A List of In-Session CBT Activities

1. Conceptualization and Induction

2. Assessment

- -Cognitive domains
- -Sustaining factors (Dual process model)

What needs to be reduced?

What needs to be increased/improved?

3. Engage in Guided Discovery

- a. Socratic questioning
- b. Universal definitions- Use of partializing, compartmentalizing and normalizing.
- c. A Structured Framework for Using Guided Discovery
 - 1. Elicit the automatic thought
 - 2. Link the thought to feeling and behavior

"What is it like to have this thought?"

- 3. Connect the sequence of thought, feeling and action.
- 4. Check-in/Collaborate

"Does this make sense?"

5. Test the belief

"What is the evidence?"

"What has happened in the past?"

- 4. Rationale and permission for activities and assignments
- 5. Identification of unhelpful cognitive patterns

See additional handouts for the specific unhelpful thinking patterns.

Flexibility/Inflexibility

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Intolerance for ambiguity

Affective forecasting (Negative)

Rumination

Expectancies

6. Practice/rehearsal of cognitive restructuring activities

a. Thought stopping-literally "stop thinking"

b. Decentering/distancing- Stepping back from an incident; "Fly on the Wall"- reason as a "distanced" objective person

c. Restructuring/replacement: Identify the unhelpful thinking pattern producing the thought-introduce another thought; practice.

d. Defusion (ACT)- Used when client's identity is fused with negative self-talk or ruminating messages from others.

Pick a negative thought that usually upsets client: "I'm not good enough". Focus and repeat. Rewind the thought and this time put "I'm having the thought that . . ." in front of it. Notice what happens.

e. Referenting (Pros/Cons)

f. Internal aversion-

Screaming technique

Internal punishment- during a period relaxation; rehearse the scenario and the consequence of the unhelpful pattern; contract to repeat this exercise throughout the day.

7. Homework Assignment and Evaluation

8. Behavioral Rehearsal

- a. Role play
- b. Role reversal play
- c. Distraction/Dissociation

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9. Use of Story and Metaphor, Relaxation Techniques

10. Development of Crisis Plan

a. Use of coping cards (Develop in session)

From Rudd, M.D. & Bryan, C.J. "Brief Cognitive Behavioral Therapy (B-CBT) For Suicidal Soldiers: Treatment Manual"

The Reasons for Living List

The RFL list can be created using 3 x 5 index cards that the patient can easily carry with them in their pocket, purse, or backpack, or keep in an easily accessible location such as a drawer. On the index card are listed the patient's identified reasons for living. These might include people (e.g., family, friends, coworkers), meaningful activities (e.g., camping, favorite vacation spots, playing with children, cooking, movies), dreams or aspirations (e.g., graduating from college, promotions, retirement), ideals or values (e.g., love for others, not wanting to hurt loved ones), or any other factors that serve to reduce the desire for suicide and increase the desire for life.

An example of a Cognitive Therapy Coping Card from Dr. Colleen Carney (CBT for Sleep Disorders)

Thought:	"I cannot	get out of	hed at	7:00 a.m."
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"I know this will help improve my sleep."

Coping Response "I will go to the coffee shop and read the paper. I <u>enjoy</u> this."

"I will meet with Joe on Mondays and Wednesday at the gym at

8:00 a.m."

"I can handle getting out of bed at 7:00 a.m."

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From Rudd, M.D. & Bryan, C.J. "Brief Cognitive Behavioral Therapy (B-CBT) For Suicidal Soldiers: Treatment Manual"

Front Back

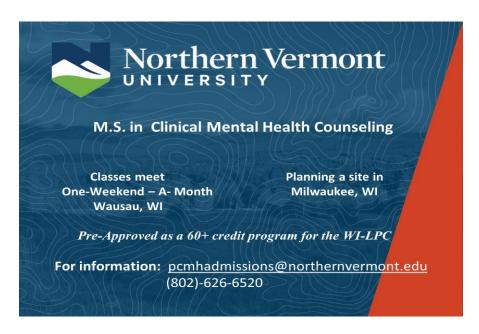
I can't take this anymore.

This is only temporary, and I can endure.

I don't want to get out of bed.

- 1. Get up and stand next to the bed.
- 2. Count to 10.
- 3. Decide whether to get back into bed or not.

b. Identification of resources



Look for us in the Exhibit Hall.