structure of the first session:

1- MSE

2- Chief complaint

3 - Making the therapeutic relationship and trust

4 - Introducing the CBT

5 - Discussing about the problem, probable disorder and the goal

6 - Naturalizing the problem and stimulating the hope

7 - Identification and correcting the patients, expectations

8 - Determining the procedure of the treatment

9 - Summarizing and feedback

Important points of the first session:

- Evaluating the suicide risk
- Determining the patient in the categories of personality disorder/ neurotic or psychotic disorder

The second sessions and forth:

1- reviewing

2- making connections between sessions

3- determining the goal of each sessions

4- onset of considering the past events

5- reviewing assignments

6- multiple summarizing

7- receiving feedback of the patient

Some responsibilities are given to patients from the third session.

Behavioural techniques
directed by the therapist
(first sessions)
.

→

cognitive techniques
using dysfunctional thought
records by the patients
responsibilities
(last sessions)

Therapist cognitions:

- Agreement on the specified structure and enough ability to use it.

- Recognizing and working on automatic thoughts between sessions, like: If I guide the patient, he would be angry. I cannot make a suitable structure for the session. If I evaluate the thoughts of the patient, he would think that I am judging him.

Automatic thoughts:

- Interpretation
- Public
- Neglected
- Usually negative, but not in manic or narcissistic personality disorders
- Brief
- Making emotions
- Simultaneous with other thoughts
- Disturbing concentration
- Body gestures

Recognizing emotions:

- Empathy
- Not challenging
- Reducing negative emotions related to automatic thoughts, not natural ones
- Enhancing positive emotions
- Rating emotions

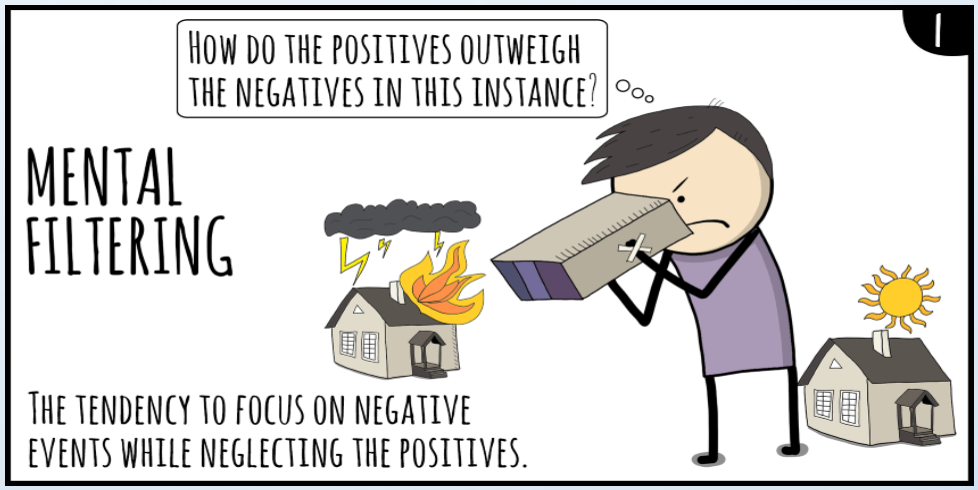
Recognizing, evaluating and response to automatic thoughts (in adaptive style) result in improvement of the emotions.

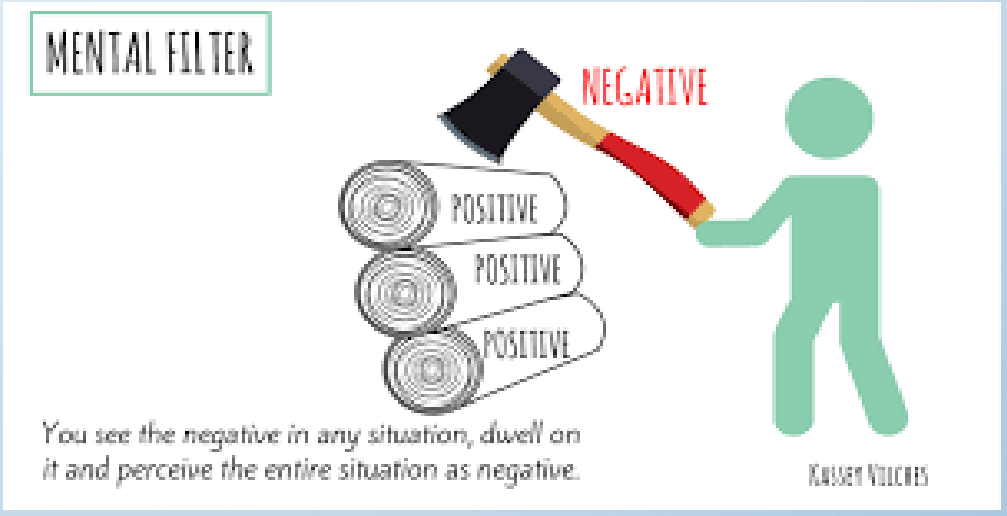
Deciding about whether working on automatic thoughts or not:

- Deep concentration on it
- Situation
- Repetition
- Companion thoughts
- Evaluating validity and utility
- Weather dissolves by problem solving or not
- Underlying belief
- Therapist decision
- Eventually: adaptive response

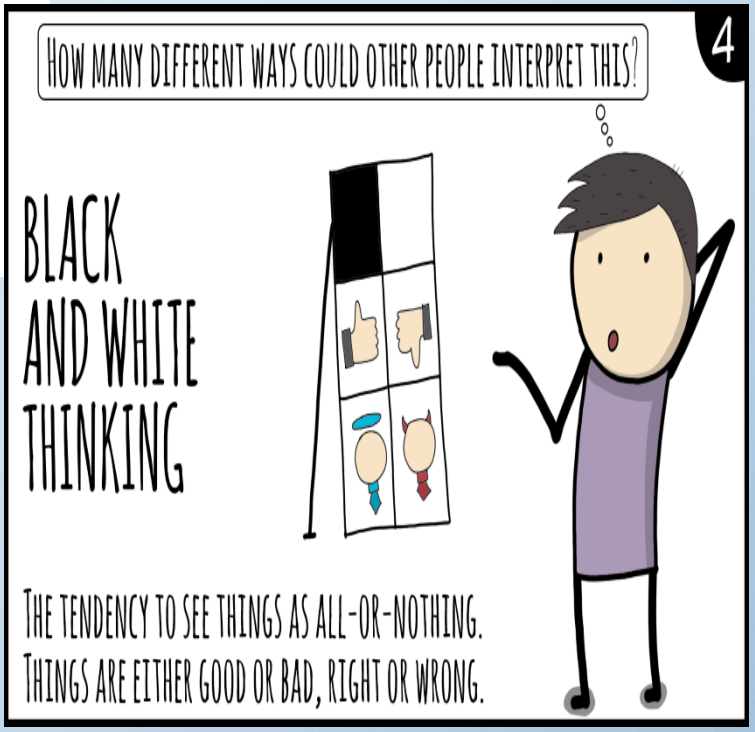
Cognitive distortions:

Mental filter (selective abstraction)

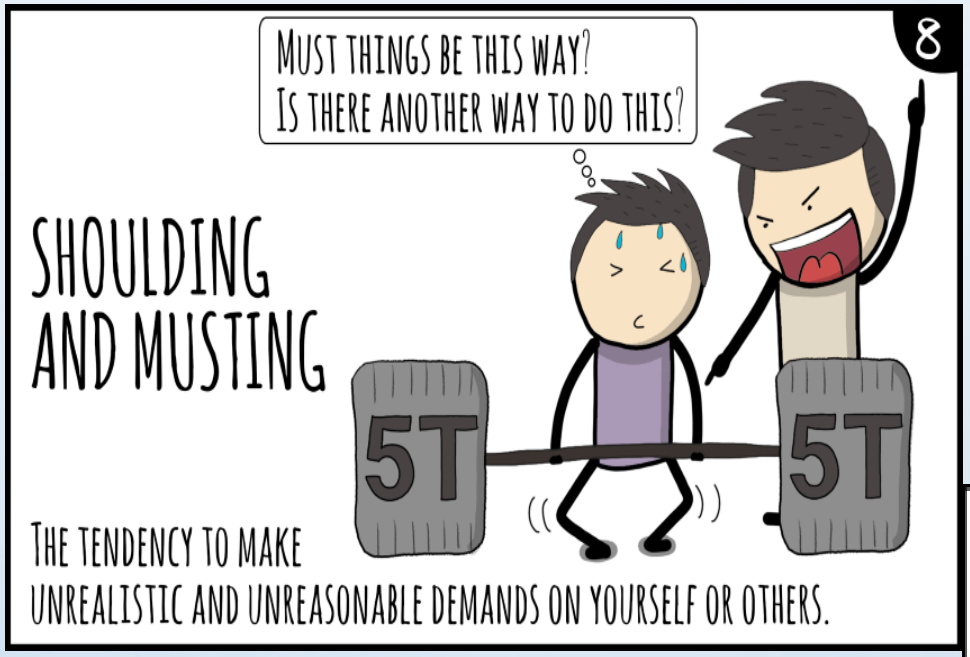


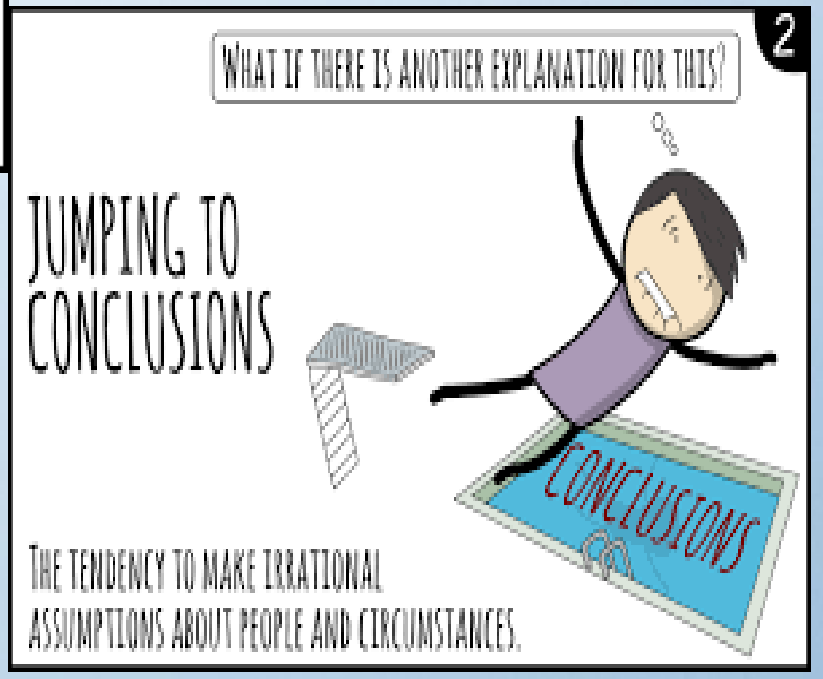


All or nothing (dichotomous)



Must statements (imperative)





3

WHO OR WHAT ELSE COULD HAVE PLAYED A PART IN THIS?

PERSONALIZATION

THE TENDENCY TO TAKE THE BLAME FOR
ABSOLUTELY EVERYTHING THAT GOES WRONG IN YOUR LIFE.

5

WHAT IF THINGS AREN'T AS
BAD AS I MAKE THEM OUT TO BE?

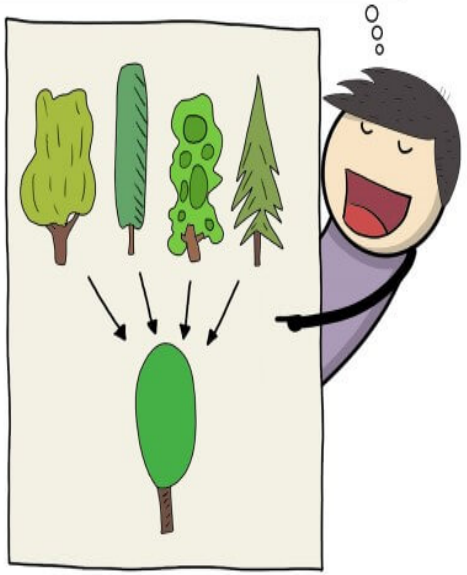
CATASTROPHIZING

THE TENDENCY TO BLOW CIRCUMSTANCES
OUT OF PROPORTION BY MAKING PROBLEMS LARGER THAN LIFE.

6

WHAT EVIDENCE SUGGESTIONS THAT THINGS COULD NOW BE DIFFERENT?

OVERGENERALIZING



THE TENDENCY TO MAKE BROAD GENERALIZATIONS BASED UPON A SINGLE EVENT AND MINIMAL EVIDENCE.

7

WHERE'S THE EVIDENCE THAT THIS IS TRUE IN ALL SITUATIONS?

LABELING

THE TENDENCY TO MAKE GLOBAL STATEMENTS ABOUT YOURSELF OR OTHERS BASED UPON SITUATION SPECIFIC BEHAVIOR.

9

WHAT EVIDENCE SUGGESTS THAT HOW I'M SEEING THIS ISN'T ACCURATE?

EMOTIONAL REASONING

THE TENDENCY TO INTERPRET YOUR EXPERIENCE BASED UPON HOW YOU'RE FEELING IN THE MOMENT.

10

WHAT IF I BELIEVED THAT I WAS DESERVING AND CAPABLE?

MAGNIFICATION AND MINIMIZATION

THE TENDENCY TO MAGNIFY THE POSITIVE ATTRIBUTES OF ANOTHER, WHILE MINIMIZING YOUR OWN.

Cognitive distortions:

- Disqualifying or discounting the positive
- Mind reading
- Tunnel vision

Dysfunctional thought record (DTR)

Date/ time	Situation	Automatic thoughts	Emotions	Alternative response	Outcome
	1. What actual event or stream of thoughts, or daydream or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have>	1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotions (sad, anxious, angry etc) did you feel at the time? 2. How intense (0-100%) was the emotion?	1. What cognitive distortion did you make? 2. Use questions at bottom to compose a response to the automatic thought(s) 3. How much do you believe each response?	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do? (or did you do?)

- Which evidences exist about the accuracy of the automatic thoughts?
- Which evidences exist about the inaccuracy of the automatic thoughts?
- Is there any substitute comment?
- What would be the worst situation?
- What would be the best situation?
- What would be the most realistic situation?
- What is the efficacy of my believe on the specific automatic thought?
- What is the efficacy of my thought changing?
- What should I do in this occasion?

DTR problems: usually suitable for OCPD

Solutions:

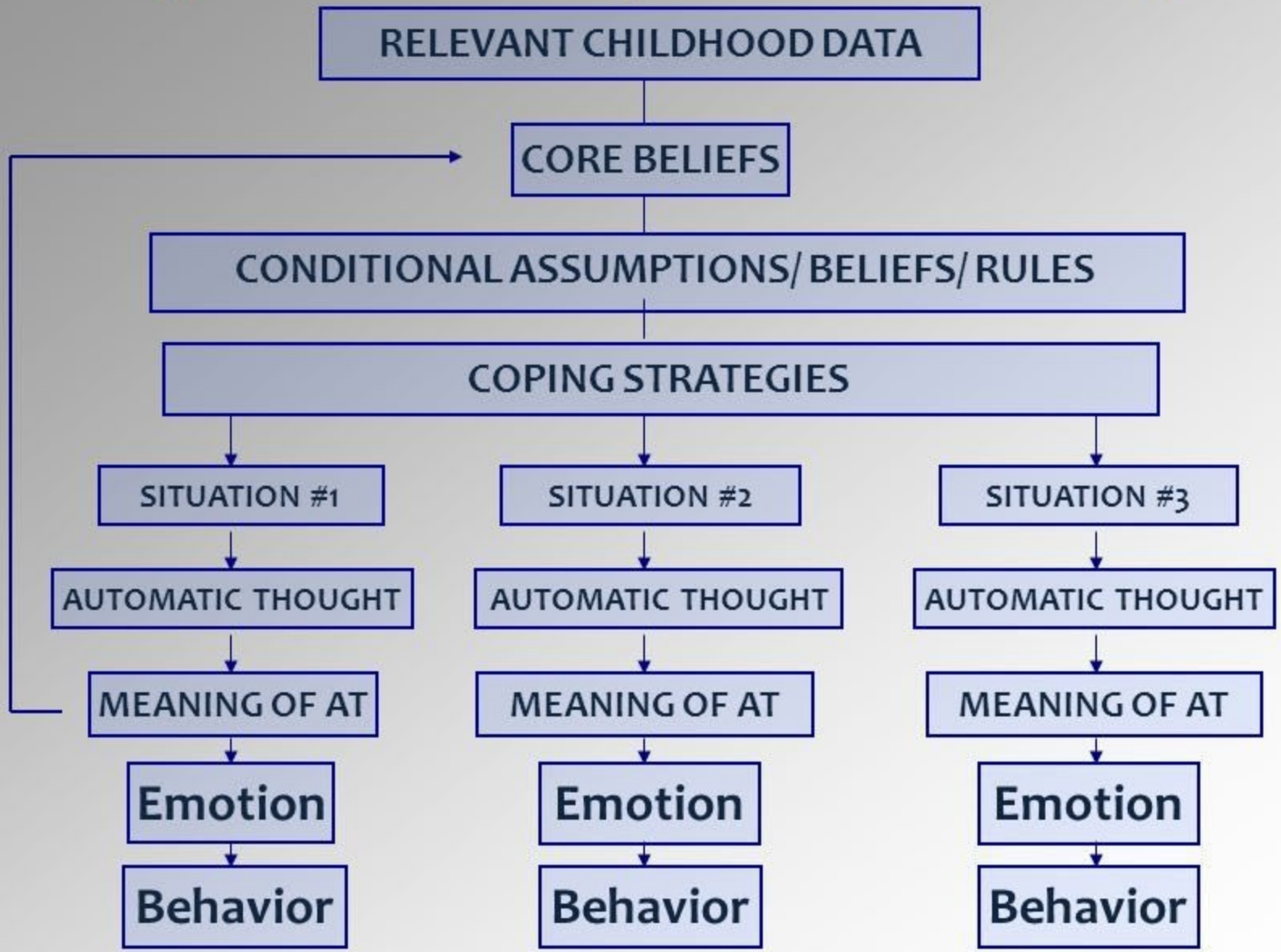
- Doing DTR mentally
- Dictating to other person
- Using previous DTRs
- Applying problem solving techniques in the therapy sessions

Recognizing intermediate believes

- The common subject of automatic thoughts
- Childhood
- The first part of an assumption
- Down ward arrow
- Achieved by the patient and the therapist
- Repeatedly corrected

They don’t change as simple as automatic thoughts

Cognitive Conceptualization Diagram

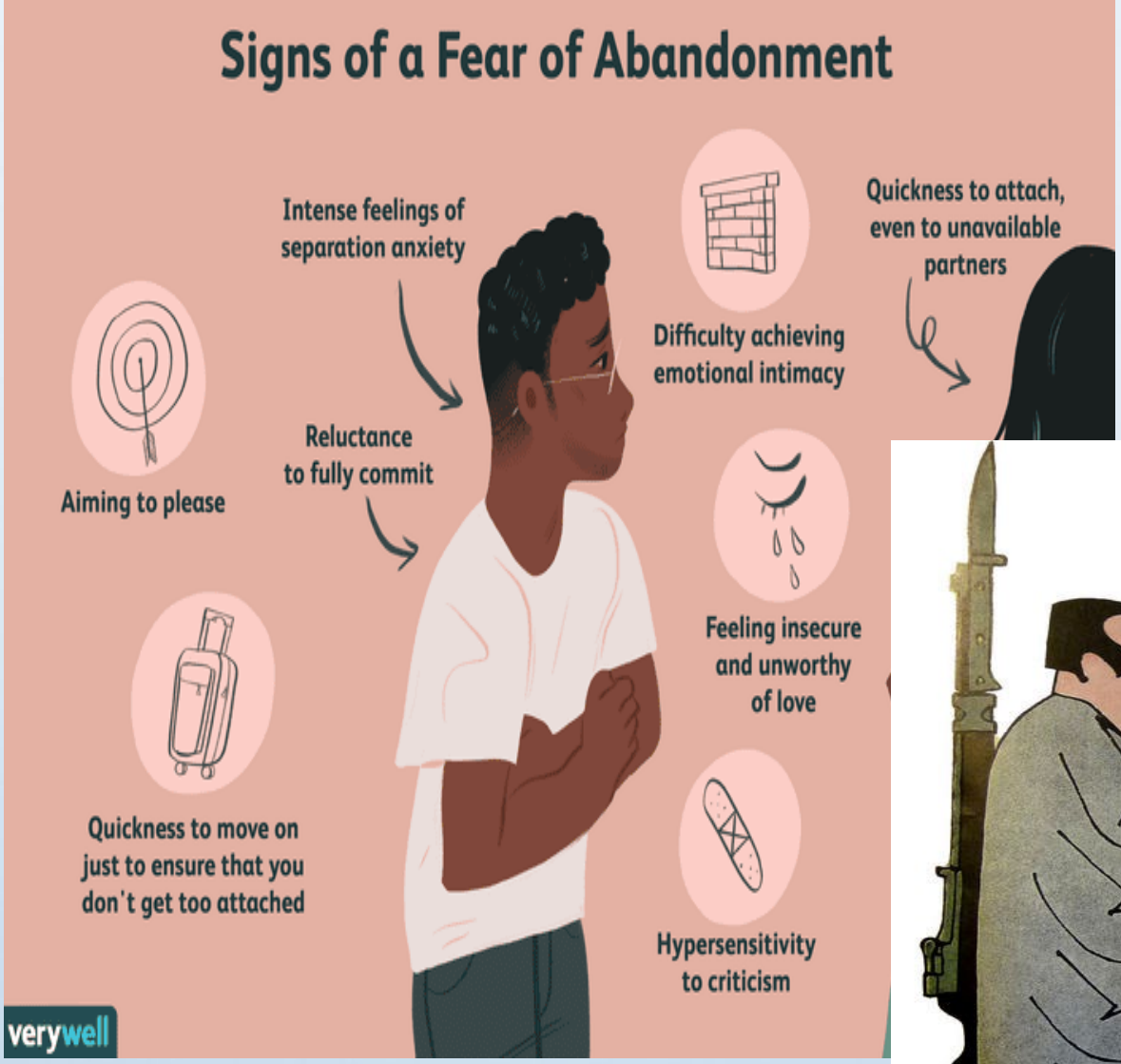


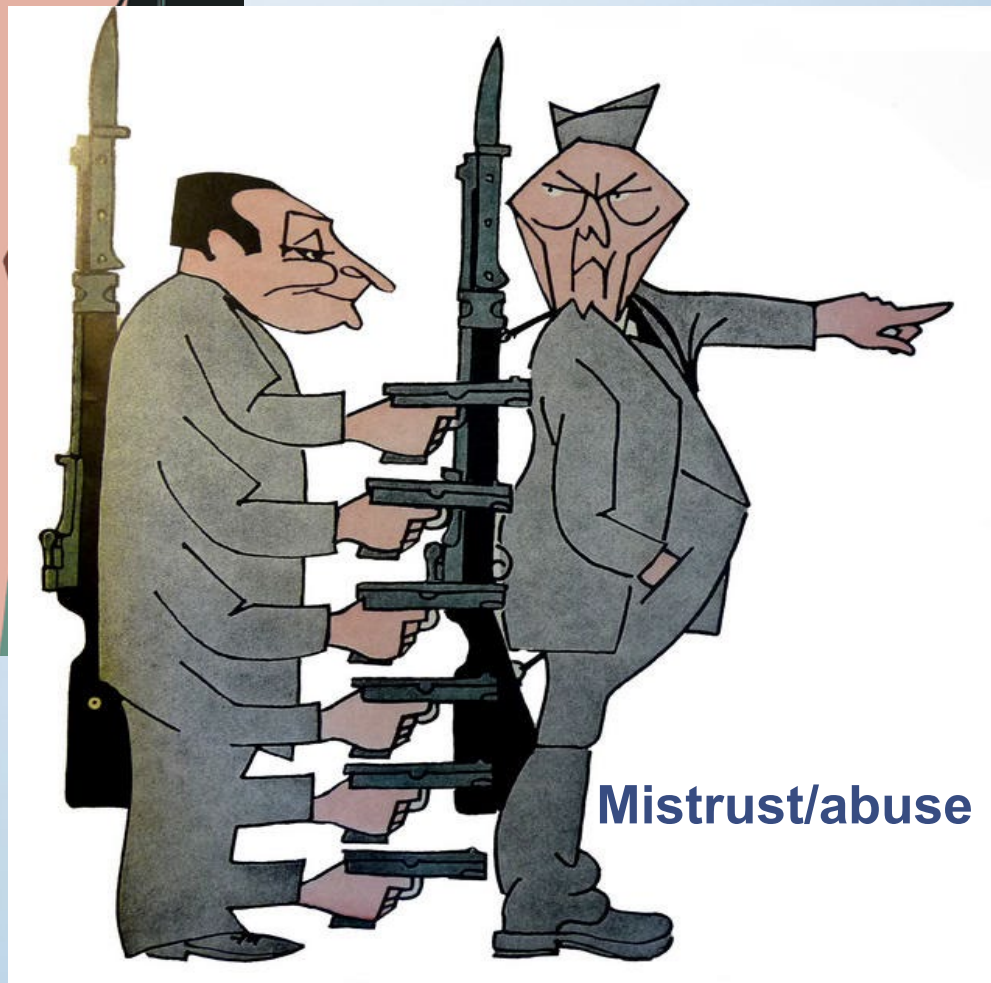
Changing believes:

- Socratic questions: making the rules to the assumptions
- Replacing the logical belief
- Behavioral experiments
- Rating the belief: up to 30% is good point
- Making cognitive continuum especially for (binary thinking)
- Rational-emotional role-play: point-counterpoint
- Self-disclosure of the therapist

Core believes (schema):

- The most central believes about the self
- The relationship with others in childhood
- Usually the positive core believes are kept during the lifetime
- Negative core believes are usually active during the stressors/ personality disorders
- They are not obvious
- About self and the world around
- Overgeneralized
- Absolute
- Global


Signs of a Fear of Abandonment
Intense feelings of separation anxiety
Quickness to attach, even to unavailable partners
Difficulty achieving emotional intimacy
Aiming to please
Reluctance to fully commit
Feeling insecure and unworthy of love
Quickness to move on just to ensure that you don't get too attached
Hypersensitivity to criticism
verywell

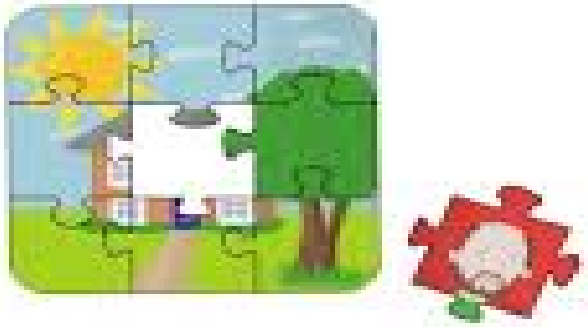

Mistrust/abuse


If you have the Entitlement schema you may
believe you can have whatever you want
If you have the Approval-Seeking schema you may
feel preoccupied with seeking validation from others


If you have the Punitiveness schema you may
treat yourself in a negative, aggressive way


If you have the Vulnerability schema you
may feel that catastrophe is about to strike

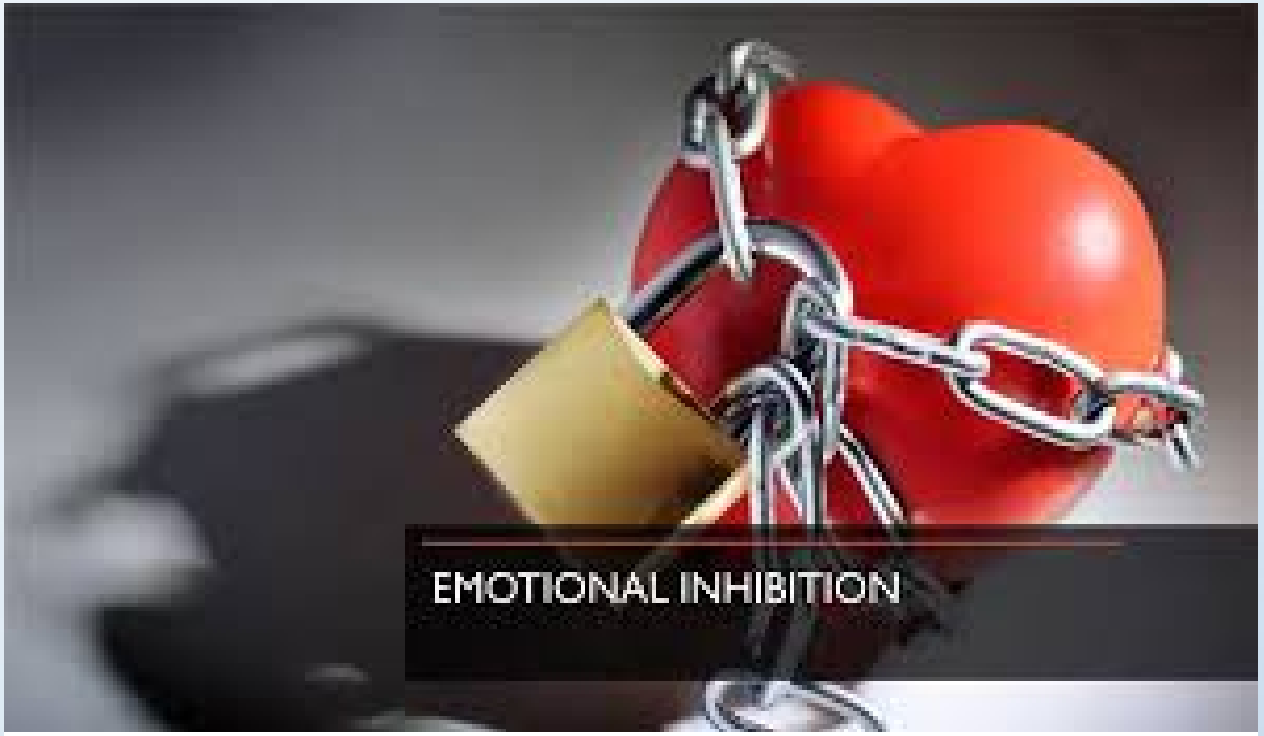
Social Isolation/Alienation Schema



Dependence/Incompetence Schema

Belief that one is unable to manage everyday responsibilities (including caring for oneself, making decisions, solving problems, and trying new things) without significant help from others.

- Often presents as helpless.



Self-sacrifice

Recognizing core believes:

- Therapist should make assumptions by the patient about the connection of automatic thoughts with core believes
- Considering the insight level of the patient
- Downward arrow
- Direct questions
- Harder in personality disorders

Training the patient:

- The core belief is just a belief, not an absolute truth
- The function of core believes in current life
- Rooted in childhood
- Maintained through schema functioning: neglecting the adversative information about the schema
- Making a mutual solution

Core belief Worksheet

The evidences which decline the old core believe and support the new one	The evidences which support the old core believe and reframe it
I was rather good in the mathematic exam.	I did not understand just an issue in mathematic class. I did not read the book enough and I would be better in the next time, if I read the book.

Some techniques for changing core believes:

- Extreme contrasts
- Historical tests of the core belief
- Restructuring

Some other CBT techniques:

- Scheduling activities
- Graded exposure
- Evaluating some other factors in negative situation using pie chart
- Functional comparison of the self
- Positive self-statement logs
- Scoring the self in a time span

Assignments:

- They are necessary in CBT
- Letting the patient to examine the new life style between the psychotherapy sessions
- Individual differences
- Behavioral activation
- Monitoring the automatic thoughts
- Biblio-therapy

Enhancing the chance of success in assignments:

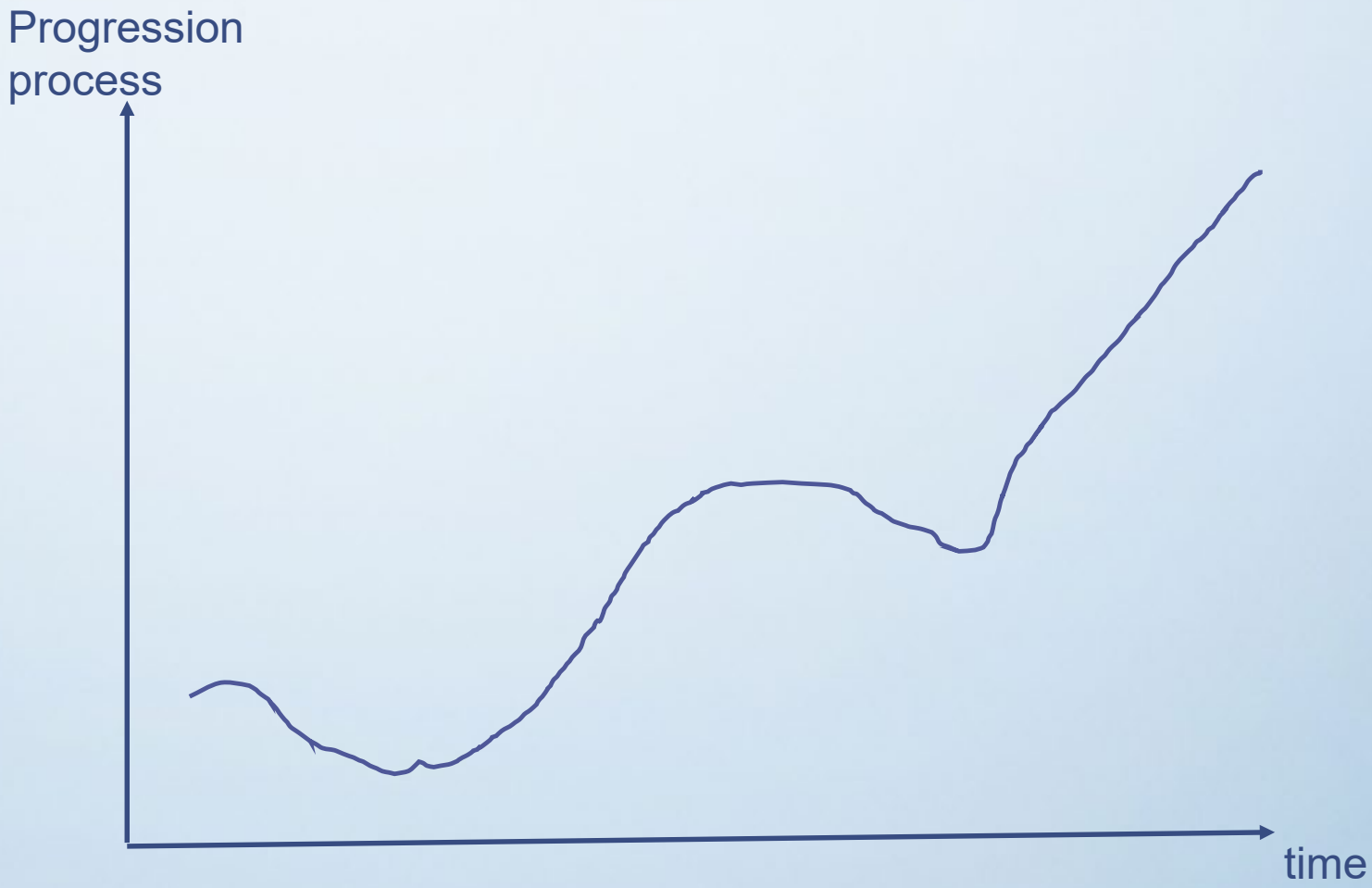
- Considering each patient
- Explaining the logic of the assignments
- Mutual participation
- No lose proposition
- Starting in the therapeutic session
- Reminding
- Probable negative consequences

Conceptualization of the assignment problems:

- Practical or behavioural factors
- Cognitive factors
- Therapist cognitions

Therapy termination and relapse prevention

- Avoiding dependency
- Weekly sessions at first
- Reduction of sessions gradually
- Patient expectations
- Estimation of the period of therapy
- Anticipation of the relapse



Progression of the therapy by time

Techniques for termination of the therapy

- Attributing the progression to the patients
- Applying learned techniques in every day life
- Preparation for the relapse
- Advantages of the termination
- Reviewing

Using learned techniques after termination of the therapy:

- Crushing problems in to manageable ones
- Using step by step procedure
- Monitoring all kinds of thoughts
- Relaxation during stressful events
- Behavioral activation

Progression as a CBT therapist

- Monitoring your mood
- Writing down your automatic thoughts
- Recognizing your emotions
- Recognizing intermediate and core believes
- Recognizing the cognitive distortions
- Enhancing the self-esteem
- Working on simple patients at first

سپاس از توجه شما