



INTRODUCTION TO COGNITIVE BEHAVIORAL THERAPY (CBT)

This course is given online. It includes 45 hours of course content.

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Pre-requisites: In order to register for and complete this course, participants need to be a licensed professional, or need to have completed or be in the process of completing a bachelor's degree in human relations (for example, psychology, counselling, nursing, occupational therapy, social work/MFT, guidance counselling, psychoeducation, or related disciplines).

GENERAL DESCRIPTION OF CONTENT

This course is an introduction to the theories and techniques of cognitive behavioral therapy (CBT). It was designed to give learners a solid basis to understand the principles of CBT, as well as how these principles are translated into therapeutic techniques.

More specifically, this course, which is organized into a series of structured lessons, covers the topics described below:

1. INTRODUCTION TO THE COURSE

- 1.1 An introduction to this course
- 1.2 About the lecturer
- 1.3 Disclaimer

2. HOW THIS COURSE IS RELATED TO, AND YOUR OBLIGATIONS AS PER BILL 21 & OBLIGATIONS OF ALL PROFESSIONALS WISHING TO PRACTICE PSYCHOTHERAPY IN TERMS OF BASIC TRAINING

3. HISTORY OF CBT AS A THERAPEUTIC METHOD [Wundt, Korn, Pavlov, Watson, Skinner, Jones, Salter, Wolpe, Bandura, Mahoney, Beck] (e.g., Beck, 2005; Beck et al., 1979; Fernandez et al., in press; Taylor, 1977)

3.1 Psychology was born in a lab

3.2 The beginning of behaviorism – Little Albert and Little Peter.

3.3 Going cognitive

3.4 The birth of cognitive behavioral therapy

3.5 More history (optional)

4. BASIC CONSTRUCTS AND PRINCIPLES (e.g., Beck & Beck, 2011; Beck et al., 1979; Craighead et al., 2005; DeRubeis et al., 2009; Drapeau, 2014)

4.1 What is CBT?

4.2 ABT: an introduction to the theory

4.2.1 The importance of behavioral models

4.2.2 What's thinking got to do with it?

4.2.3 Connecting thoughts, behaviors and emotions

4.3 Cognitive errors

4.3.1 Cognitive errors: a bit of history

4.3.2 Cognitive errors, schemas, and automatic thoughts

4.3.4 Identifying cognitive errors

4.3.5 Valence: cognitive errors can also be positive

4.3.6 The Cognitive Error Rating Scale

4.3.7.1 Fortune telling

4.3.7.2 Labeling

4.3.7.3 Over-generalizing

4.3.7.4 All or nothing thinking

4.3.7.5 Discounting the positive / negative

4.3.7.6 Emotional reasoning

4.3.7.7 Magnification / minimization

4.3.7.8 Mental filter

4.3.7.9 Should and must statements

4.3.7.10 Tunnel vision

4.3.7.11 Jumping to conclusions

4.3.7.12 Mind reading

4.3.7.13 Personalization

4.3.7.14 Inappropriate blaming (self or others)

4.3.7.15 Inappropriate crediting (self or others)

4.3.7 Research on cognitive errors

4.3.8 Resources for your patients

4.4 Maladaptive behaviors and coping

4.4.1 Coping strategies and stressors

4.4.1.1 The theory

4.4.1.2 Behavioral, cognitive and emotional forms of coping

4.4.1.3 Problem solving

- 4.4.1.4 Information seeking
- 4.4.1.5 Helplessness
- 4.4.1.6 Escape
- 4.4.1.7 Self-reliance
- 4.4.1.8 Support seeking
- 4.4.1.9 Delegation
- 4.4.1.10 Isolation
- 4.4.1.11 Accommodation
- 4.4.1.12 Negotiation
- 4.4.1.13 Submission
- 4.4.1.14 Opposition
- 4.4.1.15 Research on coping strategies
- 4.4.1.16 The Coping Rating System

4.5 Beliefs

- 4.5.1 The theory
- 4.5.2 Beliefs, automatic thoughts and cognitive errors
- 4.5.3 Resources for your patients

4.6 Emotional dysregulation

4.7 The cognitive triad

5. CBT IN ACTION (Clark et al., 2015; Friedberg et al., 2011; Wright, 2006; Wright et al., 2006; O'Donohue et al., 2012; Strunk et al., 2010)

5.1 Ten basic clinical principles

5.2 An overview of treatment delivery

- 5.2.1 Five attitudes and tasks
 - 5.2.1.1 The therapeutic alliance in CBT
 - 5.2.1.2 (Progress monitoring)
 - 5.2.1.3 Planning treatment and structuring sessions
 - 5.2.1.4 Identifying and responding to dysfunctional cognitions
 - 5.2.1.5 Emphasizing the positive
 - 5.2.1.6 Facilitating cognitive and behavioral change between sessions (homework)

5.3 Case conceptualization

5.4 The different sessions

- 5.4.1 The first session
- 5.4.2 The following sessions
- 5.4.3 Manualized therapy

5.5 The cognitive behavioral therapist (adherence and competence)

- 5.5.1 Assessing your competence - introduction

6. CBT INTERVENTIONS AND TECHNIQUES (James et al., 2010; Kanter et al., 2010, 2012; Leahy et al., 2012; Manos et al., 2010; Martell et al., 2001; Mazzucchelli et al., 2009; Overholser, 2011; Öst et al., 2004; O'Carroll, 2013)

- 6.1 Important techniques**
- 6.2 Socratic questioning**
- 6.3 Guided discovery**
- 6.4 Cognitive restructuring**
- 6.5 Working on automatic thoughts**
- 6.6 Guided imagery**
- 6.7 Thought records**
- 6.8 Attending to and emphasizing the positive**
- 6.9 Decatastrophizing**
- 6.10 The ABC technique**
- 6.11 Behavioral experiment**
- 6.12 Homework**
- 6.13 Exposure**
- 6.14 Behavioral activation**
- 6.15 Self-therapy**
- 6.16 Booster sessions**

7. THE EFFECTS OF CBT (Jacobson et al., 2010; McPherson et al., 2005; Thomas et al., 2008, Cochrane library)

7.1 Outcome research

7.1.1 Where to look for your research: systematic reviews and meta-analyses

7.2 Practice guidelines

7.1.1 Where to find guidelines

8. THIRD WAVE CBT: AN OVERVIEW

9. RESOURCES, TOOLS, AND SCALES FOR CLINICAL PRACTICE

ORGANIZATION OF CLASS TIME

As per the OPQ's interpretation of Bill 21 and of the hours and credits required by domain, participants may expect to invest 2 hours of personal work for each hour spent "in class" (online) for readings, course preparation, studying and the assignment(s) or examination(s).

ASSIGNMENTS

This course involves completing two exams, one mid-way through the course and another at the end of the course. Both exams must be completed successfully. This course is graded as Pass/Fail. Pass is set at 60%.

REFERENCES

A number of documents are available to you in each lesson taken online. Other references will be given in the course.

In addition to those documents, you may wish to consider the following documents and resources.

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