ECHO Idaho: Opioid Addiction and Treatment

Cognitive Behavioral Therapy
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The speaker has no significant financial conflicts of interest to disclose.
Learning Objectives

- Participants will understand theoretical tenets and concepts of Cognitive Behavioral Therapy (CBT).
- Participants will learn 5 common Cognitive Distortions.
- Participants will understand the Cognitive Triangle and basic Case Formulation.
Target Population

• Best suited for cases presenting with cognitive distortions, adequate reality testing, good concentration, and sufficient memory functions

• As long as patient can recognize the relationship between thoughts, feelings, and behaviors, CBT can be beneficial
Empirical Support

• Evidence supports CBT for the treatment of
  – Major Depressive Disorders
  – Generalized Anxiety Disorder
  – Dysthymia
  – Drug and Alcohol abuse
  – Panic Disorder
  – Anorexia
  – Bulimia
  – Obsessive-Compulsive Disorder
  – Personality Disorders
What is CBT?

• Focus: solving **current** problems and modifying dysfunctional thinking and behavior

• Teaches patients to identify, evaluate, and respond to dysfunctional thoughts and beliefs

• Evaluation and reorganization of assumptions or self-statements results in change in behavior

• Goal: “teach patient to become their own therapist”
Treatment

• Teaches patient to
  – Monitor negative, automatic thoughts
  – Recognize connection between thoughts, feelings, and behavior
  – Examine evidence for and against distorted automatic thoughts
  – Substitute more reality-oriented interpretations for biased cognitions
  – Learn to identify and alter beliefs that predispose them to distort experiences
Cognitive Distortions

• All or Nothing Thinking
  – If I am not perfect, I have failed

• Mental Filtering
  – Noting failures but not seeing successes

• Emotional Reasoning
  – I feel embarrassed so I must be an idiot

• Should/must thinking
  – I should be able to go to the gym every day

• Catastrophizing
  – Worst day ever
Behavior Techniques

• Behavior techniques modify automatic thoughts/assumptions; challenge specific maladaptive beliefs and promote new learning
  – Patient predicts an outcome based on automatic thought, carry out agreed-upon behavior, then evaluate evidence in light of new experience

• Foster cognitive change; crucial to know patient’s perceptions, thoughts, and conclusions after each behavioral experiment
Case Formulation

THOUGHTS

FEELINGS  →  BEHAVIORS
Key Points

Early Experiences
Abuse

Core Beliefs
I am unlovable

Underlying Assumption
If I’m not in a relationship, I am worthless

Critical Incident
Breakup

Thoughts
I’ll never find someone

Feelings
Depressed

Behavior
Isolates
References