Different forms of Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a type of psychotherapeutic treatment, and the study of identifying and shaping up behaviors, cognitive/thoughts, and emotions. Mainly, the goal is to change negative thoughts. It is used to treat a variety of psychological problems such as depression, anxiety, bipolar, posttraumatic stress disorder (PTSD), personality disorders, marital problems, alcohol and substance abuse addictions and eating disorders. CBT has been shown to improve the patients’ functioning and quality of life and has been highly effective than any other form of psychotherapy or psychiatric medication.

CBT involves substantial scientific method approaches and several steps to modify thoughts and behaviors. It is also aimed to altering psychological problems based off irrational and unnecessary thinking and actions, altering psychological problems and unwanted behaviors that are based off the conceptual core of learning, and helping to alleviate psychological problems with the use of coping mechanism skills. One of the most crucial components in CBT involves recognizing faulty thoughts, behaviors and emotions that create the problems, and evaluating these distorted thoughts in a positive way pertaining to reality. It also utilizes problem-solving skills to cope with difficult situations. Therapists can help patients to develop higher confidences with their own abilities and modify behavioral patterns, which includes exposure to the fearful object/situation instead of avoiding them and indulging in role playing skills to prepare for problematic interactions with people. Also, the most crucial step in helping the patient to reduce problematic thoughts and behaviors is to calm the mind and relax the body. More importantly, the therapist or psychologist is very interested in knowing where the patient acquired these problematic behaviors and thoughts and how it applies to the concept of learning.

3 Domains of CBT:

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<thead>
<tr>
<th>Cognitions/Thoughts:</th>
<th>Emotions: Types of emotions (e.g., anger, anxiety and depressive problematic emotions)</th>
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<tbody>
<tr>
<td>What is the patient thinking</td>
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**Behaviors:** Problematic behaviors, outward expressions of what people are doing

*In CBT treatment, the therapist or psychologist looks at the problems from these three domains*

The psychologist works with the patient/client together in a collaborative structure, in order to understand well of the patient’s problem and implement an effective treatment plan.
There are various ways of to implement CBT treatment. First, the patient needs to develop the motivation and interest of getting better and making changes with their thoughts and behaviors. Therapists will help individuals through exercise sessions, as well as providing homework exercises outside the sessions, so that patients will be able to incorporate coping skills, and learn to alter their own cognitions, problematic emotions and behaviors. At the same time, therapists need to be aware about the current person’s life and problems, but ignore the past difficulties and antecedents that led to the problematic behaviors and thoughts. However, they need to be conscious about the patient’s history, but have to focus on moving forward with the patient, so that they are able to develop effective ways of coping with reality better.

**Case Conceptualization:**

There are nine steps utilized in a case conceptualization. These steps are vital to formulating an effective treatment plan in CBT.

1. **Problem List (presenting problems)**- this involves listing 5-8 items with a short description of each problem a client presents (e.g., affect component of problem, behavior and cognitions). It also involves quantifying each problem as much as possible for duration, frequency, intensity, and pervasiveness of the symptoms. Usually, psychologists need to inquire about the psychological, medical, leisure, social/interpersonal, occupational, legal, and financial areas impaired with the patient.

2. **Core Release**- This involves the patient’s hypothetical beliefs, schemas or views about themselves, others and the world. These beliefs are the main causes which sustains the patient’s problems. Therapists want to know what is going on in the patient’s mind when they feel this way, and what does this mean of how other people think of them.

3. **Consideration of other Etiological Factors**- This involves gathering up factors that contribute to the development of the problem and the disorder.

4. **Precipitant and activating situations**- These involve antecedents that automatically activate the problematic core beliefs, exacerbating psychological symptoms. This involves identifying recent situations that the client experienced, based of a particular distress. It can also include activating events, which are small events that arise before negative symptoms.

5. **Working Hypothesis**- This involves telling the story of the problems based on the core beliefs, activating and precipitating situations, and etiological factors. It also involves providing an educated guess of how the client’s problematic behaviors and thoughts arise and why it persists.

6. **Origins of Core Beliefs**- The therapist or psychologist would like to analyze where did the client acquire the beliefs, how did it start and how did they acquire it.

7. **Treatment plan**- This includes goals that the patient has for treatment, different kinds of interventions used to target the patient’s problem list and symptoms and understand how learning contributes to the problems. It will also remedy and change problems of learning that occurs with the client’s problem.

8. **Strengths of treatment**- This includes strong qualities and strengths. Although the patient may have a certain amount of negative beliefs, still they may have multiple opportunities to realize what strengths that they have.
9. **Predicted weaknesses/limitations of treatment** - These involve obstacles that can happen in the future to impede the patient to a successful outcome. Some of the obstruction to a successful therapeutic outcome could include habits (the duration of the relapse), financial hardship, some cultural experiences and talking openly about their cultural views and schemas (e.g., values through Asian traditions). It can also include psychological and physiological things that can make it difficult to treat due to various reasons. Other factors can include environmental factors and the styles of learning.

**Dialectical Behavioral Therapy (DBT)**

Dialectical Behavioral Therapy (DBT) is a type of cognitive behavioral therapy, which teaches people how to live in the present and be able to manage with healthy coping skills with stress, utilizing emotion regulation, and improving relationships with others. In DBT, the therapist and the patient work together to resolve the contradiction between self-acceptance and change, as a way to transition to positive changes in the patient. There are three different therapeutic settings in DBT that the patient can indulge in. The patient can indulge in a classroom setting where they are taught behavioral skills by completing homework assignments and conducting role plays as a form to interacting with people. They can also indulge in individual therapy, where they can learn behavioral skills to adapt to their personal challenges. The other form is phone coaching, where the patient can consult their therapist and obtain some guidance on coping with present difficult situations.

There are four main strategies taught in DBT to modify the patient’s behavior.

1. **Mindfulness** - Patients are taught to focus on the present.
2. **Distress Tolerance** - Patients are taught to accept oneself and present situations that are occurring. They are also taught to tolerate or survive crises, with the use of techniques of distraction, self-soothing, having to live through the present moment and contemplating through the pros and cons.
3. **Interpersonal Effectiveness** - Patients are taught to be more assertive in a relationship (i.e., having to say no to certain situations such as alcohol/drugs and expressing needs such as for an education/career). However, they still have to maintain their relationship in a positive and healthy manner.
4. **Emotion Regulation** - This technique allows patients to recognize and cope with negative emotions (e.g., anger and anxiety) and having to be capable of reducing their emotional vulnerabilities by building up some positive emotional experiences.

DBT also offers four commonsense multistage approach:

1. **Stage 1** - treating self-destructive behaviors like suicide ideations attempts and self-injury.
2. **Stage 2** - addressing quality of life skills like emotional regulation, distress tolerance and interpersonal effectiveness.
3. **Stage 3** - improving relationships and self-esteem.
4. **Stage 4**- promoting joyful and relationship connections.

DBT is meant to focus mainly on high-risk or patients who were very difficult to treat. At most times, the patients had comorbid conditions. Originally, DBT was intended to treat patients with suicidal behaviors and borderline personality disorder (BPD). However, it has been adapted to treat other mental health problems that impair the patient’s safety, interpersonal relationships, occupational functioning and emotional well-being.

**Relaxation Therapy**

Relaxation therapy is a tactic to reducing stress on the mind and body. It can help the patient to cope with daily stress and stress related to particular health problems, such as acute/chronic pain. Practicing relaxation techniques has shown to have many benefits with physical and medical conditions to aid muscle and cognitive relaxation.

- reduction in hypertension
- reduction of headaches and migraines
- reduction of insomnia and fatigue
- increasing sleep quality
- reduction of muscle tension and chronic pain
- slowing down heart rate
- improving digestion
- stabilizing regular blood sugar levels
- reduction of stress hormones
- reducing anger and frustration
- increasing confidence to handle problems

In the past, using these techniques has been useful in office settings and during stressful times. Relaxation therapy has been used to reduce tension and to have control over feelings and responses. It can also be used prior to the use of exposure therapy.

**Progressive relaxation**

The therapist helps the patients to relax the muscles from tension. It is simple to relax the muscles from tension versus from normal resting states.

There are three steps through this procedure:

1. **Tension States**- The therapist guides the patient by tensing various muscles in the whole body. They allow them to relax every muscle group and help clients to notice the difference between tension and relaxation.
2. **Letting-Go (advanced stage)**- This stage comes after the patient has thoroughly learned the tension relaxation method. They are taught to perform a quick-scan and letting go of tension (i.e., the left calf is tensed and patients are taught to perform deep-breathing to relieve tension). The clients are encouraged to relax other muscle groups as much as possible.
3. **Differential Relaxation**- Clients learn to relax other muscle groups while keeping some muscle groups tensed as much as possible.

**Homework**

According to the next steps with the treatment, patients need to practice these techniques. They can audio record these techniques and use them at home and office settings before they imply it in real-life settings. Patients need to keep a record of their relaxation techniques, by maintaining the tension, and utilize positive relaxing tension. At the same time, they have to keep note of any difficulties that they experience with these techniques. Once these techniques have been obtained in normal situations, they can use them in real life-settings (in-vivo scenarios). They would be able to monitor their psychological states, and realize how effective they are doing with effective relaxation. It also includes monitoring heart rate, skin conductance and muscle parasympathetic system.

**Systematic desensitization**

The goal of this concept is that therapists would like to know the onset of the fear and why it persists. Usually when clients face fear to a particular object or situation, they would use avoidance. Thus, therapists help clients to overcome fear by teaching them how to relax in a gradual and kinder approach. Afterwards, they are taught to use that skill so that they are capable of tolerating them successfully and be able to move on to the next part of hierarchy.

**Imagery**

Clients are taught to recreate the scenario, so that they are able to overcome the fear. They would be taught to recreate the scenes by visualizing the scene and find ways how to overcome and approach the scene in a positive manner.

**Exposure Therapy**

Eventually, exposure therapy is conducted where the patient is confronted and exposed to the fearful object or situation. This can only be fulfilled once the patients have successfully been taught to use appropriate coping skills, and modifying thoughts, behaviors, and emotions, automatic thoughts and core schemas, (characteristics about themselves). This type of procedure tends to be more direct to the fearful stimuli and persuasive. The client experiences the anxiety, which is very crucial to treatment, and the client must experience it in order to arbitrate to it. This way, they would be able to learn and survive and not be catastrophic as much as before.