
How to Use Cognitive Behavioral Therapy Techniques

Last updated February 2024

Introduction:

Cognitive behavioral therapy (CBT) is an effective approach for patients with various mental health disorders, including anxiety, depression, PTSD, and OCD —but only if they demonstrate motivation and a commitment to complete therapeutic exercises and apply learned coping mechanisms.

Overall Strategy: Controlling our behaviors becomes challenging when we don't understand how our thoughts and emotions lead to them. CBT helps patients dismantle the chain of automatic negative thoughts (ANTs) that lead to distressing emotions and maladaptive behaviors. Your role will be to teach your patient strategies for challenging and changing these thoughts, reshaping their emotional responses, and adopting healthier behaviors.

Identify a Specific Distress-Inducing Incident to Begin Analysis

Begin by briefly explaining CBT to your patient. Then, ask them to detail a recent troubling event: "Let's try to figure out what we can learn from what happened. Tell me more about the situation that caused your distress."

For each situation, identify:

- ANTs
- Emotions
- Behavior

Clinical vignettes:

A 30-year-old woman who has been struggling with social anxiety had a panic attack during a work presentation. During the session, you identify that the trigger was the fear of judgment from her colleagues. The ANT was, "Everyone will laugh at me. They'll think I'm incompetent." The emotion was fear and panic, and the behavior was declining to do any more presentations, which threatens her job security. You intervene to demonstrate how her thoughts about her coworkers led directly to her fear and panic, and then help her challenge the accuracy of those thoughts. She agrees that her colleagues are generally supportive and understanding, and this balanced thought might have led her to ask for support rather than isolating herself in fear.

A 42-year-old man experiencing depressive symptoms avoids social interactions due to thoughts like, "No one enjoys my company. I'll just make things worse." This has led to self-isolation and feelings of loneliness. During the session you focus on challenging these thoughts, considering evidence of past positive social interactions, and encouraging small steps towards social engagement.

Common ANTs and Other Cognitive Distortions

- **Catastrophizing:** A patient might think, "I'm going to mess up this presentation, and then I'll lose my job." Encourage a replacement thought, such as: "I am well-prepared for this presentation. Even if I stumble, it doesn't mean I'll lose my job."
- **Generalizing:** A person with OCD might believe, "If everything isn't perfect, it's a complete disaster." Teach them to see the spectrum between perfection and failure.
- **Worry and rumination:** Someone with PTSD might be plagued by thoughts like, "I'm never safe." Educate that persistent worrying does not prevent adverse events. Teach them coping strategies like deep breathing, grounding exercises, or distraction techniques to break the cycle of rumination.