CBT is an approach to therapy that uses thought patterns to alter moods and behavior.

The process begins with identifying distorted perceptions and thought patterns. This is often done by the client completing a DTR

Once negative ways of thinking have been identified, the therapist and client work towards replacing them with new, more effective ones.

CBT is based on cognitive theory and behavior principals.

CBT has been proven effective for treating disorders such as anxiety, depression, and borderline personality.

CBT is focuses more on the reasons that a problem continues to persist, rather then it's original cause.

CBT is structured. Homework is often assigned to clients.

A collaborative relationship exists between the therapist and client.

CBT maintains that thoughts affect one's feelings and behaviors.

Therapists assist their clients in changing destructive thought patterns.

CBT therapy is goal directed.

Exercises are cognitive.

CBT attempts to reduce or eliminate negative feelings and behavior by changing the clients thoughts.

CBT maintains that when people have negative experiences in their lives it may result in beliefs such as being "unloveable" or "inadequate". These thoughts can lead to psychological dysfunction.

2. Key Concepts:

Automatic Thoughts

Thoughts that occur without effort or choice. They just 'pop' into the clients mind.

These thoughts may be inaccurate or distorted.

Automatic thoughts influence core beliefs or schemas.

- 1. All or Nothing Thinking: Sees things in black and white. If a performance isn't perfect, you are a total failure.
- 2. Over Generalization: see a single negative event as a continuous pattern of hopelessness.
- 3. Mental Filter: picking a single negative detail and fixating on it, distorting reality.
- 4. <u>Disqualifying the Positive:</u> rejecting all positives

- 5. <u>Jumping to Conclusions:</u> make a negative predication for no reason
- 6. <u>Magnification or Minimization:</u> exaggerate or minimize importance.
- 7. Emotional Reasoning: "I feel unworthy, so it must be true."
- 8. <u>Personalization:</u> see yourself as the cause of something negative that you weren't responsible for.

Schemas are broad thought patterns.

They may influence misinterpretations of events that take the form of automatic thoughts.

The underlying source of schemas and automatic thoughts is a bias in self-defeating and pessimistic explanations.

Cognitive Triad: negative views about oneself, the world and the future

Dysfunctional Thought Record

In CBT, clients are asked to self monitor their thoughts, feelings and behaviors outside of the office.

One of the most common and effective methods to do this is by using a Dysfunctional Thought Record.

A DTR collects information about specific situations. Automatic Thoughts and emotions are recorded that occurred with the situation. Then the client is asked to determine an alternative response and then re-evaluate how they feel.

Dysfunctional Thought Record

DTR provides material for discussion.

Helps clients become aware of their automatic thoughts.

Used as a teaching tool for clients to develop alternative thoughts and responses to situations.

Social Learning: Role Playing In order to help the client become aware of their automatic thoughts and resulting emotions the therapist may role play different situations with the client, pausing at points to identify what automatic thoughts are occurring.

CBT is a collaboration between the therapist and client.

The client is actively involved in their treatment, often in the form of homework.

Much work in CBT takes place in between sessions.

Assignments help the client self monitor, collect data and test cognitive changes.

Beck Depression Inventory

CBT is goal directed, generally short termed therapy.

The client and therapist determine goals early on.

Treatment is focused on reaching the goals.

The DD population has increased risk factors for depression including, lack of social and emotional networks, negative views directed toward them from society, unfulfilling work, family and social lives in many cases.

I believe that depression is often overlooked in individuals with DD because they are less of a management problem for staff.

Currently, many therapists do not feel comfortable working with clients with DD. Many times the wrong assumption is made that those with DD can't think. People with DD certainly think, although they may have difficulty articulating their thoughts (like may people without DD) CBT is not currently a standard treatment for people with DD who have depression. This section explores modifications that could be made in order to use CBT with this population

Therapists working with clients who have DD, must be aware that they may have decreased communication skills. The Therapist should involve the client with DD in the treatment just as they would any other client, however they must also make some adaptations. Depending on the level of disability, and the client's situation, the therapist may need to alter their usual vocabulary slightly to ensure the client is accurately receiving the presenting information. The therapist should make an effort to speak in simple terminology.

As with any client, the therapist should ensure that they understand what is being said, their role and the therapists goal.

Adapting CBT Con't

Clients with DD may use alternative communication devices such as electronic devices, Picture Communication Symbols of sign language. Before therapy begins, arrangements should be made (if needed) so both parties can communicate effectively with each other. Some people with DD have difficulty expressing their thoughts and feelings.

Like many other clients, people with DD may need assistance in determining what the difference is between a thought and a feeling.

Some people with DD may describe all negative experiences in a broad term such as 'bad'. Training may be needed to determine specific

thoughts and feelings.

Communication should be direct, non-complex and step by step.

The standard DTR may be confusing for clients with DD.

The standard DTR requires good written communication skills, something that a client with DD may be lacking.

Depending on the clients strengths, weakness and level of disability, the DTR can be modified to better meet their needs.

Adapting CBT Con't

If the client reads well enough, the most common situations, thoughts and feelings may be listed on the DTR. The client would then circle the ones that he experienced together.

If the client with DD has difficulty reading, Picture Communication Symbols may be used to represent the situation, thoughts and feelings.

PCS is also helpful for clients who have difficulty thinking in abstract terms.

Again, a baseline would be run prior to starting the DTR in order to make appropriate PCS available.

PCS has proven to be especially helpful for clients with autism, autistic characteristics and pervasive personality disorder.

Modified Functional Analysis

A common assessment tool, used in agencies that serve those with DD.

The standard functional analysis, is an in-depth assessment of behavior.

The standard assessment does not incorporate thoughts or feelings.

The modified FA identifies what the client was actually thinking and feeling during the same time as the situation.

This tool is very detailed and would probably need to be completed with assistance from the client's staff, or during a therapy session.

This tool should be used early on in treatment and utilized when developing goals.

The FA would be especially helpful is the client was showing destructive behaviors.

Contracts

Some clients with DD, may benefit from a sort of contract during therapy.

This puts the terms of therapy in terms that they can understand.

The contract should be made by both client and therapist, as this is a collaborative relationship.

Contracts should specify what is expected from the client and therapist.

Contracts should address the goals that are set early on during therapy.

These objectives may be assigned as homework.

The contract serves as a concrete thing that the DD client can refer to. In many cases this may increase understanding and participation

3. Treatment Plans

CBT treatment plans for clients with DD who suffer from depression should vary slightly from treatment plans for clients without DD.

They must be specific and use simple terminology.



Attempts may be made to increase social and emotional support systems. However, it is important that the therapist take into account that this may be more difficult for a client with DD (based on societal beliefs and the clients situation.)

A client with DD is often rejected by society and may encounter negative

The Therapist can explore with the client, things that they enjoy or situations that make them feel good. This could be helping someone else, doing leisure events etc. The therapist assists the client in determining what thoughts and feelings are associated with this and then helps the client to increase opportunities to recreate these thoughts.

As with any client, the therapist teaches the clients skills that can be used in everyday life after treatment is finished.

D. Adapted CBT Methods for Promoting Disability Awareness and Acceptance in the Community.

As the first section of this presentation indicates, much of society harbors widespread beliefs that people with DD are not productive members of society. People with DD continue to be discriminated against on many level in today's society because they are not valued members of society.

Adapted CBT Methods Con't

As indicated before, widespread cultural beliefs affect almost every aspect of life. People with DD are often isolated, denied job opportunities, and lack meaningful personal relationships. These factors increase the risk of depression.

D. Adapted CBT Methods for Promoting Disability Awareness and Acceptance in the Community.

While individual and family treatment for those with DD is needed and long overdue, in order to make a lasting impact on the lives of those with DD, societal misconceptions and treatment of this population must be challenged.

CBT can be used to challenge these assumptions through education.

Adapted CBT Methods Con't

I believe that a large segment of society experiences negative automatic thoughts about persons with DD.

Because automatic thoughts are fleeting and occur without effort, they are often not explored.

Automatic thoughts are powerful and lead to intermediate rules, assumptions and beliefs. These in turn develop into core belief systems of schemas.

This conceptualizations applies to individuals as well as societies.

Adapted CBT Method's Con't

The first step in challenging cultural beliefs and misconceptions about DD is to identify and challenge automatic thoughts about this population.

CBT can be used to do this. I believe that training in disability awareness should take place in elementary schools, high schools and universities.

Examples of Questions to Elicit Automatic Thoughts:

1.	Successful people are		
	Mentally retarded people are		

- Successful people have_____
 Mentally retarded people have-----.
- 3. Successful people need_____.

 Mentally retarded people need_____.
- 4. I feel_____for successful people.

 I feel _____for retarded people.

- 5. Mentally retarded people shouldn't-----
- 6. Mentally retarded people can't
- 7. Mentally retarded people are-----member of society.
- 8. Mentally retarded people don't .

Adapted CBT Methods Con't

- 9. Mentally retarded people have-----skills.
- 10. Mentally retarded people are ____important then/as successful people.

After Automatic thoughts have been elicited, they can be examined and discussed.

Dysfunctional thoughts can be challenged through education about disabilities.

Adapted CBT Methods Con't

Through education, people will be more aware of disability culture and have begin to change their thoughts about disabled people. Once dysfunctional thoughts have been addressed and challenged and replaced with more accurate/effective cognitions, feelings and behaviors towards people with DD should change.

Through education, increased arep

E. Obstacles and Limitations of Using CBT

Communication Skills

Clients with DD often have communication deficits. Self monitoring adjustments would need to be made.

The Therapist would need to ensure that the client understood what has expected and needed from them in order to produce change.

Progress may be slower in clients with DD due to additional time being spent on communication and training skill.

E. Obstacles and Limitations of Using CBT

New Area for DD population

Counseling is generally not used for people with DD.

The therapist needs to have some knowledge of DD and feel comfortable working with DD.

Little or no research has been done on CBT with this population.

Treatment may take longer and adaptations need to be made

E. Obstacles and Limitations of Using CBT

Changing Widespread Cultural Beliefs.

CBT may very well prove to be effective in changing cultural beliefs about DD.

However, currently opportunities to do so are rare.

Colleges and Universities currently don't require, or even offer any specific training in disability culture

Finding opportunities to educate the public may be difficult and isolated.

For the first time in history, people with disabilities are attempting to take their rightful place as fully contributing citizens. The danger is that society will respond with

Historically, people with DD have been 'outcasts' in our society.

Effects of this often result in depression among this population.

CBT should be explored as a treatment option for this population.

The counseling profession must do more to promote social change in this area

In order to change widespread cultural beliefs about DD, education is key.

CBT can be used to educate society about their underlying (automatic) thought about the disability culture. Only then, after the thoughts are exposed can change take place.

Once the misconceptions are challenged, more accurate thoughts and feelings towards disabilities can be replaced.

Disability awareness is something that has been overlooked in our society. This must be challenged. CBT has the power to challenge widespread cultural misconceptions and make an impact in the lives of countless people and families with DD.