

Cognitive-Behavioral Therapy (CBT) for depression Therapist Self-Assessment of needed skills.

A CBT therapist will demonstrate the ability to...

...Describe the CBT model of depression.

- **Effective:** The therapist uses information gathered from interview with the client and guides the client through a description of the CBT model of depression as it applies to the particular client, explaining how thoughts, beliefs, and behavior affect mood.
- **Less Effective:** The therapist uses a generic model of how thoughts, moods, behaviors, and physical sensations interact without Socratically guiding the client through the model as it relates to the client's life.

...Develop a case conceptualization using the approach espoused by Judy Beck.

- **Effective:** The therapist collaboratively gathers information about typical automatic thoughts and the meaning of the thoughts in several different situations, as well as the client's behavioral tendencies in such situations. The therapist and client identify underlying assumptions and strategies the client has developed based on these assumptions or rules. They collaborate in hypothesizing core beliefs or schemas that are activated when the client is depressed and assess historical data that confirm, and thus maintain the core belief.
- **Less Effective:** The therapist gathers information to develop a case conceptualization but does not collaboratively include the client in the process and presents the information in a didactic manner.

...Conduct activity (mastery/pleasure) monitoring and ratings.

- **Effective:** The therapist and client develop a hierarchy of activities that are associated with pleasure, a sense of accomplishment (mastery) or both that serves as an example for the client to rate the intensity of mastery and pleasure as he or she monitors activities between therapy sessions.
- **Less Effective:** The therapist asks the clients to record activities on an activity chart and to mark a "P" for pleasure and "M" for mastery or to record both, and to rate the intensity on a scale of 1-10 or 1-100 without developing a hierarchy that serves as a meaningful example for the client.

... Collaboratively work with client to schedule activities that will increase a sense of mastery and pleasure – and know when to do so.

- **Effective:** The therapist and client agree on specific activities in which the client will engage between therapy sessions. The discussion includes agreeing on days and times that the activity will occur, as well as anticipating difficulties the client may have and problem-solving accordingly.
- **Less Effective:** The therapist and client develop a list of activities the client will undertake and a general sense of when the activities will take place.

...Describe the various types of beliefs that are the focus of treatment.

- **Effective:** The therapist explains the difference between immediate “automatic thoughts”, conditional “underlying assumptions”, and more absolute “core beliefs or schemas” and how these beliefs interact, influence behavior and effect mood using Socratic dialogue incorporating cognitions relevant to the client.
- **Less Effective:** The therapist describes the different types or processes of thinking in a general fashion and how these beliefs interact, influence behavior and effect mood in a didactic fashion with little emphasis on the particular experiences of the client.

...Use a thought record to identify key cognitions that affect the client’s mood and know when to do so as part of a planned course of treatment.

- **Effective:** The therapist assigns thought records during the course of therapy and collaboratively works with clients to identify key cognitions that affect the client’s mood.
- **Less Effective:** The therapist assigns thought records and discusses all of the thoughts listed in the thought record without identifying key cognitions that are most salient to the client’s negative mood.

...Use a thought record to collaboratively guide client through an evaluation of his or her automatic thoughts in order to have a shift in mood, or to modify a behavioral outcome.

- **Effective:** Once key cognitions have been identified the therapist models Socratic questioning to evaluate key cognitions and help the client to

formulate alternative responses to the automatic thought, assessing whether there is a resulting shift in mood, strength of the original thought, or modification of a behavioral outcome.

- **Less Effective:** The therapist models Socratic questioning about thoughts in a thought record, but has difficulty identifying key cognitions and helping clients to develop an alternative response that results in a shift in mood.

...Identify cognitive distortions.

- **Effective:** The therapist collaborates with the client to identify the types of cognitive distortions that are evident in his or her automatic thoughts in a non-judgmental manner in order to help the client to decenter from the thought and evaluate its accuracy or effectiveness.
- **Less Effective:** The therapist provides a list of cognitive distortions to the client and asks the client to identify typical distortions he or she is prone to make.

...Collaboratively develop and assign a behavioral experiment to test a belief or assumption.

- **Effective:** The therapist and client collaboratively identify a belief or assumption that is distressing and develop an experiment to test the belief, clearly developing all aspects of the behavior the client will engage in, hypothesizing possible outcomes, and determining when, where and with whom the experiment will occur.
- **Less Effective:** The therapist thinks of a reasonable way to test a belief and assigns an experiment for the client and assesses the client's expectations about the outcome of the experiment.

...Identify the schema(s) that are activated for the client.

- **Effective:** Based on data acquired through multiple thought records, discussion of underlying beliefs and rules, the therapist hypothesizes and proposes schemas that may be activated when the client is depressed, and engages the client in a discussion of these possible schemas to arrive at those that are most accurate in the client's experience.
- **Less Effective:** The therapist asks the client to complete a schema questionnaire or review a list of possible core beliefs and does not

incorporate data gathered over the course of treatment from thought records and other products.

... Develop appropriate schema change plan within session and as client homework.

- **Effective:** Collaborates with the client to develop a plan for changing maladaptive schemas such as evaluating old beliefs or new beliefs, keeping a positive data log beginning in session and following with an assignment for the client to continue between therapy sessions.
- **Less Effective:** The therapist assigns a positive data log or an “old belief/new belief” form, or another schema change strategy for the client to do as homework without working through the process Socratically with the client during the session.

.... Use self-report measures to monitor progress in treatment.

- **Effective:** Therapist chooses appropriate self-report measures and has client complete on a regular basis to monitor treatment progress and discusses progress or problems with client throughout the course of treatment. Does a mood check-in with the client in every session.
- **Less Effective:** Therapist asks client to complete depression inventories or other self-report measures but does not discuss progress or client’s concerns about progress through the course of therapy.

.... Help client to formulate a relapse prevention plan and extend treatment beyond the completion of therapy.

- **Effective:** Therapist and client collaboratively anticipate situations, mood shifts, or other factors that may pose a challenge for the client after the completion of therapy. Therapist and client review how the client can be his or her own CBT therapist and what strategies he or she will use to modify thoughts and behaviors.
- **Less Effective:** Therapist and client discuss the potential for relapse and therapist suggests additional reading the client can do to continue learning about CBT.

Authors/Researchers/Trainers whose work you may consult during the course of self-study. This list is far from comprehensive, and therapists can enhance their study by reviewing the sources that these authors reference in their work:

Aaron T. Beck
Judith Beck
Steve Hollon
Rob DeRubeis
Ricardo Muñoz
Arthur Freeman
Robert Leahy
Jeff Young
Christine Padesky
Keith Dobson
Willem Kuyken
Jesse Wright
Zindel Siegel
David Burns
Jacqueline Persons