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SDPI Training

Tipping the Motivational Balance for Change: Session 4 – Cognitive Behavioral Psychology

Speakers:

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Darryl Tonemah, PhD:

Here quick, did you use – state your change during any of your counseling sessions over the past two weeks. Wow that's great, look at that, almost 75% of the people.

Kelli Wilson, MS RD LD, Moderator:

Awesome!

Darryl Tonemah:

That's great and found that most of the people were in the contemplation phase. Oh man we could – I would love to have just a long conversation about that to see how that went and what tools they used and that whole deal. A couple were in the action phase, that's great. Well thank you guys for doing that.

So I'll introduce myself real quick because we may have some new people on. My name is Darryl Tonemah. I am a Kiowa, Comanche, and Tuscarora. I live just of off Tuscarora reservation in Lewiston, New York. Right now today I am at Mahoney State Park in just outside Lincoln, Nebraska. I am taking a little vacation in Lincoln, Nebraska yes.

And the room that I am sitting in actually has a deer – not called a carcass, a deer head looking at me right now, in this little tiny office they put deer heads in. It's very scary.

And I've got the opportunity to do these sessions. This is the fourth session now and all the sessions have kind of been based on things related to behavior change. We did how to respond to resistance in behavior change, looking at stages of change, and how that gives some – a framework for change. We looked at that.

I can't actually remember what the other one was and this one – the final one is the **Cognitive Behavioral**, idea, concept, a theory of behavior change. Because I wanted to kind of step out a little bit of our comfort zone, because we've all probably practiced the DPP motivation in being stages of change and kind of found out a lot of this stuff has cognitive behaviorism in it.

It's been part of what we've been doing all along. We just didn't know it. We didn't give it a name. So I want to tell you guys a little bit about that and kind of peak your interest in it and may be you want to learn more about it and how it's applying to what you're doing already. So there you go.

Oh and also I want to thank Kelli, Kelli Wilson for all the effort she has put into this. We have been partners in crime for about three months, now getting all the stuff taking care of, so at your desk can you give her a round of applause. I'll take care of it for you. Okay let's jump in here.

So what happened, in the last session we just talked about stages of change, the Transtheoretical Model that is stages of change, because it implements several different theories, psychological theories.

We talked about the five stages, pre-contemplation, contemplation, preparation, action, maintenance. We talked about what do they look like, what do they sound like, and what do we do when all this comes up. Does that ring a bell for you guys? So that's – we covered in the last session.

What we'll do in this session, oh going back up, and it sounds like you guys can actually plug some of that stuff in, that's pretty cool, that you're giving it a shot.

Honestly if any of the stuff that we've gone over the past six weeks, if you could start plugging some of that stuff and you're going to see how it can help move people forward in the process of change. But we have to practice it to get better at it.

And the more you're with people, the more you're going to recognize, 'Oh I've heard this, I recognize this, here is the tool I use when this comes up.' Hopefully you'll see that today also.

So today we're going to talk about what is **cognitive behaviorism**, also known as **cognitive psychology**, they are kind of interchangeable. Why are we talking about it, what are the basics of it, how does it affect the DPP? I understand a lot of people who are listening are DPP or work in diabetes programs.

We're going to talk about cognitive distortions, some core beliefs that affect behaviors and what do we do to help. So we can put labels on it, we can understand it, but what we do next. Hopefully by the end we'll have a couple of more things to put into our toolbox just like the previous week, so add a couple of things.

Here is a quote, I always like to head in quotes try to beginning my talks. "The answer of every action is a thought," by Ralph Waldo Emerson. So 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. It describes behavior and makes a prediction about future behaviors.

Now, so what is the use of a theory? Outside of science a theory is just, well that's possible. But in science, a theory is actually a researched, founded, based, repeatable mode of thought. It's something that's actually done and we know that's corrects, so that's a theory, it's something like that is not just a guess.

So you have a theory of change because when you get stuck, when you get confused, when you don't know what to do next, you fall back on your theory of change. And you know what, I would imagine that all of you have one already that may be you haven't articulated. You're behaving out of it in some way.

Some of you are the – “well just shut up and do it and I’ll give you a headband!” That sounds like a behaviorism theory. Some of you are of the idea that we have unconscious desires and we are behaving that way. That's more Freudian. Some of you are, “well if I just let them talk and they’ll find their own way.” That's more of a humanistic theory.

Cognitive behavioral, the idea is if I can get the person to believe in themselves and believe in their power of change, if I can get them to think, change their thought process of change, then the behavior will follow.

And you know what the DPP, if you look at your curriculum, that's exactly what it does. We’ll talk more about that in a second, but I just wanted to kind of let you know what a theory was, and you have one, you just haven't really articulated it until now. Let's talk more.

So I have a theory. When we get confused or stuck we give a theory that uses a framework and understand the process of change, otherwise it's guesswork and hope for the best. But if you have a theory, you fall back on it and you say okay if I understand that, their thoughts are limiting their ability to change. Let’s talk about their thoughts. Let's have them process those thoughts. What are accurate and what are kind of inaccurate; the distorted thoughts? That’s **cognitive theory**.

Why this one? Let's talk about that. Do you like that picture that’s on there, you could go with a bunch of them, but why this one?

Good things about a **cognitive behavioral approach**. It's a well-defined approach. It's very successful. It makes sense that if I have this thought it affects my beliefs and it affects my behaviors. And you guys do this all the time, the power of positive thinking. And if I believe I can do it I probably can do it, I am more likely to be able to do it.

If I cheer myself on, I am changing my belief about something. If I cheer somebody on, I cheer a team on. I'm trying to get into their heads for them to try harder. We do it at all different levels.

It's patient-centered. The patient is very empowered in it because it's about their belief system and how they’re seeing the world and how they perceive things. So it's not about – it's much less about, “if you do this I’ll give you a headband, or if you jump through these hoops I’ll give you a water bottle.”

At least participants engaged in change through simple homework activities. That’s sound familiar to you guys, simple homework activities, DPP. Patients feel empowered and it is effective, it is a very well researched, it's effective across the board, from depression to pathologies, PTSD. The research plays out that cognitive behaviorism is probably the most powerful of the talk therapies.

There is some interesting new ones popping up right now that may be the next round of webinars, I’ll talk about some of the interesting new ones. That will be fun too.

So definition, many cite behavioral problems stem from **unwell** thought processes. The original research on it calls it dysfunctional thought processes.

I don’t want to make it that pathological for our audience here. I just want you to think that if somebody is stuck in losing weight or they are do want to be active anymore, it may stem from, I can't be successful at this, or I'm meant to be heavy or if I do this people will make fun of me. So it's that thought process. It focuses on that.

These thoughts have biological and psychological roots. Individual responses are influenced by the way they perceive their own environment. I really want – want you guys stew on that last one for a second.

Think about yourself. Think about your participants, your patients, and your clients. Think about the way they behave and how do they learn some of that behavior. How is that behavior a response to something else?

Is it a coping mechanism, which is cognitive behavioral – it is a thought route, "I need this to – I need to have food to deal with my stress." That's a thought-routed behavior.

So in changing we modify the thinking. And thus the cognitive behavioral theory is, then if you modify thinking; the behavior leads to improvement in symptoms, so the weight is a symptom of that.

Modifying these unwell/dysfunctional core beliefs, which we are going to talk about a little bit later, which underlie dysfunctional thinking leads to more durable improvement.

So you kind of change the core belief, 'I behave out of this because I believe this about myself, but if I can change why I believe this about myself, if you track it to its logical conclusion, my behaviors then change. So it will have more durable long-term change if I can get to what is actually going on.'

I don't want you guys – let me bring back a step. I don't want you guys to get scared to that! I don't want you to be intimidated by that, thinking, 'well I don't really want to step that far into it.' You're probably at some level already into some of this stuff.

It's just a matter of what tool can you offer when somebody says, "I am just scared to make change." Or I would wonder where does that fear come from? What's going on here? Or, "I can't lose any more weight, or my family will make fun of me."

All these things – they are giving you that core belief. They are handing it to you and rather than just kind of back away from it and not know what to do with it, we're going to talk about some skills that when that comes up, we want you to have something in your toolbox. So don't be too scared of it.

So what thoughts make a person tick? What thoughts make you tick? What thoughts make our participants tick? What thoughts make me tick? Why do we choose what we're doing right now? Why do we choose a response to what we're doing right now or to something to happen to us, why do we choose that particular response?

The internal process includes perception, attention, language, memory, thinking; all that is cognitive behaviorism, because all that is something you address and adjust throughout your relationship with this person.

It became popular in the 50s primarily because behaviorism relies solely on external stimuli. I touched on behaviorism earlier where internal processes really aren't important in strict behaviorism.

Behaviorism is – well here is a behavior, "Shut up and change it and when you change it, I'll give you a stick of gum" or something like that. If there is any behaviorists listening I am really sorry, but it's actually, it's pretty simple.

You just reward the behavior that you want and it's a valid theory. It's been going on for years. But cognitive behavior arose out of that because they said well just by doing that, you're ignoring internal

processes, so we want to pay attention to that. What's going on with perception, attention, language, memory and thinking?

It's generally a short-term way of working with somebody who is focused on helping clients/ patients/participants deal with the 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.

The **underlying concept** behind cognitive behaviorism is you're your thoughts and feelings play a fundamental role in your behavior.

So the **goal** of it is to teach patients that while they cannot control every aspect of the world around them. Think about your life or the life of your participants; family chaos, personal drama, cues for eating, driving to work and passing that donut place that just says, 'hot donuts right now', came up with that, I am pretending like I can't remember what that is right now, all of these buffets that they drive by in the way home. These they can't control, but cognitive behaviorism is a skill built that I can change my thought process, my perception of how I respond to those.

They can take control of how they interpret and deal with things in their environment. This sound like it could be something could be valuable to you guys right now. Just gently, nod, not nod off. Nod.

So it's got **Simple Stages. Stage one functional analysis**. Don't get too caught up in the stuff because in the verbiage and what's going – I want you to understand the theories of it and how it's supposed to work. This isn't designed to make you specialists in it, but I'm trying to introduce it to you. So don't get too caught up in this.

Stage one, looking at how the thoughts and beliefs lead to maladaptive behaviors. So we have a participant who was heavy when they were a child and who was made fun of and well since they were made fun because I am heavy I am just going to keep eating, because it's going to happen anyway. That's a thought or belief that leads to a maladaptive behavior.

The focus is on actual behavior and learns new skills. This is the **second stage**.

So may be looking at, 'Well that's not a realistic thought for you and it's affecting your health in what ways is – has this really been good for you, in what ways is thinking like this, not been so good for you.'

You look at ways that these thoughts have been maladaptive and then how can we work collaboratively to create a new thought loop. Homework may include journaling, 'here is what I feel when' type of journaling. Role-playing with you, 'Here is what I could say to someone when they make fun of my size, when they say I can't exercise" when identifying these thought processes.

I think there was a class in DPP where did they have to hit their wrist with a rubber band or something like that, every time they had a thought, a negative thought. Is that right or am I just making that up or was that some sort of torcher movie? I don't remember, but I almost recall that.

But the idea – but it was really almost identifying how many negative thoughts that you're having in your day. What are these negative thoughts leading to in your life? That would be kind of homework. Cognitive behaviorism is pretty homework based, because when you're away I want you to think about how your thought processes are and when we come back we'll kind of talk about what they were.

The biggies in this – are Ellis and Beck if you want to do some Googling. Can I say Googling? If you want, use a search engine for Ellis or Beck?

The flow of emotions and behavior. Negative emotions are triggered by thoughts developed through life experience. We all have good things and bad things happen to us in our lives. Unfortunately we have a lot of bad things that really bury themselves in us and define a lot of our behaviors and a lot of our reactions when something like that pops up again.

And so if I'm around people who are thin and very active and my internal dialog is, “Every time I am around them, I feel so heavy and I don't feel like exercising and I just want to eat.” It triggers that thought, that emotion and I feel ‘less than.’

And adverse life events trigger automatic thoughts, which continue a negative spiral. The cognitive triad; negative automatic thoughts center around our understanding of ourselves. How do I see myself? How do I see myself in the world?

Others, how do I view others in the world and how do I fit in with them or how do I not fit in with them? How is my relationship with others in the world in the future? How is my behaviors – how will that be 10 years from now, what is my – who am I going to be based on my behaviors and my thoughts?

Our role is to help the participant focus on examination of cognitive beliefs and developing rational responses to some of these negative – these automatic negative thoughts, negative automatic thoughts.

Jeez! That sounds like a lot of hard-core stuff. We – well you are already doing it to some degree. You’re doing it to yourself already. You’re doing it to those around you already. If you have kids you’re doing it to your kids already.

I have my daughter – I was talking about being healthy. We exercise and things together and she says she doesn't want to be chubby or heavy, and I said you know what rather focus on – let's just focus on health, let's focus on the inside, let's focus on our heart, let's focus on our lungs, and let's just focus on having fun.

I wanted to change her cognitions about it, because I don’t want her getting stuck in a loop about worrying about body image. So I tried to not, I am trying to not have her establish that at an early age.

So what we do with them is problem solving. We help them with some decision-making, perception of self, of others, of future.

Do you guys recognize this problem solving? You guys are already doing this in the DPP. You are – may be you didn’t know this that that is a – what you’re doing with that problem solving class is at number nine, number 11 in that range.

You are teaching a cognitive behavioral skill and what you're doing is when you're teaching that, you're teaching them to look at the reality. Here is the problem and then you want to empower them with: here are cognitive options; here are things that I can process that fit into whatever the problem is. I can plug in that – at different angles to the problem, that’s a cognitive behavioral skill.

And again being client-centered empowers them to choose one of these options. When you choose that option you see what the future is, what the outcome is from that option. If that option didn't work, you do it again.

Cognitive behaviorism is basically teaching that skill. Like I said, you are already doing it and what you are trying to find is a way for them to see the world a little bit differently. I am sitting in front of you, I am holding up my drink right now and it says Diet Pepsi on it right here. I am looking at it right here; my bottle of Diet Pepsi, and it's got that logo.

Now I am going to turn it and I don't see that logo anymore, it's still my bottle of Diet Pepsi, but I am seeing it from a different angle than I did before. It's still the same bottle, but I have given myself the opportunity to see it from a different angle. That's exactly what you are doing with cognitive behaviors and particularly with problem solving.

Rather than getting stuck in the problem, we are helping teach the skill of viewing the world from a different angle. I actually really like that class.

And then last, did it work? Did you process it? If it didn't work, why didn't it work? And people will say well, "I just wasn't good at it." Well then let's look at that from a different angle.

Instead of not being good at it, can we say that maybe there are other options that would have been more successful for you. That's cognitive reframing. You are trying to turn it and looking at it from a different angle. And it's all about how we use our question asking skills.

And we've talk about question asking for the past six weeks. Is it eight weeks now…every two weeks, eight weeks? We've talked about how are you asking your questions and are you asking them well that it gets them thinking about it a little bit differently. Cognitive behaviorism and cognitive reframing can help them do that.

Look at this cool thing of **cognitive model**. So an **appraisal**, "I can't be healthy, there is no way I can be healthy."

The **bodily sensations**, "I can't sleep, I am stressed, I have a lack of energy."

So my **behavior inclination** based on that is, "Well, I don't want to do it, I am going to eat whatever I want then."

The **behavior** then is overeating or inactivity.

So the **triggering event** starts with pow wow. "I can't be healthy, I am stressed about it, I don't know what to do about it, and I'll go ahead and overeat."

And you can put that loop in any situation. It could be you in your own life; you and your honey getting in an argument. "Well, I am not very good at this relationship, I am stressed about it, I am going to scream and I'll leave."

It's kind of a harsh model, but you think about it can be activity, it can be nutrition, it can be whatever it is. There's a triggering event and then how we perceive that triggering event, how it affects us, our body, how do we behave, and what is the outcome? All right! Does that make sense to you guys?

And what we – where we break in, is at the appraisal part. Cognitive behaviorism is about appraisal. It's about perception. So if I am overeating at the pow wow, I need to perceive that in a different way.

I need to break this loop, so there we can say popping back to the negative thoughts, “You know I had a rough time there, but it doesn’t define who I am and I can still be healthy, I am still of value, my health is still important to me.”

We can help teach as far as cognitive behavioral skills, we help teach new loop and you break into that right there and it kind of takes the wheels off the rest of that cycle.

What are **automatic thoughts**? They happen spontaneously in response to situation. You are having them right now. You have them when you are in traffic. You have them when somebody says something to you. You have them at work.

And some of them are realistic and some of them are kind of trigger things of stuff that you have learned. We talked earlier about how life experiences teach you these automatic thoughts. Maybe that person at work who looks at you with stink eye or something and it gives you stress. It makes you feel odd somehow. But really she wasn’t giving you the stink eye, but you perceive that a stink eye, so it affected your internal loop. Then it affects how you treat that person, or you treat another person. Or when you go home and you kick the dog or you yell at your honey, because that loop automatic, it went through you that loop, the appraisal, appraisal will affect your body and then it affected your behavior.

They occur – they occur in shorthand. They don’t have to be this big long drawn out thing. It can be that look. It can be that tone that you give your honey or your honey gives you and then you say, “Why is that? Why did you have that tone? I know you know what I am talking about. Don’t act like you don’t know what I am talking about.”

So they don’t have to be defined or drawn out. They can be very knee-jerk responses for you. And here is one that’s interesting; they don’t necessarily arise from reasoning. They are not necessary logical. When we first meet somebody, well they didn’t like me, they looked at me someway. That’s not very logical, but it doesn't follow logic, it follows this internal dialogue that was born years and years ago when this behavior was connected to this thought.

And it doesn’t necessarily have a logical sequence. They are hard to turn off, aren’t they? I know, you are nodding, are looking at each other and nodding. And they may be hard to articulate. And you know sometimes you say I don’t know why I responded like that to that person. I don’t know why I overreacted like that. It’s hard to put a finger on it sometimes.

And some of them are very deeply personal. Maybe we do know what it is, but it’s very deeply personal and that’s hard too. It’s hard to change that process once they have identified that hurt and that anger. That’s not easy to share with everybody. So, part of the cognitive behavioral process then is, “What is it and why is it? What’s going on here?”

The flow; the triggering event, the automatic thoughts and response. That’s a simplification of it, would you agree with that? It’s the triggering event that automatic thought that just kicks in, and then you respond based on that automatic thought.

And it’s that automatic thought that either helps us or gets us in trouble. Our knee-jerk response may not be our best. But based on that automatic thought, if somebody says something and I assume that everybody just loves me. If I go out in the world and think, everybody thinks I am great, everybody thinks the best of me, when somebody says something to me, I can think they said that because I am awesome.

I actually have a friend that does that and he walks into a supermarket and assumes everybody loves him. And he approaches people that way. And you know what everybody loves him! He kind of creates that, he creates his own responses and people respond to his responses. It's really fascinating to watch him.

All right! Some **common negative thoughts**; this is – some of these look familiar to you guys? Good versus bad; "Look at what I did, I ate that cake I'll never be able to succeed in this program." Okay either, "I am or I am not." That – those classes – this part of the DPP came out of cognitive behaviorism, good versus bad.

Excuses, "I have to buy these cookies just in case company drops in and then they may be getting stale so I better finish the whole thing."

Should; "I should have eaten less of that dessert."

Not as good as; "Mary lost two pounds and I only lost one. I am not as good as her."

I might well give up. "This program is too hard, I might as well forget it."

Now part of what we do then, as we break in at this appraisal point, this is, "I am appraising the situation.'

"Look at what I did. I ate the cake. I'll never be able to succeed."

That's their appraisal of it, but we don't know where that came from. Maybe it's an esteem issue. Maybe they weren't good at things when they were younger. Whatever it was, this is how it played out today.

Our role is to help them learn how to re-loop that. "Well, the cake, this is one meal out of the 2000 meals you are going to eat this year. It doesn't define or break your success. It's not a good or bad; it's an "is", so what can we do with it now? What is our next opportunity?

Excuses; "I have to buy these cookies just in case company drops in. "What would be some other options for you." A well-formed question puts it back in their lap and they can look at their options at that point.

"I should have eaten less for dessert."

"You know it's not a should, it's you did. Here is where we are now. What do we do now? Mary lost two pounds this week and I only lost one. It's not a competition. It's about how am I doing with my own change with my own success?

"This program is too hard. I might as well forget it!" We can just reflect that, "It's a challenge making change in your life. What are some things that you would be willing to change?"

And what you want to do is every time you are asking those questions, have you guys ever heard of **appreciative inquiry**? Whenever you ask a question, you are creating the next momentum for change. So if you guys want to Google, use your search engine for appreciative inquiry. I am starting to find it pretty interesting and may be I'll get to do a talk on that with you guys.

But what it does is your question is the first step into positive change and you keep all your questions real positive, because that helps them. It creates energy and helps them keep moving forward, I like that, but then it can be used in conjunction with cognitive behaviorism.

Talking back to negative thoughts. Does that class sound familiar to you guys? The good versus 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 because it's too cold. It's my choice." We promote autonomy and all these are addressing the assessment, the appraisal of situation and how can we teach that skill. And you guys are doing it now.

You are probably doing it to yourself, you are probably doing it to your kids, you just haven't put a label on it. You are doing cognitive behaviorism.

Not as good as; "Every one is different, it's not a race."

"I'll just give up!" "One step at a time, I have learned something about what's hard for me. I have learned something about what I am good at."

What you want to do is ask these questions that get them to talk about reassessing, reappraising that negative thought, that dysfunctional thought.

Cognitive distortions; do you know that picture? Is that Homer Simpson? It's funny. Participants tend to make consistent errors in their thinking. "I can never change. I am not good enough."

Do you have participants like that? Are you like that? Are your coworkers like that? Help the participants identify the cognitive errors that he or she is most likely to make.

Type of distortions; **emotional reasoning**; feelings are facts. That's not true, that's not necessarily, our feelings can actually deceive us! And what I was talking about in my talks are feelings versus faithful – faithfulness versus feelings. Sometimes I don't feel like running. I don't feel like running today, but I'll run, so – but I am faithful to my behavior change.

So your feelings can deceive you, but we'll take them as fact. If I feel, if my cognitive distortion that you are being mean to me, when it's just actually about you, it's not about me, that's how you behave, that's how you look, but I perceive it this way, if it takes me off the rails here, then I am basing my behavior on my feelings instead of the facts.

Anticipating negative outcomes; the worst will happen. Do you know somebody like that?

All or nothing thinking; either I am all the way in or I am all the way out, either I am all good at this or I am all not good at this.

Mind-reading; knowing what others are thinking. I know you guys don't do that in your programs.

Personalization; excess responsibility. It's all about me. It's all about what I am doing. It's all about my behaviors.

And **mental filter**; we ignore the positive sometimes. And if you have low self-efficacy, if you have low belief that you can do something or if you have low self esteem, if you have a history of things in your life that are kind of beaten you down, that mental filter is really, really a realistic distortion that, you did great on that. "Yeah, but, yeah, but, yeah but I did." Okay, that mental filter and that's

probably the one most common that I have seen is people ignoring the positive change that they made and still saying, “Oh, but I still have forty pounds to go or I am still so heavy, or I still can’t walk two miles.” Or something like that, whereas, six months ago, they couldn’t walk a block, and now they are walking a mile.

“Yeah but I can’t walk two miles, or yeah, I am still not where I want to be.” That’s a distortion.

That’s an appraisal of the situation that can begin a negative loop. We always want to focus on turning that a little bit then and say, “So remember when an year ago you had trouble walking a block and now you are walking a mile. What’s that like for you?

Emotional reasoning; “I feel incompetent, so I know I’ll fail.”

Catastrophizing; “It’s 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.”

Cognitive behaviorism; if you are going to believe like that, that's how it's going to be. If that’s going to be your thought process, that’s going to be the behavior, and that's going to be outcome.

When I was preparing this talk, this was a hard one to talk about because there was so, so, so much stuff on cognitive behaviorism and we had a limited time. I thought, well, I am not sure what all I can share and how much time we are going to have so it was – is this going to be perfect and if I got stuck on that, we wouldn’t be talking today.

So I have to think, well you know what this is some information that maybe they didn’t have before and maybe it will peak their interest and if I approach it as a way for them to start looking at this a little bit more and how’s it affecting their care of their patients, then that’s valuable and I can live with that.

So I had to change my own cognitive thought process. I had to look at my appraisal of it and say what is the value and how can I make this valuable to the people listening.

Let’s keep going. Well, let’s talk about **core beliefs**. Remember we talked way at our beginning slide was, what our core beliefs and how do they affect behavior? So we have the automatic thoughts which are different than core beliefs.

Core beliefs underlie and produce the automatic thoughts. These assumptions influence information processing and organize understanding about ourselves, others, and about the future. Remember the three things that we understand; ourselves, others, and future. Our core beliefs, affect how we behave in those three realms.

They remain dormant until activated by stress or negative life events. Our core beliefs, these core beliefs remain dormant until activated by stress or active life or negative life events.

The categories of core beliefs are helpless, worthless, and unlovable. It is also the negative core beliefs, the things that create negative thought loops. We can also have positive core beliefs.

So here's an example of a core belief. Situation; a sprained ankle while exercising. The automatic thought: “Here we go again. Every time I try to be healthy, this happens.”

So how does it affect my physiology? My heart races.

My feelings; sad, anger.

Behavior, seek reassurance. I withdraw, I lash out.

But let's look at underneath that. Where that's coming from?

My core belief is my childhood experience was heavy and teased as a child, so it would be underlying assumption and core belief is, "I am different, I am flawed, I am not worthy."

So what do we do, 'I'll tease myself.' Do you know people that just kind of tease themselves about their weight, about their size, about their health? Actually we do that a lot as Native people. I'll belittle myself. I'll tease myself and then we'll fulfill that prophecy.

So these underlying core beliefs lead to these thoughts and lead to some negative behavior patterns. Does that make sense to you? And that's a little heavier lifting than maybe you are going to get with your participants, is you know getting to the core beliefs?

What we can do though is look at the automatic thoughts and help them out at that level. And if something that seems like it's pretty heavy, it's significant, this core belief is pretty significant for the person, and you can always bring a behavioral person in or ask if they want to talk with some about it. Because that's probably a little heavier lifting than we want to do with a DPP or diabetes program. But I do want you to recognize that these automatic thoughts are triggering some resistance, some resistance behaviors, some, I am using quotes from science right now, and "Some relapses in our participants."

Let's keep going. So the core beliefs, equal the automatic thoughts, they lead to the automatic thoughts and the automatic thoughts lead to the behaviors. All right! That's just about right, I wanted to end about quarter till, because I wanted to – I thought there would be a lot of questions.

Change. So in summary, change is a complicated process that we covered over the past eight weeks. The process of change in each person is so different. What we tried to do over the past four weeks is give you a relative algorithm for understanding the change process.

I'm getting a lot more in historical trauma and trauma and stress and brain functioning and how it affects the amygdala, the prefrontal cortex and how the brain is involved in all of this. And I think we are going to do another series on that in the future.

But it's very complicated and what we do generally is, we do a lot of symptom management in the process of changing. Cognitive behaviorism says it leans more toward rather than look at the symptom, let's change the process that leads to the symptom.

If you want to get the little bit deeper, you go to the core belief that affects the thought process that affects the behavior. At our level, we can change the appraisal of a situation. We can teach a positive thinking pattern. That's what you guys can do and do that well.

More strategies, we learn to understand the process the more manageable change becomes and we try to give you a lot of tools over the past eight weeks, just so you can understand process of change and have a tool at the different points in the change process.

Cognitive behavior and it speaks to many of the barriers and thought processes that we deal with in working with DPP participants. I try to use a lot of DPP examples, because the participants that I have worked with and ones that you have worked with, you have probably seen some of these thought patterns that lead to behavior patterns.

And you have – the DPP curriculum has a lot of these tools, but as long as you know that maybe ask yourself this question, “Wonder where that thought is coming from, or wonder where this behavior is coming from, or what led to this behavior.” You can ask the question, “What were we thinking when this happened?” And get them to think about what they were thinking about. A metacognition; think about what they are thinking about.

If you are interested in reading more about this stuff, Beck, Piaget, numerous others. Just use a search engine and there are lots and lots and lots and lots of really good research on cognitive behaviorism. And looking back, just feeling sentimental for a second, to stages of change and responding to resistance. All of these things are affected by your relationship with your participant.

You can have all these skills and all these tools and we can give you this information, but you are the one sitting in front of a person. You have to maintain that relationship before they're going to share any of the stuff with you.

So invest deeply in that, because without that these tools are going to be useless. We have a few questions here. I have another slide here, that’s right.

So, **cognitive behaviorism**, “If you believe you will beat the Miami Heat, your behaviors will likely lead to that end. So thunder up!”

Total Duration: 43 minutes