# Cognitive Behavioral Therapy Fundamentals: Tools for Clients; Strategies for Clinicians

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### Agenda

- Introduce CBT conceptualization of depression
- Review session structure and measures
- Introduce tools for treating depression from CBT framework
- Discuss behavioral interventions
- Discuss challenges with implementing CBT
- Conclusions & homework

### Poll

- What causes depression?
- What maintains depression?
- Is changing thoughts enough to help a depressed client?



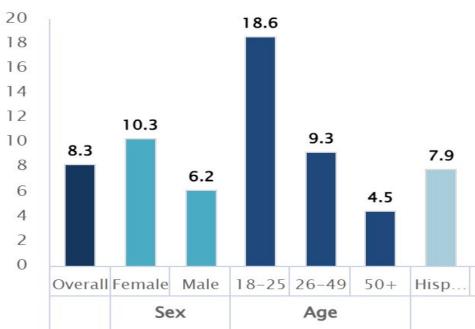
 $\underline{https://www.youtube.com/watch?v=9Tp2wX7UTnM}$ 

"You are a table"

### Depression in the U.S. at a glance

#### Past Year Prevalence of Major Depr U.S. Adults (202





An estimated 21.0 million adults in the United States had at least one major depressive episode in 2021. This number represented 8.3% of all U.S. adults.

The prevalence of major depressive episode was higher among adult females (10.3%) compared to males (6.2%).

The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (18.6%).

The prevalence of major depressive episode was highest among those who report having multiple (two or more) races (13.9%).

### You are likely to run into these clients



In 2021, an estimated 61.0% U.S. adults aged 18 or older with major depressive episode received treatment in the past year.



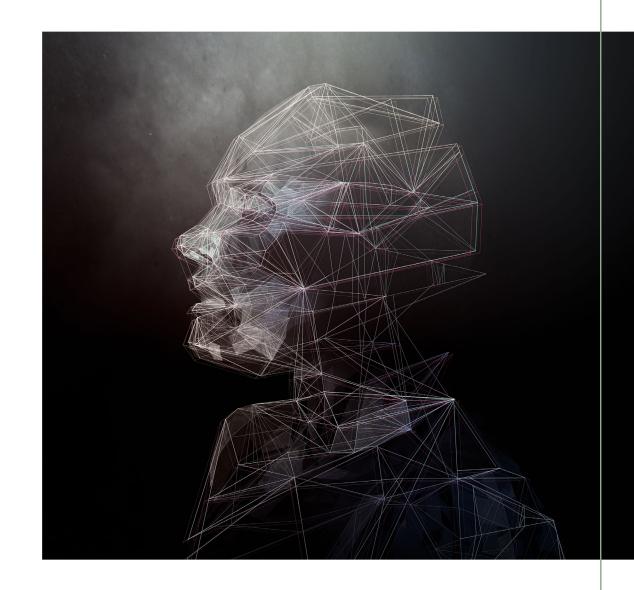
Among those individuals with major depressive episode with severe impairment, an estimated 74.8% received treatment in the past year.

CBT has been found to be quite effective for treating depression, especially showing short term gains

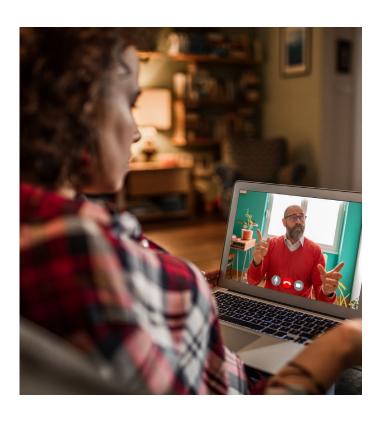
## Depression and CBT

Based on CBT: depression is connected to negatively biased thinking in clients as reflected in their thoughts about:

- Themselves (worthlessness)
- The future (will never improve)
- The world (no one cares)



### Therapeutic Approach



- Specific goals are set based upon a problem list
- Sessions are structured, with agendas that flow from stated goals and objectives
  - o Goals are SMART
  - Agendas
    - Check-in Begin with standardized measures, Likert scale questions -SUDs
    - What is the challenge, what is interfering with the goal?
    - How can we bring skills to change this issue
  - Sessions end with session summary, takeaways and homework
- Clients are assigned homework and expected to complete assignments as they are reviewed in upcoming sessions
- Expectation is that treatment will be short term and will transition when skills are taught and goals are reached
- Therapy is assumed to taper according to client need, beginning with weekly sessions and then eventually moving to once every 4 weeks

### PHQ- 9 – Depression Screener

Over the last 2 weeks, how often have you been bothered by any of the following problems? More than Nearly Several (use "✓" to indicate your answer) Not at all half the every day days days 2 3 1. Little interest or pleasure in doing things 2 3 2. Feeling down, depressed, or hopeless 0 1 2 3 3. Trouble falling or staying asleep, or sleeping too much 0 2 3 4. Feeling tired or having little energy 0 2 3 5. Poor appetite or overeating **6.** Feeling bad about yourself—or that you are a failure or 0 2 3 have let yourself or your family down 7. Trouble concentrating on things, such as reading the 0 2 3 newspaper or watching television 8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or 0 2 3 restless that you have been moving around a lot more than usual 9. Thoughts that you would be better off dead, or of

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### Subjective Units of Distress (SUDs) SUDs Thermometer (Centre for Clinical Psychology)



Burns Brief Mood Survey – Checking in with clients before and after

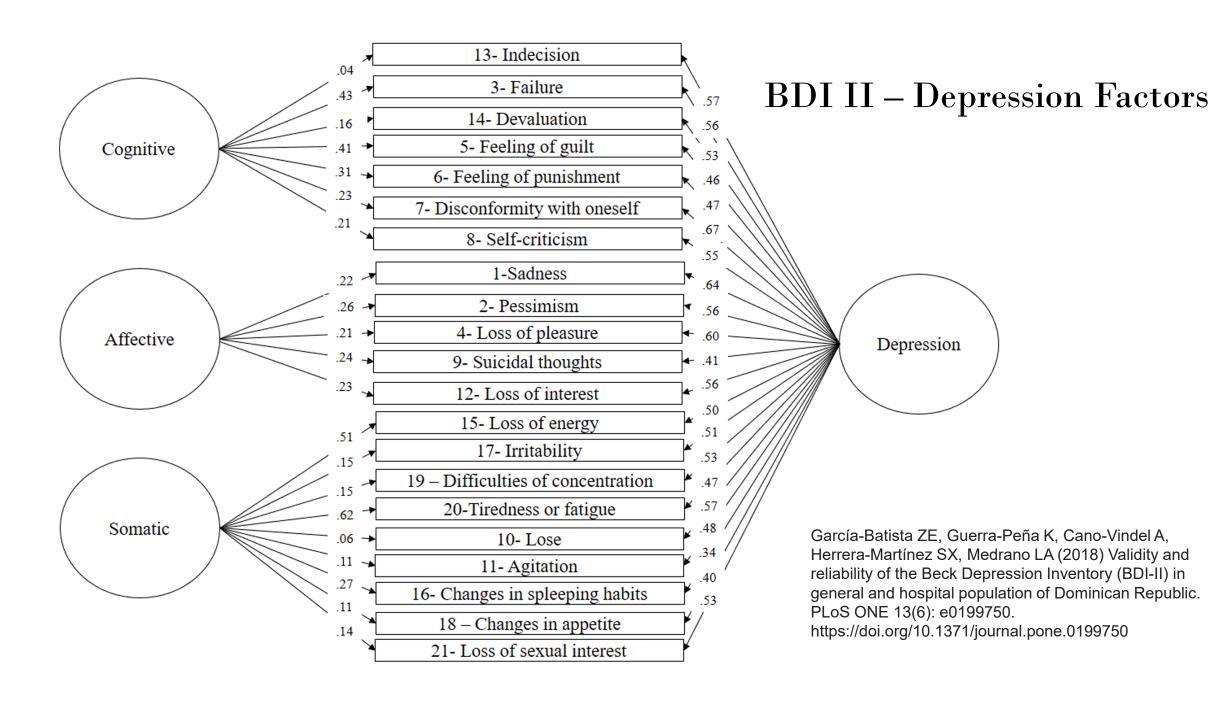
		Befor	e Se	ssior	1		Afte	r Ses	sion	
Brief Mood Survey* Instructions. Use checks (✓) to indicate how you're feeling right now. Please answer all the items.  How depressed do you feel right now?	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Sad or down in the dumps		X				X				
2. Discouraged or hopeless		X				X				
3. Low self-esteem, inferiority, worthlessness		X				X				
4. Loss of motivation to do things	X					X				
5. Loss of pleasure or satisfaction in life	X					X				
Suicidal urges: Do you sometimes		Tota	al 🗪	;	3		Tota	ıl <b>→</b>	(	<u> </u>
1. Feel like you'd be better off dead?	X					X				
2. Have suicidal thoughts or fantasies?	X					X				
3. Have urges or plans to end your life?	X					X				
How <b>anxious</b> do you feel right now?		Tota	al <del>&gt;</del>	(	)		Tota	<b>I</b> →		)
1. Anxious			X				X			
2. Frightened			X			X				
3. Worrying about things	X					X				
4. Tense or on edge			X			X				
5. Nervous			X			X				
How <b>angry</b> do you feel right now?		Tota	al →	~			Tota	ı <b>→</b>		1
1. Frustrated		X				X				
2. Annoyed		X				X				
3. Resentful	2					X				
4. Angry	X					X				
5. Irritated	X					X				
		Tota	al <del>&gt;</del>				Tota	ı <b>→</b>		<u> </u>

			Befo	re Se	ssion			After Session			
how	Happiness*  ructions. Use checks (✓) to indicate you're feeling <i>right now</i> . Please wer all the items.	0-Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1.	Happy and joyful				X						X
2.	Hopeful and optimistic				X						X
3.	Worthwhile, high self-esteem			X							X
4.	Motivated, productive					X					X
<b>5</b> .	Pleasure and satisfaction in life					X					X
			Tot	al →	1	6		Tot	al ⋺	2	0

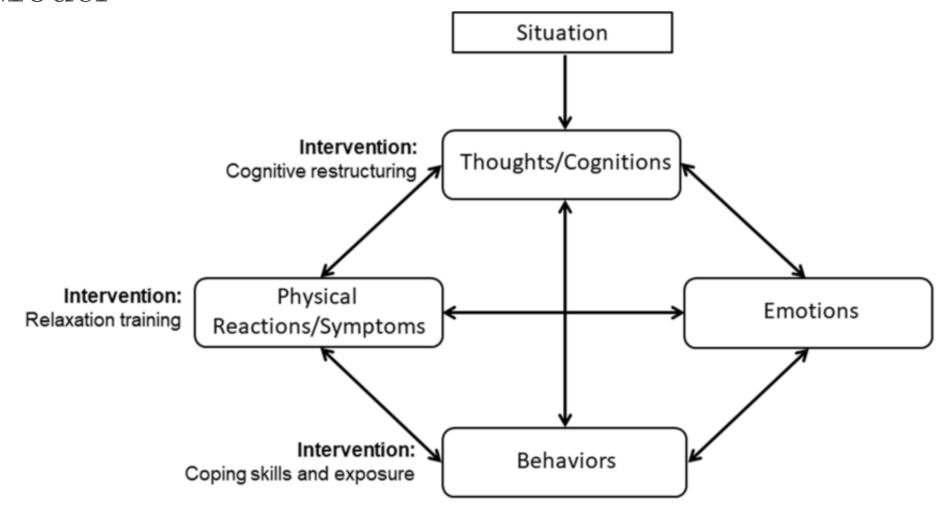
			В	efor	e Se	ssio	n			P	After	Ses	sio	n	
Put rela	the name of an important ationship in your life:  David checks (✓) to indicate how you about this relationship.  Please answer all 5 items.	0—Very Dissatisfied	1-Moderately Dissatisfied	2—Somewhat Dissatisfied	3—Neutral	4—Somewhat Satisfied	5—Moderately Satisfied	6—Very Satisfied	0—Very Dissatisfied	1-Moderately Dissatisfied	2—Somewhat Dissatisfied	3—Neutral	4—Somewhat Satisfied	5—Moderately Satisfied	6—Very Satisfied
1.	Communication and openness							X							X
2.	Resolving conflicts							X							Χ
3.	Degree of affection and caring							X							Χ
4.	Intimacy and closeness							X							Χ
5.	Overall satisfaction							X							X
				•	Tota	-	3	0			T	otal	<b>→</b>	3	0

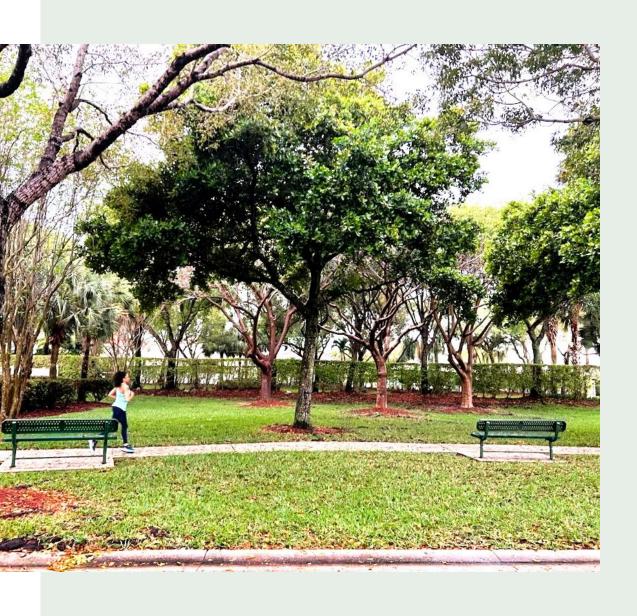
How much psychotherapy homework have you done since your last session? (✓)

None	A little	A moderate amount	A lot
			X



#### The Model





### Behavioral Activation

#### Goals of behavioral activation

- Client and clinician can gain a sense of client's current activity levels
- Gives client opportunity to do more of what counteracts depressive mood and less of what nurtures it
- Through activity scheduling, clients can learn more about the ebbs and flows of depressive feelings and their relationship to activity
- Counteract the depressive tendency to withdraw from life
- Purposely schedule activities that involve pleasure, mastery and social interaction (three essential components of wellbeing)
- Use problem solving to overcome obstacles to engagement
- To create behaviors that are self-reinforcing
  - Clients can't wait to feel motivated before action, motivation comes through/from action

### Tool – Activity Schedule

Time	Monday Activity/mood	Tuesday Activity/mood	Wednesday Activity/mood	Thursday Activity/mood	Friday Activity/mood	Saturday Activity/mood	Sunday Activity/mood
5-7am	/	/	1	1	1	/	1
7am	/	/	1	1	1	/	1
8am	/	/	1	1	1	/	1
9am	/	/	1	1	1	1	1
10am	/	/	1	1	1	/	1
11am	/	1	1	1	1	1	1
12am	1	1	1	1	1	1	1
1pm	/	1	1	1	1	1	1
2pm	/	1	1	1	1	1	1
3pm	/	1	1	1	1	/	/
4pm	/	1	1	1	1	1	1
5pm	/	1	1	1	1	1	1
6pm	/	1	1	1	1	1	1
7pm	1	1	1	1	1	1	1
8pm	1	1	1	1	1	1	1

### Sokol & Fox (2019) offer several Key Concepts for Behavioral Activation



- 1. Action precedes motivation
- 2. Success is in the effort, not the outcome
- 3. Establish a goal and rationale
- 4. Plan and schedule
- 5. Self talk change "give up" thoughts to "go-to" thoughts
- 6. Take credit
- 7. Reward
- 8. Put it all together

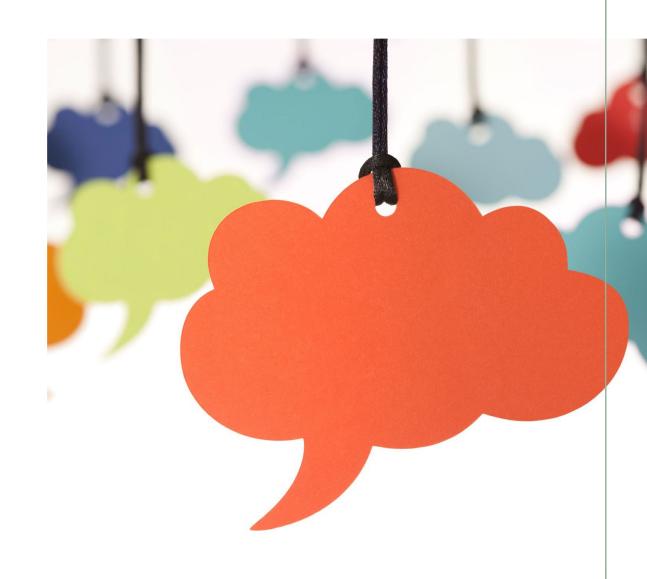
### "Give Up" thoughts to "Go to" thoughts:

- o "I'll do it later"
- "It's not going to help"
- o "I can't do this"
- o "I am too tired"
- o "I'd rather take a nap"
- "I have already tried everything and nothing works"

- "If I put it off, I am less likely to do it at all. Later means never"
- Just because I don't feel like doing something, doesn't mean I can't do it. I can do things that I don't want to do.
- Telling myself I can't do something makes it harder for me to even try. I have done many things I thought I could not do.
- \_\_\_\_\_\_
- •
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### Cognitive Restructuring

- Automatic Thoughts
- Downward Arrow
- Socratic Questioning
- Thinking Errors/Unhelpful thinking
- Thought register/Thought record

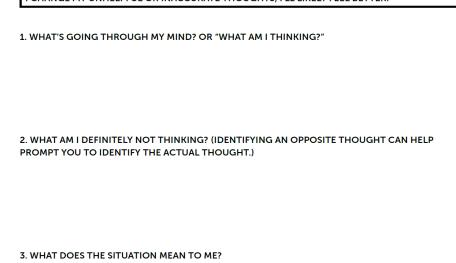


### Identifying ATs



#### QUESTIONS TO IDENTIFY AUTOMATIC THOUGHTS WORKSHEET

REMEMBER: JUST BECAUSE I THINK SOMETHING, DOESN'T NECESSARILY MEAN IT'S TRUE. WHEN I CHANGE MY UNHELPFUL OR INACCURATE THOUGHTS, I'LL LIKELY FEEL BETTER.



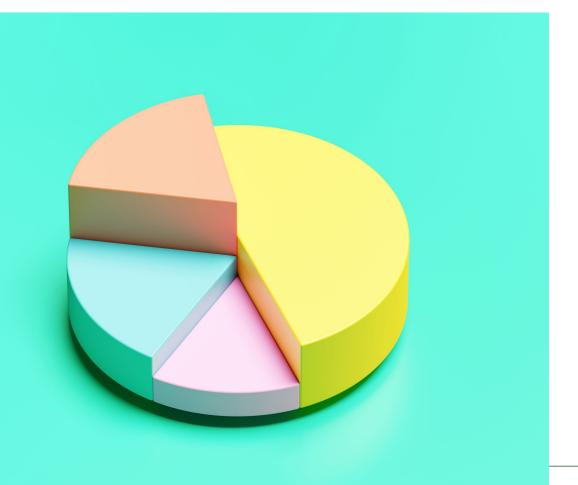
4. AM I MAKING A PREDICTION? OR REMEMBERING SOMETHING?

### Thought Record

**Thought Record Sheet - 7 column** 

Situation / Trigger	Feelings Emotions – (Rate 0 – 100%) Body sensations	Unhelpful Thoughts / Images	Facts that <u>support</u> the unhelpful thought	Facts that provide evidence against the unhelpful thought	Alternative, more realistic and balanced perspective	Outcome Re-rate emotion
						What am I feeling
					STOPP! Take a breath What would someone else	now? (0-100%)  What could I do
	What emotion did I	What went through my mind? What disturbed me? What did those houghts/images/memories			say about this situation? What's the bigger picture? Is there another way of seeing it?	differently? What would be more effective?

### Responsibility Pie Chart

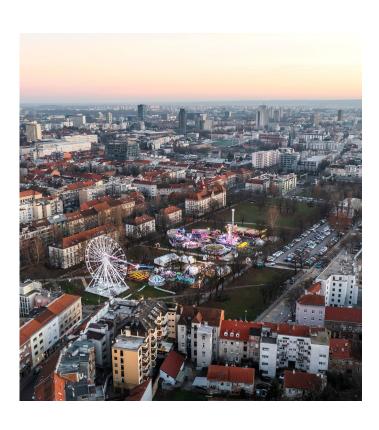


- A hallmark of depression is a pervasive sense of guilt and worthlessness
- Depressed clients often take responsibility for things that are not theirs OR they take on too much responsibility
- Most situations involve several contributing factors to outcomes, not just one
- Encouraging clients to consider the responsibility they are taking can be helpful with restructuring

### Poem: Putting it together

• <a href="https://www.youtube.com/watch?v=-Ktdf2KQ58c">https://www.youtube.com/watch?v=-Ktdf2KQ58c</a>

#### A note on environment – context matters



- SDOH social determinants of health (for example)
  - Access to safe external environments & green spaces
  - Access to resources that promote health including fresh food options
  - Access to healthcare systems that are inclusive and trustworthy
  - Access to communities that are free from violence by community members, police and others
  - Access to jobs that pay livable wages
- Structural vulnerability
  - "Structural vulnerability is the violence of injustice and inequity, embedded in ubiquitous social structures and normalised by stable institutions and regular experience. Structures in this context refer to social relations, including economic and political factors, which contribute to shaping how individuals and groups interact with a social system." (Albanese, Blane & Williamson, 2021)
- Power, agency and autonomy over one's life

### Summary of Tools (so far)



- Therapy Agenda
- Measurable goals
- Assessments & SUDs levels
- Behavioral activation & Activity scheduling
- Cognitive Restructuring
- Thought Records
- Pie Chart
- Unhelpful Thought patterns
- Socratic Questioning
- Downward arrow techniques
- Attending to environment

## Challenges to Implementation



- Therapist comfort in "teacher role"
- Maintaining structure of session
- Clients may find structure constraining
- Clients may not have clearly identified goals
- Clients may feel undermined by some of the techniques, i.e. Socratic questioning
- Clients may feel unmotivated to complete homework (may feel overwhelmed)
- Clients may feel very attached to thoughts
- Lack of belief in process/intervention

## Thank you! Questions?

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