

# EPI SET – Cognitive Restructuring/CBT part 2

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*Tom Domjancic, OT*

*Faye Doell, Ph.D., C. Psych*

camh



## Learning Objectives

1. Learn ways to introduce Cognitive Restructuring/CBT into sessions with clients.
2. Review situations where Cognitive Restructuring/CBT can be used.
3. Observe the different methods of implementing Cognitive Restructuring can be applied in a session.

## Module 9 – Cognitive Restructuring

### When or in what situations have I used it?

- Low mood, anxiety, related to particular beliefs about themselves.
- Substance use – when people have thoughts that lead them to use substances, that could possibly be addressed by CR.
- If people have self-stigmatizing beliefs that results from the first episode
  - CR is recommended as follow up in Telling your story module;
- When people experience delusions or voices, where they can elicit some doubt about it.
  - > Used when there is a some doubt.

## Cognitive Restructuring – How is it used?

- Ask the client if they are interested in looking at ways of addressing their thoughts relating to situations that are causing them distress
- Normalizing the strategy
  - The client may already be doing this without knowing they are doing it.
  - Provide a personal example - I used this a lot when I might be in a situation that is making me anxious.
- Introducing the Cognitive model and Common Thinking Styles.
  - This needs to be done before moving onto CR, as it can be invalidating or ineffective if you jump straight in.
  - Often will go through each thinking style and ask if they ever have their own examples of this.
- Making it fluid/flexible
  - May use the triangle to elicit examples from the client, the chart at the end of the module, or the longer CR worksheet.

# Introducing the Cognitive Model/CR



<b>SITUATION</b>	<b><i>Upsetting Thought/feeling</i></b>	<b><i>Common Style of Thinking*</i></b>	<b><i>More helpful or realistic thought</i></b>
Example: On Friday at noon I was walking down the street when I saw a friend, but she did not say hello to me.	She must not like me anymore. / Sad	Catastrophizing	Maybe she did not really see me. Maybe she was distracted and was thinking about something else.

## Example

25 years old male – Steve, attending university, was living away from home. Recently, as taken a break and is living with parents again.

Recent psychotic episode, has started AP medication, and symptoms have subsided (thinking that people were spying on him, was being monitored by the government)

Preceded by a period of 1 year where he had been increasingly isolated and cut off friends.

Reports feeling down recently, has been thinking about the friends, and relationships that he lost in that time. States in a meeting that he doesn't feel like he will be able to have friends again. Feels sad about what has happened in the last year.

## What I would do in this situation?

- Conversation on normalizing the thought and experience.
- Ask permission, if we could explore a way of learning how to deal with this situation or thought.
- Introduce cognitive model and then common thinking styles
- Ask for examples from the client or use the current situation.
- Guide the client through the table at the end of taking charge of your negative feelings. (Common style of thinking work sheet)
- Move on to 5 steps of CR (possibly next session, using same example or different)
- Complete action plan if needed

## Example

<b>SITUATION</b>	<b>Upsetting Thought/feeling</b>	<b>Common Style of Thinking*</b>	<b>More helpful or realistic thought</b>
Example: I was looking on social media and seeing pictures of my friends.	My friends won't want to talk to me if I reach out / Sad	All or nothing/ Catastrophizing	There is chance that my friends might not want to talk to me, but there is also a chance that they would reply to my message.



**Thank You**

**camh**