CBT Skills in Action

Edited by Dr Lisa Lampe
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Clinical Contributors

The clinical scripts for this DVD were written by a number of clinicians who are expert and specialist practitioners of CBT. Between them is a vast bank of clinical experience, and each is regularly involved in teaching. Their teaching and training activities encompass undergraduate students of medicine and psychology, post-graduate students in psychology and psychiatry, psychologist and psychiatrist peers, GPs, allied health professionals, carers and consumers.

Chris Basten
Chris is a clinical psychologist in Sydney. His many years of working both in a hospital eating disorders clinic and a consultation-liaison psychiatry service led to his interest and further training in motivational interviewing (MI). Chris remains actively involved in training CBT and MI skills and maintains a clinical practice.

Rocco Crino
Rocco is a clinical psychologist. He is Associate Professor of Clinical Psychology and head of the Anxiety Disorders Clinic at the University of Western Sydney. Rocco came to UWS from the Clinical Research Unit for Anxiety and Depression at St Vincent’s Hospital, Sydney, where he was the Clinical Director for many years. Rocco’s particular clinical and research interests are in OCD and body dysmorphic disorder and he is a sought after speaker on these topics. He is a co-author of a widely used textbook for anxiety, and is an advisor to the Anxiety Disorders Alliance, NSW Association for Mental Health.

Natasha Davis
Natasha is a clinical psychologist, director of the Clinical Psychology Centre in Sydney and President of the Australian Association of Cognitive and Behaviour Therapy (AACBT) NSW. She has trained and worked in a variety of settings including public health, private hospitals and universities, and in research. She is an Honorary Associate of the University of Sydney and Macquarie University.
Natasha’s clinical work involves the assessment and treatment of anxiety disorders with children, adolescents and adults, and she has a particular interest in the development and manifestation of anxiety across the lifespan. She also has special interests in eating disorders and the relationship between anxiety and depression.

Lisa Lampe
Lisa is a psychiatrist and Senior Lecturer at the University of Sydney. For 15 years she worked at the Clinical Research Unit for Anxiety and Depression at St Vincent’s Hospital in Sydney and in private practice, before taking up a full-time academic position. She is involved in teaching CBT and psychiatry to medical students and trainee psychiatrists, and runs workshops attended by GPs, psychiatrists, and psychologists. Her research interests include social anxiety disorder, management of anxiety and depression, and medical education in psychiatry. She is on the Committee for Examinations of the Royal Australian and New Zealand College of Psychiatrists. She is a co-author of a widely used textbook for anxiety, as well as a number of books written for a general audience, and is frequently invited to write for professional journals.

Peter McEvoy
Peter is a specialist clinical psychologist and research co-ordinator at the Centre for Clinical Interventions in Perth, and an Adjunct Senior Lecturer in the School of Psychology at the University of Western Australia. Prior to this, he worked as service coordinator of Anxiety Disorders Clinic, St Vincentâ’s Hospital, Sydney. Peter is on the editorial board of the Journal of Anxiety Disorders and is an ad hoc reviewer for a number of national and international journals. He has published articles relating to treatment outcome for anxiety and depression, has presented workshops on the treatment of emotional disorders, and supervises clinical psychologists and trainees. Peter specialises in the treatment of social phobia, generalised anxiety disorder, obsessive compulsive disorder, panic disorder, agoraphobia, body dysmorphic disorder, and depression.
Brian O’Grady

Brian is a clinical psychologist with many years of experience, much of the time specialising in the assessment and treatment of anxiety disorders. He is a co-founder of the Sydney Anxiety Disorders Practice, in which he works half-time. He is currently also working half-time as a Clinical Supervisor in the Rod Power Psychology Clinic at Macquarie University. Brian has worked in both public and private health settings, community mental health, specialist clinics, and universities. He is also on the organising committee of the Anxiety Practitioners Network.

Acknowledgement

We gratefully acknowledge that the material on this DVD has been expertly recorded, formatted and edited by John Baird RBI AIMI, Instructional Designer, Multi-media Producer and Head of Medical Illustrations, Royal North Shore Hospital, St Leonards. NSW 2065. Australia.
About this DVD

Cognitive behaviour therapy is widely recognised as an effective therapeutic modality in a range of conditions, and many mental health professionals seek training in CBT. It is often difficult to find the opportunity to see CBT skills in action. This DVD is designed as a teaching resource, and is likely to be most valuable when combined with the opportunity for discussion with an experienced practitioner of CBT.

In this DVD, a number of experienced mental health professionals demonstrate CBT. There is a focus on the development of the cognitive model to guide understanding of the presenting problem and later its treatment. Each vignette is designed to showcase a particular skill, however, during the course of the ‘consultation’ that is portrayed, in fact a rich variety of cognitive behavioural skills and techniques is demonstrated. Each script was written by the therapist in the vignette, based on amalgams of patients seen over the years: they do not represent any individual patient. The ‘patients’ are portrayed by actors.

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Suggestions for using this DVD

The vignette in ‘Cognitive Analysis and the Cognitive Model’ is a good introduction to current best practice in assessment for CBT. The vignette has been divided into two sections and some discussion questions are included for use at the discretion of the tutor.

The other five vignettes run without introduction and are designed for the tutor to use as the basis for workshops or seminars. Each vignette might be the basis for one such seminar.

As you watch the DVD you will notice that the therapists have different personal styles in how they apply the principles of CBT with their patients, illustrating that there is no one ‘right’ way to explain or implement CBT techniques. However, all the therapists are guided by the cognitive models they develop with their patients. You will see also that they each draw their models slightly differently. Throughout each consultation there are numerous ‘decision points’ where a therapist must decide where to take the interaction next, what issues to follow up on immediately and which to defer. Again, there is not one single correct way and decisions are often guided by experience. Our patients will soon let us know if we’re on the right track, so paying attention to how patients respond to the hypotheses we share with them provides guidance as to whether we’re on the right track.

Suggestions for discussion topics include the following:

**Process**

- What do you notice about the way the therapist relates to the patient?
- What do you notice about the style of questioning?
- What do you notice about the language the therapist uses?
- How does the therapist respond to the patient’s concerns or anxieties?
- What do you notice about the structure of the interview?
Content
• Can you identify any specific cognitive behavioural strategies that have been used by the therapist or the patient?
• What appears to be the focus/foci of the therapist’s interaction with the patient?

Cognitive behavioural analysis
• Do you have enough information to generate a cognitive model?
• What other information would you need?
• Are there any cognitive biases or distortions evident in this interaction?
• What maintaining factors or ‘feedback loops’ can you identify?
• How would you explain your model to the patient?

Treatment planning & implementation
• Based on the cognitive model for this patient, what treatment strategies would you recommend?
• How would you explain this to the patient?
• How many sessions of treatment do you think would be required?
• Can you generate a treatment plan on a session by session basis for this patient?
• What homework would you suggest following the session you have just seen?
• What measures would you use to monitor progress for this patient?
• What potential barriers to treatment can you identify?
More about Metacognitions

This segment illustrates the identification of metabeliefs/metacognitions in generalised anxiety disorder (GAD). Understanding the role of positive metabeliefs about worry (i.e. how worry helps) is important because the therapist will be asking the patient to let go of worry – which they have been using (without realising it) as a strategy for controlling anxiety and uncertainty. If beliefs about how worry might be helpful are not identified, then the patient is likely to experience an increase in anxiety when asked to relinquish worry, and might be reluctant to do so, without either patient or therapist really understanding why – it might look like ‘resistance’. So having identified positive metabeliefs about worry, the possibility that anxiety might increase in the short-term can be anticipated and coping strategies discussed. Negative metabeliefs about worry are usually much more obvious and accessible, and often a driving force to seek help.
Cognitive Analysis and the Cognitive Model

**Predisposing factors**
- Genetic: Father probably has undiagnosed social phobia
- Bullying at school
- Temperament: shy child
- Limited opportunity to socialise as a child
- Modelling: father used avoidance and alcohol to manage anxiety

**Beliefs about myself and others**
- I’m not good at socialising
- I can’t cope with anxiety, I have to avoid it
- Other people will criticise or bully me

**Precipitating factors**
- Speaking to colleagues and boss at work
- Giving presentations
- Asking someone to do something again
- Socialising with friends or work colleagues

**Negative thoughts**
- I’m going to stuff up
- I will blush, shake and have mind blanks
- I will look like a total idiot

**Fight/Flight (Physical symptoms of anxiety)**
- Sweat, shake, blush, urge to leave

**Behaviour**
- Avoid presentations, socialising, eating lunch with others
- Use alcohol beforehand
- Don’t ask for help
- Stay quiet
- Rehearse what I will say
- Stay close to my friend

**Thoughts**
- They’ll see how anxious I am
- They’ll think I don’t know what I’m talking about
- They’ll laugh behind my back
- They think I’m boring/weird
- I must think of something interesting to say, but I can’t

**Attention**
- Self-focused: distracting, miss what others are saying, notice my anxiety more, may appear disinterested to others
- Scan for any sign of negative evaluation (may misinterpret ambiguous cues)
Socratic Dialogue

Vulnerability factors
- Feeling tired, foggy in the head

Trigger
- Talking to other parents

Thoughts
- I'm not up to talking to them
- He will think that I'm an idiot
- I am letting Jack down
- I'm a complete failure
- I am different to them
- Life is pointless

Behaviour
- Checking for signs that the other Dad doesn't like me
- Trying to 'keep up the act'

Attention
- Checking his reaction to me
- Mindreading

Physical feelings
- Exhaustion, tiredness, difficulty thinking clearly

Consequence
- Didn't pay attention to son's soccer match...missed Jack setting up his first goal
Graded Exposure

1. **BACKGROUND**
   - newborn, 1st child, little sleep or exercise, history of panic

2. **TRIGGER**
   - unexpected sensations

3. **ANXIETY**

4. **PHYSICAL SENSATIONS**
   - heart racing, pounding, light headed, tight chest, hard to breathe

5. **CATASTROPHIC INTERPRETATION**
   - heart attack!!

   - **MORE SENSATIONS**
   - **MORE ANXIETY**
   - **SAFETY BEHAVIOURS**
     - go to hospital, stay near Michael, avoid being alone, stop driving
Exposure and Response Prevention

BELIEFS
- I might harm someone
- I might stab someone
- I might push someone into traffic
- I might push someone under a train

THOUGHTS
- I must be crazy to have these thoughts
- Maybe I'm just an evil person

ANXIETY

BEHAVIOUR
- Remove sharp items
- Avoid standing close to people around traffic, trains

THOUGHTS
- People are safe because I made sure I couldn't do anything to harm them

Negative metabeliefs

Long term anxiety continues because never learn that fears are unrealistic

Short term anxiety
Metacognitions

Presdisposing factors: biological
- Sensitive, anxious temperament
- Mother a worrier

Predisposing factors – experience/environment
- Aunty sick

- Worry about things that are new, out of usual routine, or if supports not able to be present
- Bit of concern about health

Immediate (Proximal) Triggers
Body feels different
Lump, headache
Steve late home

Early (Distant) Trigger
Birth of children

Fears
- What if there is something seriously wrong with me?
- If something happened to me then my children would be left motherless and they would never get over it.

Worry

Positive beliefs about worry
- If I can catch things early then I can nip them in the bud
- Worry helps me ‘cover all the bases’
- If I didn’t worry and something went wrong, then I would feel terrible – maybe I could have prevented it

Negative beliefs about worry
- Worry is bad for me
- I shouldn’t worry

Behaviour
- Check things – carefully, over and over
- Get reassurance from others (GP, husband)
- Avoid risks, triggers (e.g. TV)

Mental strategies
- Worry
- Try to convince self things OK

Feelings
No energy, can’t sleep, irritable, can’t concentrate, not happy
Motivational Interviewing Figure 1
Motivational Interviewing Figure 2

Perfectionistic standards and assumptions

Over-valuing weight and shape

Work Stress

Low mood & self-esteem

Extreme Dieting and Exercise Behaviours

Weight loss

Short-Term - Sense of control
- Sense of achievement
Motivational Interviewing Figure 2

Perfectionistic standards and assumptions

Over-valuing weight and shape

Extreme Dieting and Exercise Behaviours

Low mood & self-esteem

Work Stress

Short-Term: Positive
- Weight loss
- Sense of control
- Sense of achievement

Short-Term: Negative
- Rule violation
- Appetite surges
- Weight loss not sustained
  → feel less control

Long-Term
- Tired
- Poor concentration
- Irritable
- Bad effect on relationships
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