Part 2: ESSENTIAL BRIEF CBT SKILLS

Module 5: Orienting the Patient to Brief CBT

Objectives

- To learn how to convey information about the structure and content of CBT
  - To introduce the cognitive model
  - To introduce the collaborative nature of the therapeutic relationship

What is orienting a patient to therapy, and why is this process important?

Orienting the patient to therapy involves:

- A discussion of the theory underlying Brief CBT
- A description of how the presenting problems can be conceptualized and treated with this approach
- Education about the structure, format, and expectations of therapy

Orientation for Brief CBT also involves a discussion of the focused and time-limited nature of the therapy, plus the therapist’s rationale for selecting Brief CBT to treat a particular problem. As noted in Module 1, this rationale includes the strong research basis of Brief CBT and the fact that it is an empirically supported treatment.

Many patients have little, if any, exposure to psychotherapy other than examples in the popular press. Providing patients with an understanding of the therapeutic process allows patients to be more active and aware of their role in the progression of therapy. Knowledge of the process of Brief CBT enhances the collaborative nature of therapy.

When? (Indications/Contraindications)

Discussing the rationale for CBT and describing the process of therapy should occur in the first session. However, it is useful to revisit the model throughout treatment to expand upon the rationale for particular skills. The explanation of the model can be tailored to the patient's presenting problem, and the examples that are used to explain each component can be drawn from those generated in discussion of problems. (e.g., "I can't seem to get out of bed, and then I feel worthless"). For patients who think in concrete terms, it might be necessary to provide many examples and focus initially on behaviors rather than on cognitions.

How? (Instructions/Handouts)

Introducing the Cognitive Model

The cognitive model is a theoretical paradigm for explaining how thoughts, feelings, and behaviors are associated. Most individuals believe that situations give rise to their emotions:

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SITUATION           FEELING
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The cognitive model challenges this subjective experience and suggests, instead, that it is the thoughts we have about situations that give rise to emotions. Individuals who are depressed or anxious tend to display patterns of dysfunctional or “inaccurate” thinking. In the cognitive elements of CBT, the therapist trains the patient in specific skills that help the patient learn to improve his/her mood and change behavior by modifying the way he or she thinks about situations. A key tool in identifying and examining the associations between thoughts,
feelings, and situations is the thought record, which we will discuss in detail in Module 10: Challenging Automatic Thoughts.

The behavioral aspect of CBT addresses how behaviors influence mood. The therapist works with the patient to increase behaviors to improve mood and reduce behaviors associated with negative mood. As depicted in the figure below, changing behaviors can change feelings as well as thoughts. The associations among behaviors, thoughts, and feeling in CBT are captured by social learning theory, which suggests that the likelihood of a behavior is determined by its consequences. For example, social learning theory implies that a positive behavior, such as exercise, will occur more frequently if a patient experiences pleasure and a sense of satisfaction after completing physical activity. This is the premise of behavioral activation (see Module 11).

Avoidance and escape are particular learned behavioral patterns targeted in CBT. For example, not going to class because someone fears large crowds is an avoidance behavior. If someone leaves class because of anxiety over a large crowd, it is an escape behavior.
Initial Session

To prepare for the initial session, you are encouraged to thoroughly review all intake information. You need the intake information to form an initial conceptualization and formulation of a therapeutic plan. Using the patient’s presenting problems, symptoms, current level of functioning, and history helps in developing the therapeutic plan. From the intake information, it is also imperative that you assess the patient’s suicidality. This can be done by asking about the patient’s suicidal ideation, intent, or plan and determining his or her level of hopelessness, as well as the reasons for hopelessness. If the patient’s suicidality seems high, then crisis intervention is above all other therapeutic considerations. In the case of an acutely suicidal patient, you are encouraged to seek supervision or consultation and follow approved clinic procedures for managing a suicidal patient (e.g., contact on-call psychiatrist for evaluation).

Patient Expectations for Treatment

You should inquire about what the patient knows about how therapy is conducted. Orienting your patient to therapy includes describing the cognitive-behavioral model and answering any questions he/she might have about the progression of therapy. Using the patient’s examples to help explain the cognitive-behavioral model will assist him/her in being able to see how the model can work and how it has worked for other patients with problems similar to his or hers. Often patients think therapy is a place where they will come and be lectured and told what to do or a place to vent without a focus on behavior change. It is essential in Brief CBT that the patient understands that therapy is a partnership between the therapist and the patient, in which they work together so that the patient can better understand feelings and solve problems.

Negotiating the amount of time the patient will need to be in therapy is also important. For Brief CBT, patients typically attend weekly individual sessions for 4-8 weeks. However, the amount of time in therapy and the number of days a week can be reassessed periodically and adjusted to meet the needs of the patient.

Discussing Symptoms and Diagnostic Issues with the Patient

Most patients want to know how they have been diagnosed. Explain the disorder in terms of cognitive and behavioral symptoms, to clarify how CBT will directly address their problems. Giving patients descriptions of common symptoms of their disorder can also be helpful.

Example: There are cognitive and behavioral aspects of feeling depressed. Cognitive characteristics of depression include having negative thoughts about yourself, such as “I am no good,” or “Things are not going to get better.” Behavioral characteristics are ways your body tells you you’re depressed, such as changes in your appetite or sleep patterns.

Feedback

The collaborative piece of CBT involves asking a patient for feedback on the session (e.g., “What did you think about our session today? Did we leave out anything you think is important to discuss?”) and on how he/she feels about the cognitive-behavioral model (“Do you feel you have at least a basic understanding of the model, or should we be sure to review it in detail again next week?”) at the end of the first and subsequent sessions.

Encouraging the patient to offer feedback strengthens the rapport and trust within the therapeutic relationship and indicates to the patient that they are an active member of the therapeutic process. It shows that the therapist cares about what the patient thinks and feels and values his/her input. This is also a time to resolve misunderstandings about the cognitive model or things that occurred in the session (“Was there anything that bothered you about the session, or anything that you’d like to change?”). Getting feedback from the patient shows how important it is to work as a team and also helps you work on sharpening your abilities in therapy. It also allows you to attend to and repair any real or perceived therapeutic fissures or needed treatment modifications in a timely way.
Important Introductory Elements

✓ Introduce Processes of Psychotherapy
  o Transparent
  o Collaborative
  o Time-Limited

✓ Introduce Cognitive-Behavioral Model
  o Research Basis
  o Association between behaviors, thoughts, feelings, and situations
  o Use of examples from patient’s past week to clarify associations

✓ Educate the patient about his/her disorder
  o Describe patient’s problems in cognitive and behavioral terms

✓ Instill hope and empowerment
  o Request for feedback
  o Creation of a warm, collaborative therapeutic environment

Homework Assignment Examples

1. Keep a running list of questions you may have about the therapeutic process, and bring it with you to the next session.
2. Use the cognitive-behavioral model diagram for at least three situations you experience this week.
3. Create a short list of the things you liked about the previous session and a short list of the things you wish we could have changed about the previous session and/or concerns you might have.

Supplemental Readings