Cognitive Behavioral Therapy (CBT) Handout

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**Introduction to Cognitive Behavioral Therapy (CBT)**

Cognitive Behavioral Therapy (CBT) is a structured, time-limited, and goal-oriented form of psychotherapy that focuses on the relationship between thoughts, emotions, and behaviors. It is based on the concept that our thoughts can influence our feelings and behaviors, and by changing negative or distorted thinking patterns, we can change how we feel and act. CBT has been proven effective for a variety of mental health disorders, including depression, anxiety, and PTSD.

KEY PHILOSOPHY:

Our THOUGHTS OR COGNITIONS should be ACCURATE and RATIONAL.

Our BEHAVIORS should be PRODUCTIVE.

**References:**

* Beck, A. T. (1976). Cognitive Therapy and the Emotional Disorders. International Universities Press.
* Burns, D. D. (1999). The Feeling Good Handbook. Plume.
* Ellis, A. (1997). Rational Emotive Behavior Therapy: A Therapist's Guide. Impact.

**Key Vocabulary**

1. **Cognition**: Mental processes involved in gaining knowledge and understanding, including thinking, knowing, remembering, judging, and problem-solving. They are your thoughts. It’s important to differentiate these from what you might be “feeling”. The goal for cognition in CBT (and in life) is to be rational, accurate, and reality-based thoughts.
2. **Schema and Core Beliefs**: A cognitive framework or concept that helps organize and interpret information. It’s usually driven by early childhood experiences. For example, if someone has had trauma, their schema may be about caution, and not easily trusting others.
3. **Automatic Thoughts**: Spontaneous, often negative thoughts that occur in response to specific situations. In CBT we mostly deal with the Automatic Negative Thoughts (ANTs).
4. **Core Beliefs**: Fundamental beliefs that individuals hold about themselves, others, and the world, often developed in childhood. It’s driven by our schemas. Using the above example of childhood trauma, a belief may be “the world isn’t safe” and “I shouldn’t trust others.”
5. **Behavioral Activation**: Strategy in CBT to encourage patients to engage in activities that are aligned with their values and goals to improve mood. The goal for behaviors in CBT is to have productive behaviors.
6. **Cognitive Distortions**: Common, unhelpful ways of thinking that can lead to negative feelings and actions.

**CBT Videos:** <https://www.holisticaremd.com/patient-education-resources/cognitive-behavioral-therapy-cbt>

**Cognitive Distortions:** There are ways in which we think and think irrationally. These can be categorized and labeled.

| **Distortion** | **Definition** | **Example** |
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| All-or-None Thinking | Viewing situations in black-and-white terms, without recognizing middle ground. | "If I'm not a complete success, I'm a total failure." |
| Catastrophizing | Expecting the worst possible outcome in a situation. | "If I make a mistake on this report, I'll lose my job." |
| Mind Reading | Assuming you know what others are thinking without evidence. | "She didn't reply to my text; she must be mad at me." |
| Overgeneralization | Making broad interpretations from a single or few events. | "I failed this test, so I’ll never succeed in college." |
| Personalization | Believing you are responsible for events outside your control. | "It's my fault the team lost; I should have played better." |
| Magnification and Minimization | Exaggerating the importance of negative events and minimizing positives. | "I got a promotion, but it was just luck." |
| Emotional Reasoning | Assuming that because you feel a certain way, it must be true. | "I feel anxious, so something bad must be happening." |
| Should Statements | Imposing unrealistic expectations on yourself or others. | "I should always be perfect." |
| Labeling and Mislabeling | Assigning labels to yourself or others based on mistakes or perceived failures. | "I'm such a loser for not winning the game." |
| Discounting the Positive | Rejecting positive experiences by insisting they don't count. | "I did well on the project, but anyone could have done that." |
| Jumping to Conclusions | Making negative interpretations without actual evidence. | "He walked past me without saying hello, he must not like me." |
| Fortune Telling | Predicting a negative outcome without evidence. | "I'm going to fail that interview." |
| Blaming | Holding others responsible for your emotional pain. | "My partner makes me feel inadequate." |

**Instructions:**

* **Try to complete this form as soon as possible after a distressing situation.**
* **Be as specific as possible in each section.**
* **Bring completed forms to your next session for review.**

CBT in Action

**Step 1a: Describe the situation or event.**

**Step 1b: Recognize the Emotion or Feeling: What negative feeling are you having?**

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**Step 2: What thoughts are going through your mind that are driving the feelings above?** Try to go from a superficial thought to the deeper underlying thoughts i.e. peel the onion! For example, if your feeling above is being “afraid” and the thought is “I won’t pass my exam”, then try to figure out the deeper layer of thoughts i.e. “If I won’t pass my exam, then what?”… “Well, then I won’t be able to get my dream job!”, and “then what?”… “well, I will be a failure in life.” Here this is going from a superficial initial thought to deeper fears of being a failure in life. It’s an example of “Fortune telling” also known as “forecasting.” A way to drill deeper is to look for the “so what” or the “consequence” a given thought.

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**Step 3: Label if any of the thoughts are distorted from Step 2 using the list of cognitive distortions from page 3.**

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**Step 4: List the distorted thought(s) and challenge the thought(s) here.**

* **Examples:**
  + **Catastrophizing**: "If I miss the deadline, everything will fall apart."  
    **Challenge**: "Missing one deadline won’t ruin everything; I can ask for an extension."
  + **Mind-Reading**: "He didn’t smile; he must dislike me."  
    **Challenge**: "He might be having a bad day, it’s not necessarily about me."
  + **Forecasting**: "I know this meeting will go terribly."  
    **Challenge**: "I’ve prepared well, and it might go better than I expect."
  + **All-or-None Thinking**: "If I don't get an A, I’m a failure."  
    **Challenge**: "Even a B is a good grade, and I can learn from this."

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| **Thought(s)** | **Evidence Supporting the Though** | **Evidence Against the Though** | **Alternative or Balanced Thought AFTER challenge** |
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**Step 5: Based on the initial distorted thinking, what non-productive behaviors do you think you wanted to do or were doing?**

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**Step 6: After challenging your distorted thinking, what productive behaviors should you do? What actions?**

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**Some Helpful Behaviors and Activities:**

* Exercise
* Listening to Music
* Meditation
* Gratitude Exercises

**Step 7: Mood Assessment**

* **BEFORE this thought challenge exercise:** How was your mood?- circle one  
  Likert Scale: (Bad) 1 2 3 4 5 6 7 (Good)
* **AFTER this thought challenge exercise:** How was your mood? -circle one  
  Likert Scale: (Bad) 1 2 3 4 5 6 7 (Good)