

The Be-BEST system for reliably delivering CBT

CBT Essentials (Cognitive Behavioural Therapy)

Essential information on using this powerful, evidence-based technique.

A 3-day course for 6-15 people (or purchase any of the days individually).

Executive Summary:

APT was one of the earliest organisations to teach CBT, starting in 1982, three years after the seminal book *Cognitive Therapy of Depression* was written by Beck, Rush, Shaw and Emery. Since that point, this course has constantly been one of the most attended of any of APT's courses. Constantly developing, this course was one of the first to systematically teach '5-factor CBT', also advocated by Padesky in the 'hot cross bun' and Linehan in DBT. Including not just emotions, behaviour and cognitions, the 5-factor approach adds biological factors and social/environmental factors into the mix, without which many conditions would not be addressed adequately.

Who should attend:

People who attend this course normally fall into one of two categories:

1. Professionals who see patients in 1:1 treatment settings, have a significant degree of clinical skill, and wish to add CBT techniques to their repertoire.
2. 'Whole teams' (either in inpatient or community settings) seeking to develop a common approach to CBT or to their clinical work.

The professional affiliations of people attending this course include: mental health/psychiatric nurses, social workers, occupational therapists, clinical psychologists, educational psychologists, psychiatrists, probation officers and others working in a variety of settings including: Adult Mental Health, Children and Adolescents, Older People, Substance Misuse, Forensic, Learning Disability, and Brain Injury.

The course covers:

CBT Essentials consists of the three days described below. You may however attend any one, or any two of the three days, attending the other(s) later if you wish.

Day 1. Module One: The framework for successful CBT.

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- The History and defining characteristics of CBT.
- The first session or two: building the relationship, and making an assessment.

- Case Formulation.
- How to structure CBT: A typical session-plan; How often you should see a patient, and What Notes you should keep.
- Guided discovery: diary keeping (an overview) and Socratic Dialogue.
- Evidence-based practice and 'Practice-based evidence'.

Day 2, Module Two: Treatments based on Behavioural factors and approaches.

- Behavioural interventions tend to be reliable, and respected by patients. They are also important and effective:
- In depression, Lewinsohn first highlighted the fact that many depressed people lead depressing lives. The task therefore is to help them lead more rewarding ones.
- In anxiety, graded exposure to the feared stimulus appears to be much more effective than systematically avoiding it (which patients often resort to).
- In anger control it is often easier for a person to do something different (e.g. count to 10) in a difficult situation, rather than 'look at it a different way'.
- Diary keeping: keeping a diary gives patients a new perspective on their lives and it also records current behaviour and implies or suggests behavioural changes. It allows both patient and therapist an insight into the patient's life, and enables adjustments to be agreed to make the person's life more enjoyable and more meaningful.
- Scheduling: helping people schedule more rewarding activities and de-schedule less rewarding ones is an important skill: it literally helps the person build a life worth living.
- Video analysis of scheduling.
- Behavioural Activation. Behavioural activation is a clear strategy which is effective in helping depressed people. It hinges on scheduling key behaviours into the person's day.

Continued Overleaf

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Over 100,000 professionals have benefitted from attending APT courses; APT tutors are a resource of academic and clinical expertise probably unequalled in the UK.

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- Hedonism versus Eudaimonic well-being and the work of Ryan and Deci. What constitutes 'a rewarding activity'? Why isn't fun more fun, and why do some people enjoy work? As Noel Coward once said: "Work is more fun than fun". 'Poor little rich girl': the girl who has all the fun in the world, yet is still miserable. Video: Martin Seligman.
- Mini case study and examples.
- Teaching new skills. In DBT, patients are often taught new skills, especially: Mindfulness, Emotional regulation, Interpersonal effectiveness, Distress tolerance, and Walking the middle path. In fact, the teaching of helpful skills has always been an important part of behaviour therapy (and hence cognitive behaviour therapy), so a CBT therapist should feel relaxed about teaching patients helpful skills such as these.

Day 2. Module Three: treatment techniques based on Biological factors.

- Increasingly recognised in importance, biological factors are probably still the most under-rated of the 5 inter-relating factors in CBT. A pity, because patients like to address them and they can make a massive impact.
- Illnesses: such as hyperthyroidism (mimics anxiety) and hypothyroidism (mimics depression) and are themselves important to address medically.
- Sleep. People who do not sleep well tend to suffer impaired mood during the day as a result, and have extra time at night when they can dwell - or become agitated - about life events.
- Routine. An impaired circadian rhythm is highly disruptive, and quite widespread.
- Diet. Some people may consume plenty of calories, or even too many calories, yet may not get the nutrients they need for a healthy physical and mental state.
- Exercise. Journal articles over many years have pointed to the beneficial effects of exercise in alleviating depression and anxiety.
- Alcohol, its harmful effects, and how to address it and them.
- Relaxation, why it works so well, and available relaxation exercises.
- Exercises and suggested post-course project.

Day 3. Module Four: Treatments based on the Surroundings, especially Social.

- President Clinton, in explain politics to a colleague, famously said "It's the economy, stupid", meaning everything hinges on the economy. In mental health, the importance of relationships is similar: they appear to be fundamental to a person's sense of wellbeing, so we need to be good at helping people address them.
- The Grant and Glueck (the Harvard study). This massive, four-generational study of Harvard graduates and under-privileged Boston children, demonstrates the immense power of relationships to influence and determine both our mental and physical health.

- IPT (Interpersonal PsychoTherapy). An overview of the problems addressed by IPT, and the strategies for addressing them.
- 'Popular People live longer. The meta-study by Holt-Lunstad, (Brigham Young University) reviewing 148 investigations published over 28 years on the effects of social relationships.
- Slavich and Cole, (human social genomics at the University of California, Los Angeles): how our genomic make up reacts to social rejection.
- Exercises, case-studies, addressing (yourself, your friends and acquaintances if you want to, and) your own case-load.

Day 3, Module 5: Treatment techniques based on Cognitions and Thinking style.

- The ability to address people's thinking style was the original breakthrough behind cognitive therapy and cognitive behaviour therapy.
- Core beliefs: 'Rigid, long-lasting views about the nature of oneself, other people, the world.' Adaptive ones work well for us and maladaptive ones very much don't. Triads: Core beliefs which interact with each other to produce depression and anxiety.
- Negative Automatic Thoughts and Core Beliefs: the interaction.
- "Everything I touch always goes wrong."
- Unhelpful thinking styles, Negative Automatic Thoughts, and 'Thinking Errors'. Terms often used to mean much the same thing, and we can often influence core beliefs by repeatedly tackling such 'thinking errors' and unhelpful thinking styles.
- Where do these thinking styles come from?
- The Top10 thinking errors and the 5 key interventions: Graded Questions; Putting a name to it; and an overview of Logical evidence-based reasoning; Guided Discovery, and Hypothesis Testing.
- Why do I get so upset about such a small thing? 'Critical Incidents': sometimes an apparently minor incident can have a seemingly disproportionate effect.
- Feature Exercise: Straightening out cognitive distortions.
- What's BEST to think about? Enough of thinking errors, what should we think about if we want a sense of wellbeing? Includes video featuring Philip Zimbardo.
- Logical Evidence-Based Reasoning / Cognitive restructuring.
- Identifying Hot Thoughts and cooling them down using logical evidence-based reasoning.
- Included are forms available to you as a download for 3 years, renewable.
- Video: Cognitive Restructuring:
- Exercise: Using it with yourself
- Exercise: Practising it with you're a colleague.

Continued Overleaf

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Throughout the three days: practice: to learn to swim you need to get in the pool.

- In this highly practical and extended module, the tutor takes the role of a patient, and attendees – as a group - have the opportunity to take the role of the therapist, and receive helpful feedback.
- Then, attendees have the chance to practise in pairs or trios, and again receive feedback.
- The practice covers three stages of therapy:
 - 1. The first session or two: completing an assessment and obtaining enough information to produce a formulation of the problem.
 - 2. Middle session: checking on events and progress, agreeing the agenda, tackling the agenda, agreeing homework, summarising and obtaining feedback.
 - 3. Session near the end of therapy: covering a similar sequence, but gearing the agendas towards termination of therapy.

Finally:

- Throughout, you are invited to think on how you can best apply your knowledge and skill to your work situation.

What the course will do for you:

- You will have a 'feel' for CBT: you will know why it is so-called, how it has evolved and what techniques are CBT ones and why.
- You will be introduced to the major cognitive, behavioural and cognitive-behavioural techniques in a way that you can envisage using them, and have some practice in doing so.
- You will have access to important online resources for use after the course, free of charge for as long as you retain your APT-Accreditation.

Delegates' Feedback

Average presentation rating: **98%**



Average relevance rating: **96%**



Written Feedback:

"I've had a number of inputs on CBT - this one clearly the best yet!!"

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