

Key Elements of Effective Cognitive Behavioral Therapies

A web presentation for RSAT T&TA by Fred Zackon



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What does "cognitive behavioral" really mean?

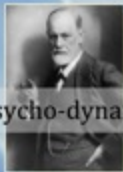
The professional community is not unified on this, so we'll say

It's the **functional relationship** between thoughts and actions

What do we know for sure about the functional relationship?

- a) It occurs in the cerebral cortex.
- b) Pretty much nothing.
- c) Trauma can weaken it.

Whence CBT?



Psycho-dynamic



Behaviorist



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.



"No problem"



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 repeat my mistake and be in a hurry to ... *And much much more.*

All good stuff, but actually CBT isn't about having better thoughts.

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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Got all these?
Any need more
attention?

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.

Are you a Supervisor?

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"

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

Community Meetings

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

Encounter & feelings groups

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

Inmate decisions,
large and small, by
individual or group

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

Staff-led decisions

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

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
Staff-led decisions
Disciplinary/Learning Experiences
Any other notable inmate situations
where more or better might or did help,
or would have helped

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

Try this:

This brief assessment
instrument uses the
questions on the prior
slide. It can be
downloaded from the
RSAT T&TA website.

Making the most of your CBT

To assess your program's use of its preferred version of cognitive behavioral therapy,
score your program on the 1 through 7 scales for each of the following questions. (The phrases
under the numbers suggest the scale values.) If no question gets lower than 4 and the total score is
20 or better, we would say you're doing quite well. If the program's total is less than 10, look for
where and how it might be strengthened. We suggest assessing your program a few times a year.

- 1) Do all RSAT staff understand the program's basic CBT approach and key terms?
1 very few 2 most occasions 3 4 of treatment staff 5 6 7 all staff
- 2) Are CBT groups monitored to assure that appropriate techniques are used?
1 almost never 2 seldom/occasionally 3 4 occasionally/sometimes 5 6 regularly/consistently 7
- 3) Do staff reinforce CB principles or skills outside of CBT sessions?
1 almost never 2 3 sometimes 4 most of the time 5 6 almost always 7
- 4) Are your other program tools and rules consistent with your CB principles?
1 not really 2 3 somewhat 4 5 pretty much 6 7 very much so
- 5) Are inmates accountable for CB homework and for applying CB skills or principles to their ongoing program activities?
1 not really 2 3 somewhat 4 5 pretty much 6 7 very much so
- 6) Are staff behaviors on-site consistent with the CB skills and principles?
1 not really 2 3 somewhat 4 5 pretty much 6 7 very much so

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.