Key Elements of Effective Cognitive Behavioral Therapies

A web presentation for RSAT T&A by Fred Zacker

What does “cognitive behavioral” really mean?
The professional community is not unified on this, so we'll say

It's the functional relationship between thoughts and actions

What do we know for sure about the functional relationship?
(a) It exists: the causal arrow.
(b) Pretty much nothing.
(c) Trauma can weaken it.

Whence CBT?

Psycho-dynamic \[\rightarrow\] Behaviorist \[\downarrow\]

Cognitive Behavioral

the Fundamental Theory of CBT

What we “think” (i.e., tell ourselves in language) strongly influences how we feel and what we do.
Therefore, we can change our feelings and behaviors by changing what we think.

It's obvious that good thinking makes a difference.
Here's some good thinking:

from AA
One day at a time. Live and let live. Easy does it. Stinkin thinkin got me drinkin. And much more

from TCs
To be aware is to be alive. You alone can do it, but you can't do it alone. No free lunch. And much more

from Mom
Button up. Don't let your friends ... just look at yourself. If your father ... don't make my mistake and be in a hurry to ... And much much more.

CBT is not about good thoughts, it about good thinking. To wit

Asking questions. Getting the facts. Examining. Calling on experience. Using logic ...

This stuff goes back to Greek philosophers, at least.
In its several forms

**CBT is a systematic method for teaching how to**

- Recognize one's own patterns of thought and behavior
- Identify thoughts (or lack of same) that can lead to harmful behaviors
- Challenge the reality or value of those thought-ideas
- Adopt more realistic or useful ideas, and/or
- Learn critical thinking skills appropriate for the problems at issue
- Practice use of the skills/critical thinking in one's everyday environment
- Adopt deliberative vs. thoughtless behavior

Two main kinds of CBT, each with its own focus

**Cognitive Restructuring**
- Identifying and challenging core ideas with reality testing and critical thinking, and enabling the person to keep their core ideas “real.”

**Cognitive Skills Training**
- Coaching particular CB routines that enable the person to respond to their ongoing experiences more deliberately and productively.

CBT has special application to these CB domains

**Communication**
**Impulse control**
**Decision-making**

And it defines:

**Coping skills for relapse prevention**

CBT is NOT a cure all, not sure-fire

We don't understand the functional relationship between thought and action … or even which comes first?

How or why it works? … (uh …)

A highly skilled therapist can get similarly good results with many other approaches.

So, why use it?

CBT seems to work

Solid research shows that CBT is effective more consistently for many emotional and behavioral problems than other approaches. And the gains are durable.

**Furthermore ...**

- CBT emphasizes new skills, not self-condemnation
- It offers standard practical procedures for teaching good thinking
- Learning to think first can deter impulsive and deeply embedded behaviors.

**Common Features of CB Programming**

- Psycho-education
- Standard terms & procedures
- Role modeling
- Practice & Rehearsal sessions
- Coaching
- Homework
- Processing
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Effective CB skills or routines are

- Reasonably simple
- Clearly defined and modeled
- Demonstrably appropriate for "high risk" situations
- Applicable also to everyday situations

To make the most of your OWN CBT

First of all,

Know your own CBT procedures

And please do bear in mind this

Timeless piece of practical Wisdom ...

Follow the manual? … exactly?

Well … darn close! (Unless you got a good reason and approval to make a change)

FURTHERMORE!!

Dismiss insidious drift

which can slowly turn CB content into advice, maxims, or comfort zone counseling

Except!!

When RSAT staff determine after due consideration that the recommended program delivery approach is NOT a good fit with their inmate population

Even then, a good faith tryout of the approach might yield unexpected results

BTW: Most people love to talk about their products. So boldly contact the program's designer, author, or presenter to pose questions or share concerns.
Studying another form of CBT will significantly broaden and deepen your understanding.

Can’t do all the CBT?

Determine which ideas, techniques, skills, or situations are the priorities (for your inmates, for your program).

Here’s a different question, that maybe isn’t asked enough

How would the inmates actually learn what the CBT is trying to teach them?

So how does anyone learn new skills and practices?

Take a minute to consider this. Or send a question or comment now.

How does anyone learn?

We hope you thought about things like:

Guidance
Role Models
Encouragement
Practice Practice Practice

And when should these things happen?

Correct! Whenever!

Not just during CBT sessions
That’s when you show and explain things

This takes us finally to our

MAIN IDEA

which is ...

To make your program’s CBT more powerful:

Activate CB skills and practices throughout the entire program environment.

Expect, call for, and inspect CB practices and skills in Counseling & case management sessions
Expect, call for, and inspect CB practices and skills in

Inter-personal exchanges “on the floor”

Community Meetings

Expect, call for, and inspect CB practices and skills in

Encounter & feelings groups

Inmate decisions, large and small, by individual or group

Expect, call for, and inspect CB practices and skills in

Staff-led decisions

Disciplinary/Learning Experiences
Expect, call for, and inspect CB practices and skills in

Any other notable inmate situations where more or better thinking might or did help or would have helped

Here’s where your CBT should come alive

Counseling & case management sessions
Inter-personal exchanges “on the floor”
Community meetings
Encounter & feelings groups
Inmate decisions: large & small, by individual or group
Staffed decisions
Disciplinary/learning experiences

If asked, could you explain your own behaviors & decisions with CBT principles?

And how are you doing with your CBT program? Here are a few questions that might be worth answering every so often.

Do all RSAT staff understand the program's basic CBT approach and key terms?

Are CBT sessions monitored to assure that proper techniques are used?

Do staff reinforce CB principles or skills outside of CBT sessions?

Are your other treatment tools and program rules consistent with your CB principles?

Are inmates accountable for CB homework and for applying CB skills or principles to their ongoing program activities?

Are staff behaviors on-site consistent with the CB principles?

We now gratefully return you to the important and unheralded work you all do. Please follow-up if you like via the RSAT T&TA website or contact any of us directly.

We appreciate your joining us for this event.