



## Pioneer Scheme Half-day Learning programme

Wednesday 26<sup>th</sup> February 2020

### CBT and psycho-education for common mental health problems

With Alessio Albanese, CBT therapist and PhD student, University of Glasgow

#### 1) What were the key learning points from this session?

- CBT is a constantly evolving model, with new off-shoots including ACT (acceptance and commitment therapy) and DBT (dialectical behavioural therapy).
- CBT is strongly evidence based, with much research proving its effectiveness in the treatment of many common mental health conditions.
- CBT was founded on the concept of 5 core conditions:
  - Congruence
  - Acceptance
  - Unconditional positive regard
  - Empathy
  - Communication
- The “iceberg model” for framing and understanding of a patient’s thoughts :
  - Automatic thoughts (as the visible tip of the iceberg)
    - Identifying negative automatic thoughts is one of the main focuses of CBT. It is not usually possible to identify these “in vivo” but they are revealed through an analysis of the emotional and behavioural responses to situations. Example: “I am not capable of doing x”
  - Rules for living / Assumptions (which direct the automatic thoughts)
    - Rules and assumptions are needed for us to cope with everyday life, but unhelpful forms can emerge, such as “I must never show any signs of weakness” or “I must never ask for something that I need.”
  - Core beliefs (resulting from unhelpful rules and assumptions)

- These are strongly held beliefs about oneself, others or the world, which develop from childhood or over time.
  - Revealed and explored during CBT by the therapist using “Socratic Questioning” to challenge the logic behind the beliefs.
- Formulation - During CBT, the therapist will work towards “case conceptualisation”; identifying how the core beliefs contribute to the presenting symptoms, as well as looking at current stressors and barriers to recovery. Makes use of the five factor model when exploring symptoms:
  - Situation - where, when, who, what happened
  - Thoughts and images - what went through your mind
  - Body/Physical sensation - what did you notice in your body?
  - Moods and emotions - what did you feel?
  - Behaviours - what did you do or not do?
- Three components of depression:
  - Cognitive bias: the tendency to focus on negative aspects of a situation
  - Negative self-schema: knowledge about self and others that is negative and developed from actual negative experiences.
  - Negative triad: Negativity about the self, others and the world/future.
- Therapists cannot “think” or “talk” patients out of depression; instead, emphasis is on “behavioural activation”.
- Activity Schedule - an important tool used in CBT for depression, whereby patients record their weekly activities, along with associated mood and levels of achievement, enjoyment, and closeness to others.
- For CBT in anxiety, formulation is similar, but the treatment begins with “Cognitive restructuring” - aiming to change a patient's thoughts in relation to stimulus.
- Patients may be asked to rank their fears, with therapy beginning with addressing the “least feared” stimulus.

## 2) What changes to practice might you consider?

- Remember to start with compassion: e.g. “It sounds like you are going through a difficult time.”
- Offer an explanation of diagnosis in lay terms, and check patient’s understanding and whether the explanation resonates with their experience.
  - “Anxiety is a feeling of fear and distress. It is what we have developed as a physical response when faced with severe stress, or danger. We developed this mechanism to keep us safe. However, it becomes a problem if it is there all the time in the absence of immediate danger, or if it becomes so intense that it interferes with your life”
  - “What you are describing to me sounds like symptoms of depression”

“When people/we feel low or depressed, our perceptions change, and we tend to focus on negative aspects and discount positives.”

- Provide hope, highlighting the potential for therapy to improve symptoms.
- Consider using the five factor model (time allowing!) when exploring a patient’s symptoms.

### **3) Any useful resources to share?**

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk) - this website has lots of material for both patients and therapists. It includes worksheets, audio files and videos, providing exercises for patients to do at home to help with common mental health conditions such as anxiety and depression.