

TIPPING THE MOTIVATIONAL BALANCE FOR CHANGE!

SESSION 4: COGNITIVE BEHAVIORAL PSYCHOLOGY

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SPECIAL DIABETES PROGRAM FOR INDIANS

WHAT HAPPENED IN SESSION 3?

- ▶ Discussed Stages of Change – In the beginning
- ▶ Talked about the Transtheoretical Model
- ▶ The 5 Stages of Change

Stages of Change
1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

- Common behaviors associated
- What it sounds like
- Our role

WHAT WE'LL DISCUSS IN SESSION 4:

- ▶ What is Cognitive Behaviorism?
- ▶ Why are we talking about it?
- ▶ CB 101 – The Basics
- ▶ How does it effect the Diabetes Prevention Program (DPP)?
- ▶ Cognitive Distortions
- ▶ Core Beliefs
- ▶ What can we do to help?



“THE ANCESTOR OF EVERY
ACTION IS A THOUGHT”

Ralph Waldo Emerson

WHAT IS A THEORY?

- ▶ In psychology, theories are used to provide a model for understanding human thoughts, emotions and behaviors. We can use them to guide our understanding of the process of change with our participants.
 - (1) It must describe a behavior.
 - (2) Makes predictions about future behaviors.

WHY HAVE A THEORY?

- ▶ When we feel confused or stuck with a participant we refer back to our theory or basic understanding of change.
- ▶ Using a theory gives us a framework for understanding the process of change. Otherwise use guesswork and hope for the best.



WHY THIS ONE ?



Lets talk about this.

GOOD THINGS ABOUT COGNITIVE BEHAVIORAL APPROACH

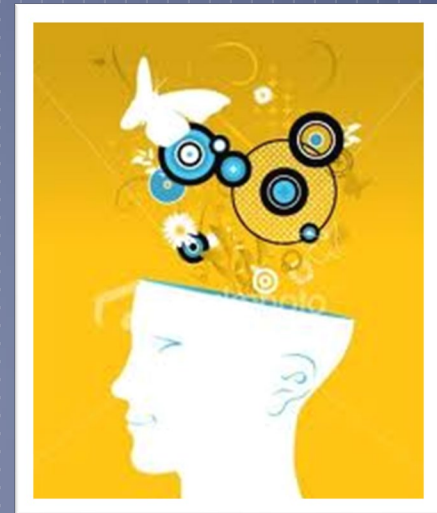
- ▶ Well defined approach
- ▶ Makes sense
- ▶ Patient centered
- ▶ Keeps participant engaged in change through simple homework activities
- ▶ Patients feel empowered
- ▶ Its effective-well researched

DEFINITION

- ▶ Many psych/behavioral problems stem from unwell thought process
- ▶ These thoughts have biological and psychological roots
- ▶ Individuals responses are influenced by the way they structure/perceive their environment

MODIFICATION

- ▶ Modifying this thinking and behavior leads to improvement in symptoms
- ▶ Modifying unwell core beliefs which underlie dysfunctional thinking leads to more durable improvement



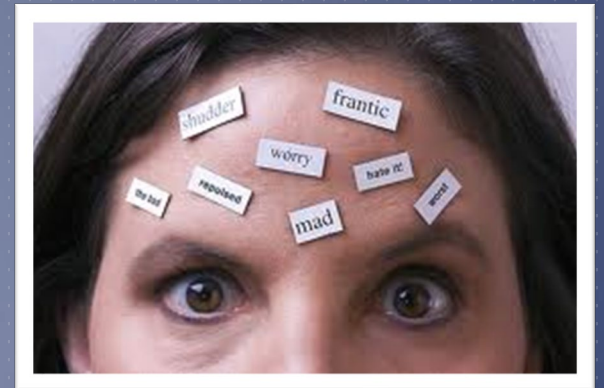
COGNITIVE BEHAVIORISM

- ▶ What thoughts make a person tick?
- ▶ Internal processes including
 - ✓ perception
 - ✓ attention
 - ✓ language
 - ✓ memory
 - ✓ thinking
- ▶ Became popular in the 1950's primarily because behaviorism relied solely on external stimuli



COGNITIVE BEHAVIORISM

- ▶ Cognitive behaviorism is generally short-term and focused on helping clients deal with a very specific problem (weight, activity, belief about change).
- ▶ People learn how to identify and change negative thought patterns that have a negative influence on behavior.



COGNITIVE BEHAVIOR THERAPY

- ▶ The underlying concept behind CBT:
 - is that our thoughts and feelings play a fundamental role in our behavior
- ▶ The goal of CBT:
 - is to teach patients that while they cannot control every aspect of the world around them (family chaos, personal drama, cues for eating, etc.)
 - they can take control of how they interpret and deal with things in their environment

SIMPLE STAGES

- ▶ Stage 1: Functional analysis
 - Looking how thought and beliefs lead to maladaptive behaviors
- ▶ Stage 2: Focus on actual behaviors and learn new skills
- ▶ Activities may include journaling, role playing, identifying distortions
- ▶ Biggies: Ellis, Beck

THE FLOW OF EMOTIONS AND BEHAVIOR

- ▶ Negative emotions are triggered by thoughts developed through life experience
- ▶ Adverse life events trigger automatic thoughts, which continue a negative spiral
- ▶ Cognitive triad - Negative automatic thoughts center around our understanding of
 - Ourselves
 - Others (the world)
 - Future
- ▶ Our role is to help the participant focus on examination of cognitive beliefs and developing rational responses to negative automatic thoughts.

Beck et. al 1979

Geez that sounds like hard core stuff!

Well you are already doing it to some degree!

ASSOCIATED WITH COGNITIVE

- ▶ Problem Solving
- ▶ Decision Making
- ▶ Perception
- ▶ Memory



PROBLEM SOLVING

- ▶ 5 steps to solving a problem:
 1. Describe the problem in detail.
 2. Brainstorm your options.
 3. Pick one option to try.
 4. Make a positive action plan.
 5. Try it. See how it goes.



- ▶ Did it work? If not, what went wrong? Problem solve again.
- ▶ Problem solving is a process.

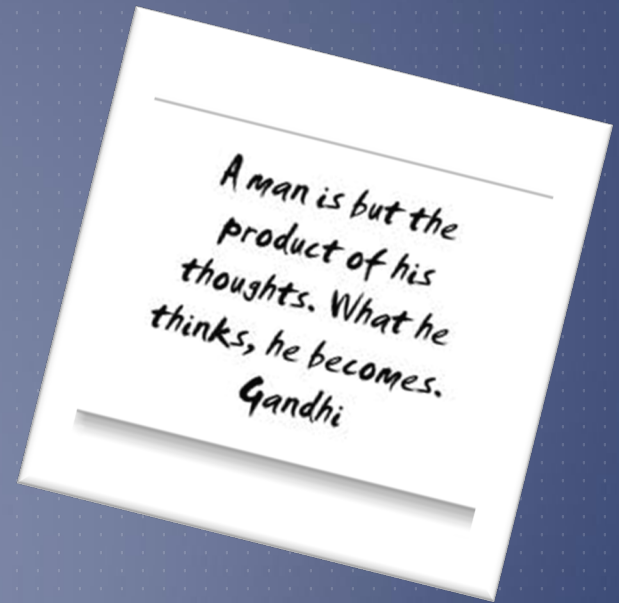
COGNITIVE MODEL



Thase et al., 1998

WHAT ARE AUTOMATIC THOUGHTS

- ▶ Happen spontaneously in response to situation
- ▶ Occur in shorthand: words or images
- ▶ Do not arise from reasoning-not necessarily logical
- ▶ No logical sequence
- ▶ Hard to turn off
- ▶ May be hard to articulate



THE FLOW



COMMON NEGATIVE THOUGHTS

- ▶ **Good vs. Bad** – “Look at what I did. I ate that cake. I’ll never be able to succeed in this program.”
- ▶ **Excuses** – “I have to buy these cookies just in case company drops in.”
- ▶ **Should** – “I should have eaten less of that dessert.”
- ▶ **Not as good as** – “Mary lost two pounds this week, and I only lost one.”
- ▶ **Give up** – “This program is too hard. I might as well forget it.”

TALKING BACK TO NEGATIVE THOUGHTS

- ▶ **Good vs. Bad** – Work toward balance

“I can eat that dessert and then cut back on something else.”

- ▶ **Excuses** – It’s worth a try

“I can try going for a walk and stop if it gets too cold.”

- ▶ **Should** – It’s my choice

“It was my choice. Next time I can decide not to eat so much.”

TALKING BACK TO NEGATIVE THOUGHTS

- ▶ **Not as good as** – Everyone's different

“It's not a race. Mary and I can lose weight at different rates and both succeed.”

- ▶ **Give up** – One step at a time

“I've learned something about what's hard for me.”



COGNITIVE DISTORTIONS

- ▶ Participants tend to make consistent errors in their thinking
(“I can never change”, “I’m not good enough”)
- ▶ Help patient identify the cognitive errors s/he is most likely to make



TYPES OF DISTORTIONS



- Emotional reasoning
- Anticipating negative outcomes
- All-or-nothing thinking
- Mind-reading
- Personalization
- Mental filter

Feelings are facts

The worst will happen

All good or all bad

Knowing what others are thinking

Excess responsibility

Ignoring the positive

EXAMPLES

▶ Cognitive Distortions

- Emotional Reasoning: *“I feel incompetent, so I know I’ll fail”*
- Catastrophizing: *“It is going to be terrible”*
- Personalization: *“It’s always my fault”*
- Black or white thinking: *“If it isn’t perfect, it’s no good at all”*

CORE BELIEFS

- ▶ Core beliefs underlie and produce automatic thoughts.
- ▶ These assumptions influence information processing and organize understanding about ourselves, others, and the future.
- ▶ These core beliefs remain dormant until activated by stress or negative life events.
- ▶ Categories of core beliefs (helpless, worthless, unlovable)

EXAMPLE 1

Situation

*Sprained ankle
While exercising*



Automatic Thoughts

*Here we go again,
Every time I try to
be healthy*



Physiology

*Heart racing
Lump in throat*

Feelings

*Sadness
stress*

Anger

Behavior

*Seek reassurance
Withdraw
Lash out*



Childhood Experiences

*Was a heavy child
Teased a lot*



Underlying Assumptions & Core Beliefs

*"I'm different. Flawed. Not
worthy."*



Compensatory Strategies

*I'll tease myself.
Belittle myself. Self
Fulfill prophecy.*

Core Beliefs = Automatic thoughts

IN SUMMARY

- ▶ Change is a complicated process
- ▶ The more strategies we learn to understand the process the more manageable change becomes
- ▶ CBT speaks to many of the barriers and thought processes that we deal with in working with DPP Participants
- ▶ If you are interested, read more work by Beck, Piaget and numerous others

IF YOU BELIEVE YOU WILL BEAT THE
MIAMI HEAT, YOUR BEHAVIORS WILL
LIKELY LEAD TO THAT END.
SO THUNDER UP!

Famous philosopher DT



Let's take care of each other.

Be Well

Thank You