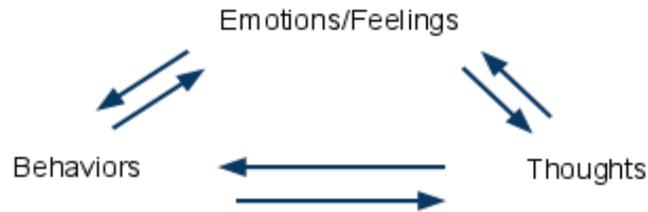


Cognitive Behavioral Therapy



Cognitive Behavioral Therapy (CBT) is based on the premise that our thoughts, behaviors, and emotions are all connected. Therefore, when we *feel* depressed, we are more likely to have depressed *thoughts* like, “I’m a loser” or “I’m a failure,” or “I am unlovable.” We are also more likely to engage in depressive *behavior* such as isolating. On the other hand, when we feel better we are more likely to have positive thoughts like, “I’m a good friend,” or “I’m a good person.” We are also more likely to be social and productive.

CBT has proven extremely effective in decreasing anxiety, depression, anger, and other negative emotional states. CBT also aims to increase positive emotion and self-esteem. With CBT, people learn to identify and challenge negative thoughts and come up with more realistic, positive ways of thinking. For example, CBT helps people see where they might be distorting thoughts by using “all or nothing” thinking or “catastrophizing.” These thought traps--common to everyone--are called *cognitive distortions* (detailed later).

CBT is in a sense a design for living that is available to anyone who is willing to try it. It helps to retrain the mind to think more rationally and realistically, in time causing positive changes in mood and your behavior. You can think of CBT as the ultimate, all-purpose coping tool.

We Are Creatures of Habitual Thinking

Our brains are on auto-pilot. We typically reach for our old habits unconsciously, relaxing into the ease of our familiar and safe routine. The idea with CBT is not to try and expel the old habits away. They are engraved into the brain and they are there to stay. Instead, the new thinking habits we deliberately ingrain into our minds create corresponding pathways that can bypass the old ones.

What Are Automatic Thoughts?

We are forever describing our world to ourselves, giving each experience a label or evaluating each experience with a judgment. We automatically make interpretations of everything we see, hear, touch, and feel. Cognitive Behavioral theorist Aaron Beck coined the term automatic thoughts because “it accurately describes the way thoughts are experienced. The person perceives these thoughts as though they are by reflex--without any prior reflection or reasoning; and they impress him/her as plausible and valid.”

Automatic thoughts are almost always believed, no matter how illogical they may appear upon reflection. We attach the same truth value to automatic thoughts as we do to sights and sounds in the real world. If we see a man getting into a Porche and have the thought, “He’s rich; he doesn’t care for anyone but himself,” the judgment is as real to you as the color of the car.

Automatic thoughts are often believed as ironclad *shoulds*, *oughts*, or *musts*. We torture ourselves with “shoulds” such as “I should be happy, I should be more energetic, creative, responsible, loving, generous...” Each “should” precipitates a sense of guilt or a loss of self-

esteem. “Shoulds” are so automatic that we don’t have time to evaluate them and so rigid that we can’t modify them to fit changing situations.

Automatic thoughts tend to “catastrophize.” These thoughts predict catastrophe and see danger in everything and always expect the worst case scenario. A stomach ache is a symptom of cancer, the look of distraction from a lover’s face is the first sign of withdrawal. Catastrophic thinking is, for many, a major source of anguish.

Automatic thoughts are learned. Since childhood, people have been telling us what to think. We have been conditioned by family, friends, and the media to interpret events in a certain way. Over the years, we have learned and practiced habitual patterns of automatic thoughts that are difficult to detect, let alone change. But, we were not born with automatic thoughts already wired in our brains, we learned them somewhere. *Whatever is learned can be unlearned.*

Letting Go of Control

CBT also consists of *changing our responses* to people, places, and things. By becoming aware of and modifying our fixed thinking, we can learn to stop putting the responsibility for our life predicament on circumstances outside our control. We empower ourselves to focus on what we can change--our response to the world, not the world itself. So, we learn to become less reactive, and more reflective.

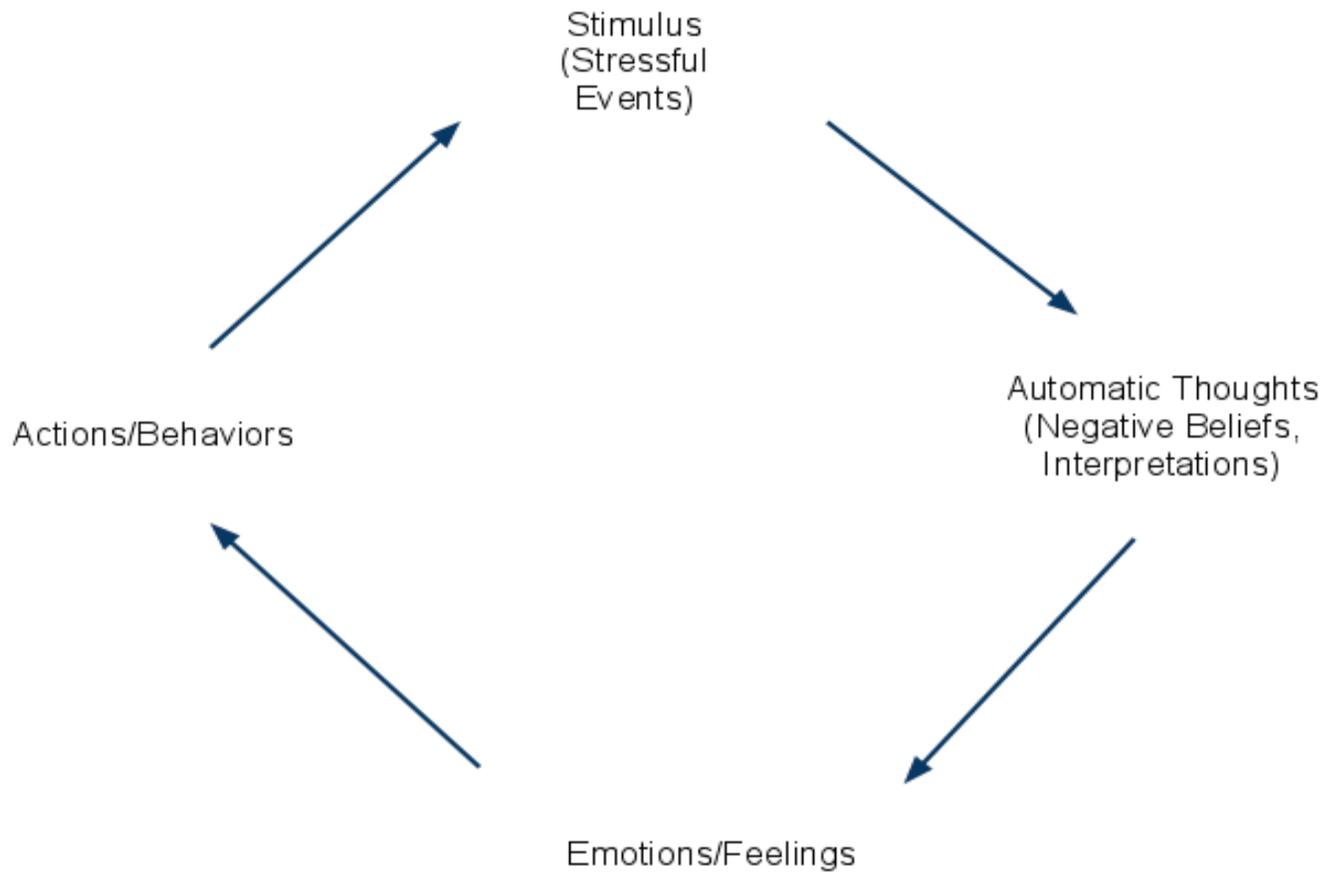
CBT focuses primarily on the present and is not overly concerned with the origin of a problem. It does, however, focus on what maintains the problem in the present and how we think about the past *in* the present. We have no control over the past, but we can learn to have some control of ourselves in the present.

CBT does not dispute feelings, past or present. CBT only disputes thoughts. The basic CBT process goes like this:

1. Identify automatic thoughts.
2. Check the thoughts for distortions.
3. Come up with alternative thoughts.
4. Repeat!

Cognitive Behavioral Therapy has had great results for people with a wide array of symptoms and concerns. This deceptively simple approach to mental health has transformed the way psychotherapy is done and helped millions. Now it’s your turn.

CBT Cycle



Cognitive Distortions

Common thought traps.

1. **All-or-nothing thinking:** You see things in black and white categories. If your performance falls short of perfect, you see yourself as a total failure.
2. **Overgeneralization:** You see a single negative event as a never-ending pattern of defeat.
3. **Mental filter:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.
4. **Disqualifying the positive:** You reject positive experiences by insisting they "don't count" for some reason or other. You maintain a negative belief that is contradicted by your everyday experiences.
5. **Jumping to conclusions:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.
 - a. **Mind reading:** You arbitrarily conclude that someone is reacting negatively to you and don't bother to check it out.
 - b. **The Fortune Teller Error:** You anticipate that things will turn out badly and feel convinced that your prediction is an already-established fact.
6. **Magnification (catastrophizing) or minimization:** You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."
7. **Emotional reasoning:** You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
8. **Should statements:** You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration, and resentment.
9. **Labeling and mislabeling:** This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him, "He's a damn louse." Mislabeling involves describing an event with language that is highly colored and emotionally loaded.
10. **Personalization:** You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.

ABCD Thought Log How-To

The Thought Log is the basic building block of CBT. Thought Logs are like a cognitive workout - the more you do them, the more results you are likely to see. There are several different approaches to Thought Logs in CBT. The ABCD Log that follows is one of the clearest and most straightforward. Here's what it asks:

Activating Event: What happened? What's stressing me out?

Ex: "Had a bad date."

Belief: What is my negative self-talk? What negative belief am I clinging to? What interpretations am I making? Which Cognitive Distortions apply?

Ex: Thoughts/Beliefs: "I hate dating...I'm never going to meet anyone...There's no one out there for me...I'm such a loser!...No one could love me...I'll be alone forever."
Cognitive Distortions: Overgeneralizing...Labeling...Catastrophizing...Fortune Telling...

Consequence: What am I feeling? What physical sensations am I having? What is my behavior as a result of my beliefs? Note: It can be helpful to give a rating to each feeling (either as a percentage or from one to ten).

Ex: Feelings -- "Sad (8/10), Hopeless (8/10), Angry (6/10). Physical -- Headache, hunger, fatigue. Behaviors -- Eat entire box of cookies, zone out in front of TV, oversleep, ignore friends' calls."

Dispute: Counter-thought. What realistic and grounding statement can I use instead? Is there an alternative way of thinking here?

Some additional questions to ask yourself when coming up with Disputes:

- What evidence do I have for thinking this way?
- Is this always true? Has this always been true in the past?
- Am I looking at the whole picture?
- What are the odds of this really happening or coming true?
- What would I tell a friend in this situation?
- What would someone I trust tell me about this?
- *Consider getting a reality check from someone you trust.*
- *Focus on the things you can control rather than those you cannot.*

Ex: "I've had fun on dates before (they're not *always* terrible)...There are *millions* of single people out there...I've had good relationships in the past...I have friends and family who love me (I'm not unlovable)...I wish I could tell the future, but I can't."

Thought Logs won't always flow naturally at first. Keep on trying! See if you can do one every day.

ABCD Thought Log

Activating Event – (What happened? What’s stressing me out?)

1) _____

2) _____

3) _____

4) _____

Belief – (What is my negative self-talk? What negative belief am I clinging to? What interpretations am I making? Which Cognitive Distortions apply?)

1) _____

2) _____

3) _____

4) _____

Consequence – (What am I feeling? What physical sensations am I having? What is my behavior as a result of my beliefs?)

1) _____

2) _____

3) _____

4) _____

Dispute – (Counter-thought. What realistic and grounding statement can I use instead? Is there an alternative way of thinking here?)

1) _____

2) _____

3) _____

4) _____

Example of Automatic Thought/Feeling/Behavior Cycle

Event: Argument with boss at the end of a workday

Automatic Thought/Belief: “He has always had it out for me. Everyone treats me poorly. I should have known he would turn against me too.”

Feeling: Anger, frustration

Behavior: Give boss the cold shoulder. Come late to work, miss days, not work up to my potential in order to get back at him. Become irritable with co-workers.

Note: The behavior identified above then leads to the next automatic thought sequence:

Automatic Thought/Belief: “Wait! I will get fired! I will never find another job! I’ll become homeless!”

Feeling: Fear, panic

Behavior: Excessive worry and preoccupation, insomnia, action out behavior such as: overeating, using drugs or alcohol to self-medicate, overspending, etc.

Note: The behavioral identified above then leads to the next automatic thought sequence:

Automatic Thought/Belief: “I’m a complete failure. I’m not good enough to hold a good job. I always mess things up. I’ll never amount to anything. Life stinks! What’s the point?”

Feeling: Depression, guilt

Behavior: Isolation, become withdrawn, stay in bed. Abandon all responsibilities.