

COGNITIVE- BEHAVIORAL- SOCIAL LEARNING FAMILY THERAPY MODELS

Emphasis on learning and performance of skills and related belief systems

1. Theoretical Background

Promotes Resiliency by

- Family risk factors are related to **negative belief systems, family coping strategies, and family interaction patterns**
- Family Therapists promote protective factors by addressing **belief systems and organizational patterns**, and offering **role models**

Behaviorism- Based Family Therapies that We Cover

- **Behavioral family therapy:** Focuses on behavior modification by parent training.
- **Cognitive-behavioral family therapy:** Integrate cognitive elements into behavioral therapy with couples and families.
- **Social (cognitive) Learning Family therapy:** learning occur within social environment; treat children's negative behavior or family's destructive organizational patterns by parent training, role- modeling, cognitive restructuring, etc.

The Least You Need to Know

- Until the 1980s, most family therapy were primarily **behavioral**: behavioral family therapy and behavioral couples therapy which focus only on individuals (i.e., wife in a problematic marriage or the children in a problematic family).
- Recently, family therapy incorporates **cognitive components- Cognitive Behavioral Family Therapy**
- **Social learning theory** view that both environmental and cognitive factors influence how you think and **behave**, and focus on **role-modeling**
- **Behavioral, CBT and Social Learning approaches** assume **directive “teaching”** and **“role-modeling”** relationship with clients and examine **how family members reinforce one another’s behaviors** to maintain symptoms and relational patterns

Review- Operant Conditioning

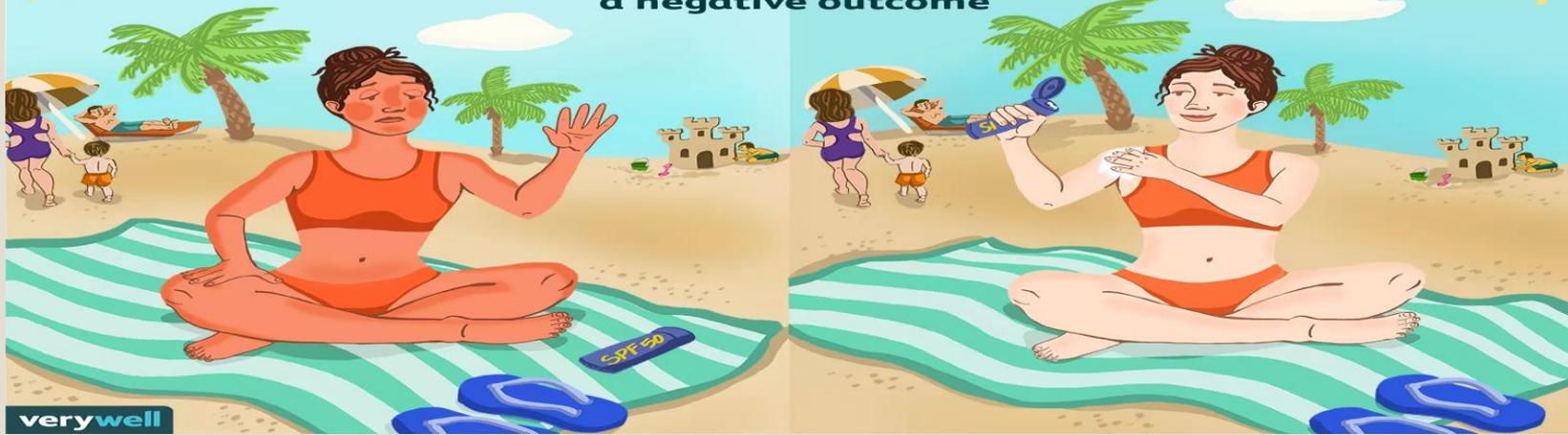
- Reinforcement- **ALWAYS** increases or strengthens the response (a behavior).
- *Punishment*- means you are **ALWAYS** decreasing a behavior.
- Negative- Taking something away
- Positive- Adding something
- Stimulus (Reinforcer) – Adverse stimulus (electric shock) that are naturally unpleasant; Pleasant Stimulus (game hours)

Four (positive parenting) methods of modifying behavior

	Reinforcement (Increase/Maintain Behavior)	Punishment (Decrease Behavior)
Positive (add stimulus)	Pleasant stimulus is Added to Increase/ Maintain behavior	Aversive stimulus is Added as a consequence of a behavior To Decrease behavior
Negative (remove stimulus)	Aversive stimulus is removed to Increase/Maintain behavior or In order to Remove (avoid) aversive stimulus, increase/maintain behavior	Pleasant stimulus is Removed as a consequence of a behavior To Decrease behavior

Negative Reinforcement

Strengthen a behavior that avoids or removes a negative outcome



- Before heading out for a day at the beach, you slather on sunscreen (the behavior) to avoid getting sunburned (removal of the aversive stimulus).
- A mother removes a **restriction** in playing time (removal of aversive stimulus) on Sunday to encourage John to maintain study hours (the behavior) on weekdays. = John maintain his study hours (behavior) on weekdays to avoid mother's restriction in playing time (removal of aversive stimulus) on Sunday.
- A judge reduces the maximum prison term to 8 years (removal of aversive stimulus) to engage a prisoner in plea-bargaining (behavior). = A prisoner makes plea-bargaining to avoid the maximum prison term.

Let's exercise- Operant Conditioning

- A child kicks a peer (behavior), and is removed from his/her favorite activity (reinforcing stimulus removed)
- During practice for your office softball team, the coach yells out, "Great job!" after you throw a pitch. Because of this, you're more likely to pitch the ball the same way again.
- Bob does the dishes (behavior) in order to avoid his mother's nagging (aversive stimulus). Mother and Bob may have an implied contract that mother stop nagging if Bob does something nice.
- A child picks his nose during class (behavior) and the teacher reprimands him (aversive stimulus) in front of his classmates.
- On Monday morning, you leave the house early (the behavior) to avoid getting stuck in traffic and being late for work (removal of an aversive stimulus).

Application of Operational Conditioning to therapy

A daughter said that her mother complains about her being in her room all the time, but in fact it is her mother who is always on her phone and does not do her favorite family activity (e.g., going to the park) a together.

A social worker identifies a target behavior (Decrease the time being in her room = Increase the amount of time together) and mediates between a mother and a daughter

1. They agree that a mother will not be on her phone (**removing aversive stimulus**) while a daughter is at home in order to **increase** the amount of time together (**target behavior**)= Negative Reinforcement
2. They agree that a mother will go to the park with a daughter (**adding pleasant stimulus**) to increase the amount time together (**target behavior**)= positive reinforcement
3. They agree that a mother will give errands to a daughter (**adding aversive stimulus**) if a daughter stay in her room alone more than 2 hours to decrease the time being in her room (**target behavior**). = Positive punishment
4. They agree that a mother will not go to the park with her daughter (**removing pleasant stimulus**) if a daughter stay in her room alone more than 2 hours to decrease the time being in her room (**target behavior**)= negative punishment

Review- Ellis's A-B-C model

- Developed by Albert Ellis to analyze irrational thinking with individuals and has been applied to working with families.

How it works

- **A** = **A**ctivating event → **B** = **B**elief about A → **C** = Emotional and behavioral **c**onsequence

In practice

- Most clients report that *A causes C*:
 - “I am depressed *because* my husband does not help out with the kids.”
- Therapists help client identify “**B**”
 - “If he does not help with the children in the ways I want him to, he really does not care about me.”

Review- Social Learning Theory

- Social learning paradigm—examined how behavior is learned as well performed
- Role of the modeling process as a way of learning behavior,
- Importance of the thoughts of the individual in terms of the learning and performing process
- Expectancies influence performance
- Self-efficacy—belief can carryout behavior

Goals

- **Cognitive Behavioral Therapy- Replacing negative beliefs** with a sense of self-efficacy, beliefs that promote use of appropriate coping strategies, promoting hope and courage, addressing negative beliefs from the past, allowing people to access sources of help
- **Behavior/ Social Learning Therapy- Learning new behaviors** by watching other people, discipline with reinforcement and punishment in **supervised, safe and secure environment**
- The goals of the **Behaviorism-Based Family Therapy models** are to **promote family functioning** by helping members **learn appropriate skills**, and **promote a motivation system** that encourages members to perform behavior that meets the needs of family members

Role of the Family Counselor in Behaviorism-Based Therapy

Coach

- Help learn new behavior, opportunities for practice, offer feedback, and motivates to perform
- Provides a model of new skills, helps modify cognitions to promote learning and performance

2. Process

Process for Behaviorism-Based Family Therapies

4 steps

1. **Assessment:** Obtain detailed behavioral and/or cognitive assessment of *baseline functioning*.
2. **Target behaviors and thoughts for change:** Identify *specific* behaviors and thoughts for intervention.
3. **Educate:** Educate clients on irrational thoughts and dysfunctional patterns.
4. **Replace and retrain:** Interventions designed to replace dysfunctional behaviors/thoughts with more productive ones.

Assessment of Baseline Functioning

Monitoring and tracking

- Therapists conduct a baseline assessment of functioning, which provides a starting point for measuring change.
- Ask clients to log the frequency, duration, and severity of specific behavioral symptoms.
- Identify antecedent events that may have triggered symptoms.
- Baseline assessment provides more detailed and accurate information than client recall alone.

Functional Analysis and Mutually Reinforcing Behaviors

Functional analysis

- Identifies the precise contexts, antecedents, and consequences of the problem behavior.
- Basic formula: antecedent → behavior → consequence

Mutually reinforcing behaviors

- Examine how patterns are maintaining the symptom.
- Example: If a parent inconsistently reinforces a child's problematic behavior, the behavior is likely to continue.

ABC FUNCTIONAL ASSESSMENT CHART

CHILD'S NAME: *Amanda*

GENERAL CONTEXT:

at the sink with her teacher, Karen.

OBSERVER:

DATE and TIME: *8:20, Tuesday morning*

Antecedent:

What Happened Before?

Behaviour:

What Did You See or Hear?

Consequence:

What Followed?

*Karen instructed
Amanda to wash her
hands...*

*Amanda
screamed and
stomped her
foot...*

*Spoke to her calmly
and redirected her
to pick up the soap...
- Amanda continued
to scream even
louder...*

Fill this section later: Circle the function(s) demonstrates by this behaviour:

Escape/avoidance

Get Attention

Get desired object/activity

Self-stimulation

Functional Analysis Questions for Families

Examples

- How does this specific problem handicap your son in everyday life?
- What would happen if the problem were reduced in frequency?
- What would your family gain if the problem were resolved?
- Who (or what) reinforces the problem with attention, sympathy, and support?
- Under what circumstances is the specific problem reduced in intensity?

Thought Record for CBT

DATE/ TIME	SITUATION	Automatic Thoughts 0-100	CONSEQUENCES		Alternatives	Different Outcomes 0-100
			FEELING 0-100	BEHAVIOR		

AUTOMATIC THOUGHT RECORD

As soon as you feel your mood worsening, fill in the chart below by asking yourself, "What am I thinking and feeling right now?"

Date, Time	Situation	Automatic Thoughts (ATRs)	Emotion/s	
2/4 8:35 pm	My husband didn't call when he said he would	<i>"He is angry with me"</i> <i>"He is seeing someone else"</i> <i>"He wants to leave me"</i> <i>"Something terrible has happened to him"</i> <i>"He never calls when he says he will"</i> <i>"He does this to make me angry"</i> <i>"He doesn't love me"</i>	sad, scared anxious, sad, jealous angry, sad, alone fearful, anxious sad, angry angry, resentful hopeless, sad, inadequate	

3. Application in Family Therapy

1) Social Learning Family Therapy and Parent Management Training

- Was grounded in social learning behavioral theory.
- Influenced by the work of Gerald Patterson (1976) who identified coercive parenting practices that impact the development of conduct problems in children.
- Parent education alone did not lead to clear reductions in serious childhood aggression.

(Kazdin's Parent Management Training (2005). Treatment for Oppositional, Aggressive and Antisocial Behavior in Children and Adolescents)

1) Social Learning Family Therapy

How this works

- Teaching compliance and socialization.
- Active and directive skill building
- Improving parental requests.
- Monitoring and tracking.
- Creating a contingent environment between parents and a child
- Five-minute work chore
- Operant behavioral principles (i.e., reinforcement and consistency)

1) Social Learning Family Therapy: Program Description

- A 12-18 session for parent training and 10 sessions for social learning family therapy individually administered, structured family treatment program.
- Program is most typically employed with parents of young children ranging in age from 4 to 9 years for parent training and 7 to 12 years for social learning family therapy.
- Children typically have been referred due to serious concerns about aggression or oppositional behavior.

1) Social Learning Family Therapy: Program Goals

- **Goal 1** - To reduce problem behaviors and increase adaptive child functioning
- **Goal 2** - To restructure parent-child relationships by teaching parents to respond contingently to their child and improving a child's responsiveness to the parent.
- **Goals 3-** To develop effective coping skills and problem solving skills via cognitive restructuring

1) Parent Training: Program Features

- Initially the focus is on Goal # 2 and not on reducing problem behavior.
- Parents are taught how to respond positively and contingently to their child's behavior.
- A gradual and cumulative mastery approach is used to change and build upon parents' contingent responses.
- Parents initially apply new skills to child behaviors that do not evoke intense reactions. (step-by-step)

1) Program Contents (12 module units)

1. Orientation and pre-test sessions (Baselining)
2. Defining, Observing and Recording Behavior
3. Rationale for Positive Reinforcement
4. Time Out from Reinforcement
5. Attending and Planned Ignoring
6. Shaping and School Program
7. Review and Problem Solving
8. Family Meeting
9. Low-Rate Behaviors
10. Reprimands
11. Compromising & Negotiating
12. Skill Review

1) Social Learning Family Therapy- Session Characteristics

- Review previous week, homework assignment and discuss how program is working at home.
- Present a new principle or theme and review how it translates to home and other settings.
- **Practice and role play**, first without then with the child in the session.
- Assign a homework activity for how to implement new skills during the week.

1) Social Learning Family Therapy: Assessment Tools

- **Extensive pre- and post-intervention evaluation:**
 - CBCL (Child Behavior Checklist)
 - Parent Daily Report
 - Family Problem-solving Behavior Coding
 - Family Environment Scale
 - Daily Behavior Checklist

Child Behavior Check list

CHILD'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)	
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____	THIS FORM FILLED OUT BY: (print your full name)	
GRADE IN SCHOOL _____	Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.		Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____	
NOT ATTENDING SCHOOL <input type="checkbox"/>				

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, cars, computers, singing, etc. (Do not include listening to radio or TV.)

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

	Compared to others of the same age, how active is he/she in each?			
	Less Than Average	Average	More Than Average	Don't Know
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Environment Scale

FSSRAIX

FIELD COPY 2 SOURCE

Time Started: FSSSTIM

There are 27 statements in this survey. They are statements about families. You are to decide which of these statements are true of your current family and which are false.

You may feel that some of the statements are true for some family members and false for others. Say True if the statement is true for most members. Say False if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your current family seems like to you. So do not try to figure out how other members see your family.

1. We fight a lot in our family

1. T 2. F

2. Family members attend church, synagogue, or Sunday School fairly often

1. T 2. F

3. Family members are rarely ordered around

1. T 2. F

1) Social Learning Family Therapy: Intervention 1

◦ contingency contracting

- A contract between two parties (e.g., parents and the child, the husband and the wife, and the teacher and student).
- reciprocity reinforcement for enhancing positive behaviors and decreasing negative behaviors
- Parents can use contingency contracting with children that detail how privileges will be earned and lost.

<https://www.youtube.com/watch?v=ifET2n5HnPo>



<https://www.youtube.com/watch?v=ifET2n5HnPo>

1) Social Learning Family Therapy: Intervention 2

◦ ABC Contingencies of Reinforcement

ANTECEDENTS are contextual factors or conditions that set the stage for behaviors and what follows.

BEHAVIORS are behaviors that we wish to develop or eliminate.

CONSEQUENCES are events or actions delivered in specific ways contingent on the performance of a behavior we wish to develop or eliminate.

Technique- ABC Contingencies of Reinforcement

Target Behavior One:

Describe what the student is physically doing that is interfering with his or her learning or the learning of others? Be Specific.

Verbal Outbursts: Tommy has negative verbal outbursts towards adults and peers which include yelling, name calling, and profanity.

Give an example of the target behavior and desired behavior.

Verbal outbursts: Tommy yells at the teacher that he will complete the given assignment or shut up to peers, calls students names such as stupid, and uses profanity towards others.

Desired behavior: Tommy speaking and participating in class in a positive manner- using a quiet voice, positive, appropriate words.

Is the target behavior measurable? How would you measure the behavior?

The number of verbal outbursts.

Use the information above to define Target Behavior One. Be concise and specific so anyone could recognize the target behavior when observing the student.

Tommy engages in the behavior of negative verbal outbursts. These negative verbal outbursts include yelling at peers and adults, name calling, and using profanity. This does not include talking during class time in a positive manner (even when talking when he is not supposed to).

Technique- ABC Contingencies of Reinforcement

Target Behavior Two:

Describe what the student is physically doing that is interfering with his or her learning or the learning of others? Be Specific.

Physical class disruption: Tommy engages in physically disruptive behaviors. He pushes papers onto the floor and throws classroom materials.

Give an example of the target behavior and desired behavior.

Physical class disruption: Throwing classroom materials across the room. Pushing books and papers onto the floor.

Desired behavior- In the classroom utilizing the classroom materials in an appropriate manner- using them for the intended use.

Is the target behavior measurable? How would you measure the behavior?

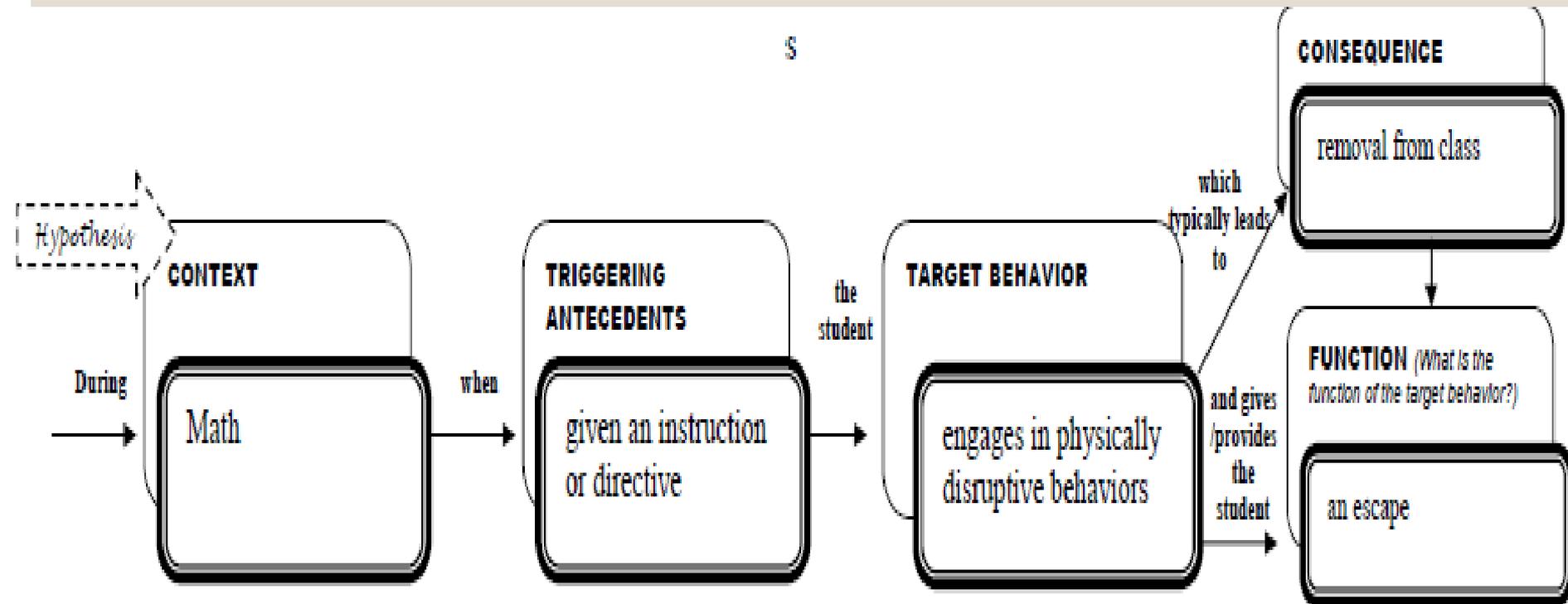
The number of times he throws, pushes off the desk, or interacts with classroom materials in a destructive manner.

Use the information above to define Target Behavior Two. Be concise and specific so anyone could recognize the target behavior when observing the student.

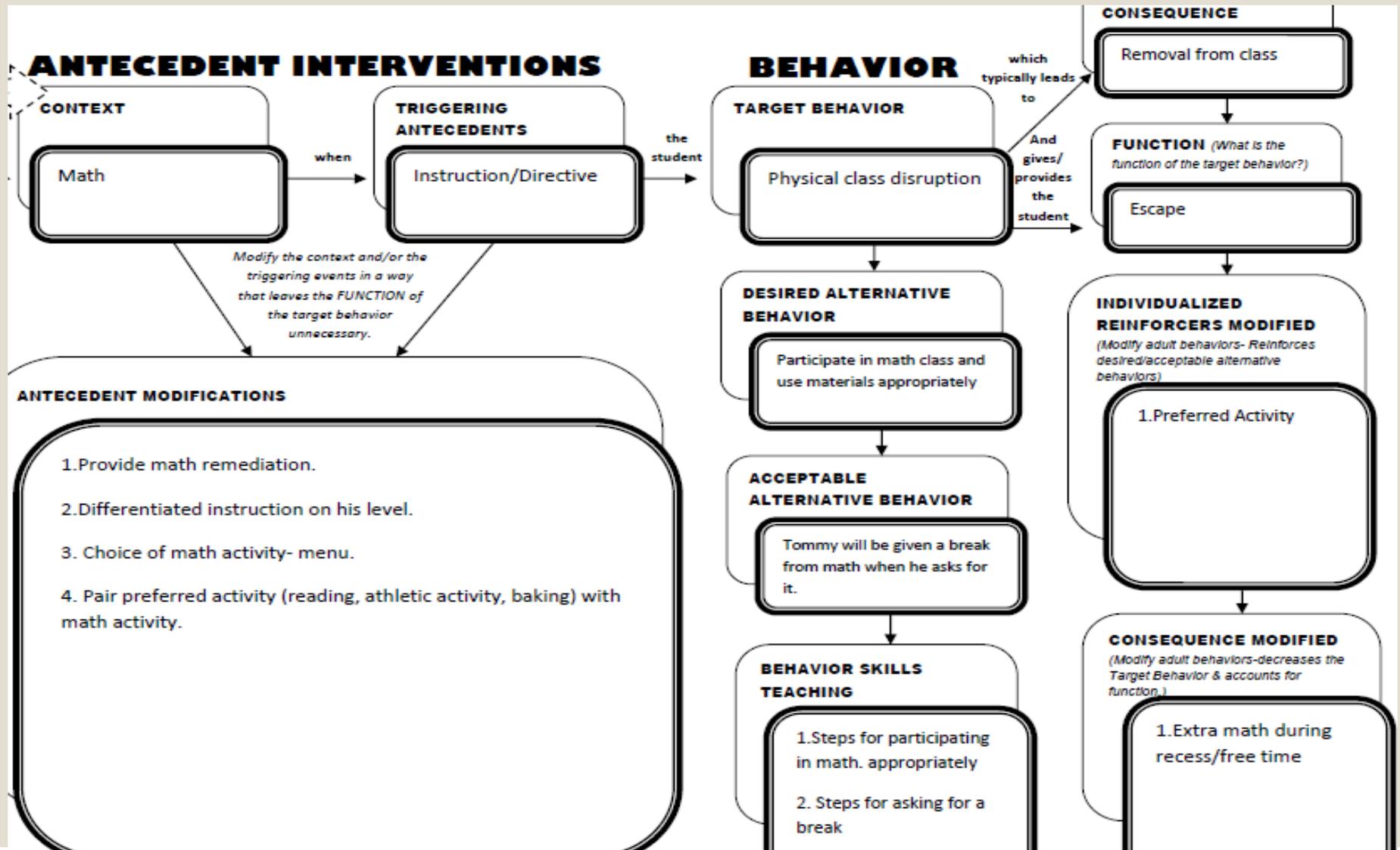
Physical class disruption- Tommy engages in physically disruptive behaviors. This looks like throwing classroom materials across the room and pushing books and papers onto the floor. This does not include moving his materials around in an angry manner, but any action which causes the materials to no longer be in his presence or makes the materials unusable.

Technique- ABC Contingencies of Reinforcement

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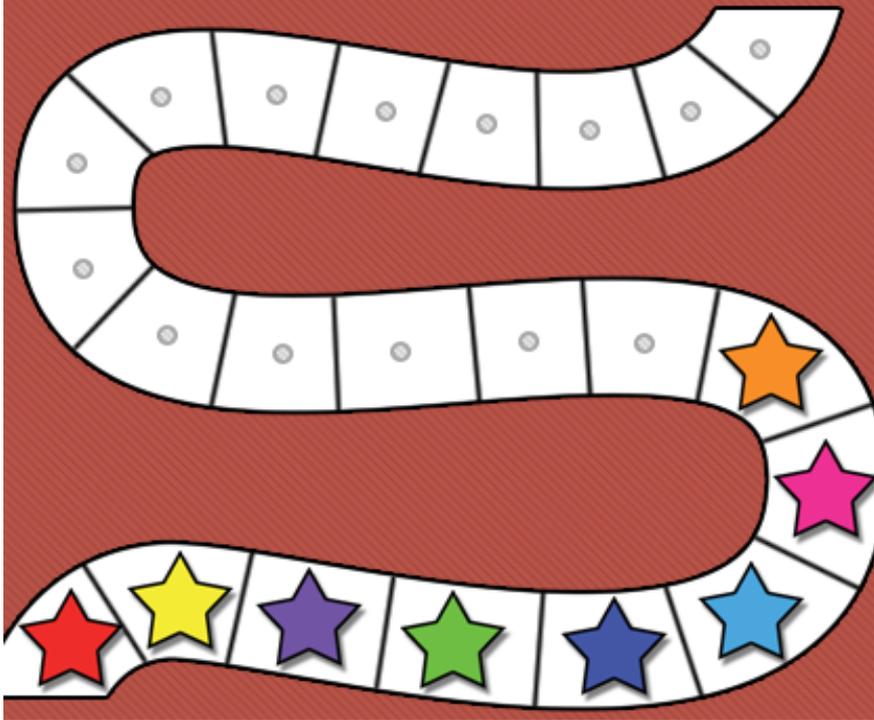
Technique- ABC Contingencies of Reinforcement



What I'm Working For" Token Economy

What I'm Working For

Free
Time



Intervention 3 - Point Charts and Token Economies

- Used to shape and reward positive behaviors by allowing children to build up points they can apply to privileges, treats, or purchases.
- Rewards should be appropriate and readily approved by the parent.
- In most cases, punishment is added to a token economy by having the child lose points for poor behavior.

2) Cognitive Behavioral Family Therapy

- Identify problems
- Attention to automatic negative thoughts and sources of them (core belief)
- Combined with behavioral therapy techniques used- problem solving skills, behavioral modification, contingency contract, etc.



<https://www.youtube.com/watch?v=Wjz2FOXVQu0>

2) Cognitive Behavioral Family Therapy: Assessment

1.Thought Record

2.Cognitive Distortion (CD) Quest

3.Intrapersonal Thought Pattern

4.Interpersonal Thought Pattern

Thought Record

CBT Thought Record

Situation	Emotion or feeling	Negative automatic thought	Evidence that supports the thought	Evidence that does not support the thought	Alternative thought	Emotion or feeling
<p>I yelled at my 3 year old, woke up the baby who then wouldn't stop crying</p> <p><small>Describe what was happening: Who, what, when where?</small></p>	<p>(1) 90% ANGRY At self, At kids At my Husband</p> <p>(2) 90% SAD</p> <p>(3) 70% Guilty/ashamed</p> <p><small>Emotions can be described with one word: e.g. angry, sad, scared Rate 0-100%</small></p>	<p>I must be a very bad person not to be happy to have these healthy kids</p> <p>Certainty: 90%</p> <p><small>Identify one thought to work on: What thoughts were going through your mind? What memories or images were in my mind?</small></p>	<p>(1) Any decent mother loves her kids</p> <p>(2) A good person would feel happy about having a new baby</p> <p><small>What facts support the truthfulness of this thought or image?</small></p>	<p>(1) I have always cared for my family and friends</p> <p>(2) I usually try to do good for others (e.g. I volunteer at the soup kitchen)</p> <p>(3) People that know me never think I am a bad person</p> <p><small>What experiences indicate that this thought is not completely true all of the time? If my best friend had this thought what would I tell them? Are there any small experiences which contradict this thought?</small></p>		

Addressing Cognitive Distortions

Cognitive distortion	Definition	Examples
<p>1. Dichotomous thinking (also called all-or-nothing, black and white, or polarized thinking)</p> <p>Back to Questionnaire</p>	<p>I view a situation, a person or an event only in all-or-nothing terms, fitting them into only two extreme categories instead of on a continuum.</p>	<p>“I made a mistake, therefore I’m a failure”. “I ate more than I planned, so I blew my diet completely.”</p>
<p>2. Fortune telling (also called catastrophizing)</p> <p>Back to Questionnaire</p>	<p>I predict the future in negative terms and believe that what will happen will be so awful that I will not be able to stand it.</p>	<p>I will fail and this will be unbearable.” “I’ll be so upset that I won’t be able to concentrate for the exam.”</p>
<p>3. Discounting or disqualifying the positive</p> <p>Back to Questionnaire</p>	<p>I disqualify and discount positive experiences or events insisting that they do not count.</p>	<p>“I passed the exam, but I was just lucky.” “Going to college is not a big deal, anyone can do it.”</p>
<p>4. Emotional reasoning</p> <p>Back to Questionnaire</p>	<p>I believe my emotions reflect reality and let them guide my attitudes and judgments.</p>	<p>“I feel she loves me, so it must be true.” “I am terrified of airplanes, so flying must be dangerous.”</p>

**6. Magnification /
minimization**

[Back to Questionnaire](#)

I evaluate myself, others, and situations magnifying the negatives and/or minimizing the positives.

“I got a B. This proves how inferior I am.” “I got an A. It doesn’t mean I’m smart.”

**7. Selective abstraction
(also called mental filter
and tunnel vision)**

[Back to Questionnaire](#)

I pay attention to one or a few details and fail to see the whole picture.

“My boss said he liked my presentation, but since he corrected a slide, I know he did not mean it.” “Even though the group said my work was good, one person pointed out an error so I know I will be fired.”

8. Mind reading

[Back to Questionnaire](#)

I believe that I know the thoughts or intentions of others (or that they know my thoughts or intentions) without having sufficient evidence.

“He’s thinking that I failed”. “She thought I didn’t know the project.” “He knows I do not like to be touched this way.”

9. Overgeneralization

[Back to Questionnaire](#)

I take isolated cases and generalize them widely by means of words such as “always”, “never”, “everyone”

“Every time I have a day off from work, it rains.” “You only pay attention to me when you want sex”.

10. Personalizing

[Back to Questionnaire](#)

I assume that others’ behaviors and external events concern (or are directed to) myself without considering other plausible explanations.

“I felt disrespected because the cashier did not say thank you to me” (not considering that the cashier did not say thank you to anyone). “My husband left me because I was a bad wife” (not considering that she was his fourth wife).

11. Should statements
(also “musts”,
“oughts”, “have tos”)

Back to Questionnaire

I tell myself that events, people’s behaviors, and my own attitudes “should” be the way I expected them to be and not as they really are.

“I should have been a better mother”.
“He should have married Ann instead of Mary”. “I shouldn’t have made so many mistakes.”

12. Jumping to conclusions

Back to Questionnaire

I draw conclusions (negative or positive) from little or no confirmatory evidence.

“As soon as I saw him I knew he had bad intentions.” “He was looking at me, so I concluded immediately he thought I was responsible for the accident”.

13. Blaming (others or oneself)

Back to Questionnaire

I direct my attention to others as sources of my negative feelings and experiences, failing to consider my own responsibility; or, conversely, I take responsibility for others’ behaviors and attitudes.

“My parents are the ones to blame for my unhappiness.” “It is my fault that my son married a selfish and uncaring person

14. What if?

Back to Questionnaire

I keep asking myself questions such as “what if something happens?”

“What if my car crashes?” “What if I have a heart attack?” “What if my husband leaves me?”

15. Unfair comparisons

Back to Questionnaire

I compare myself with others who seem to do better than I do and place myself in a disadvantageous position.

“My father always preferred my elder brother because he is much smarter than I am.” “I am a failure because she is more successful than I am.”

Instructions: Using the following table/grid please record your score (0-5) for each Cognitive Distortion (CD) that w
 experienced in the last 7 days. If the CD did not occur in the last 7 days please record a 0 (zero) for that CD.

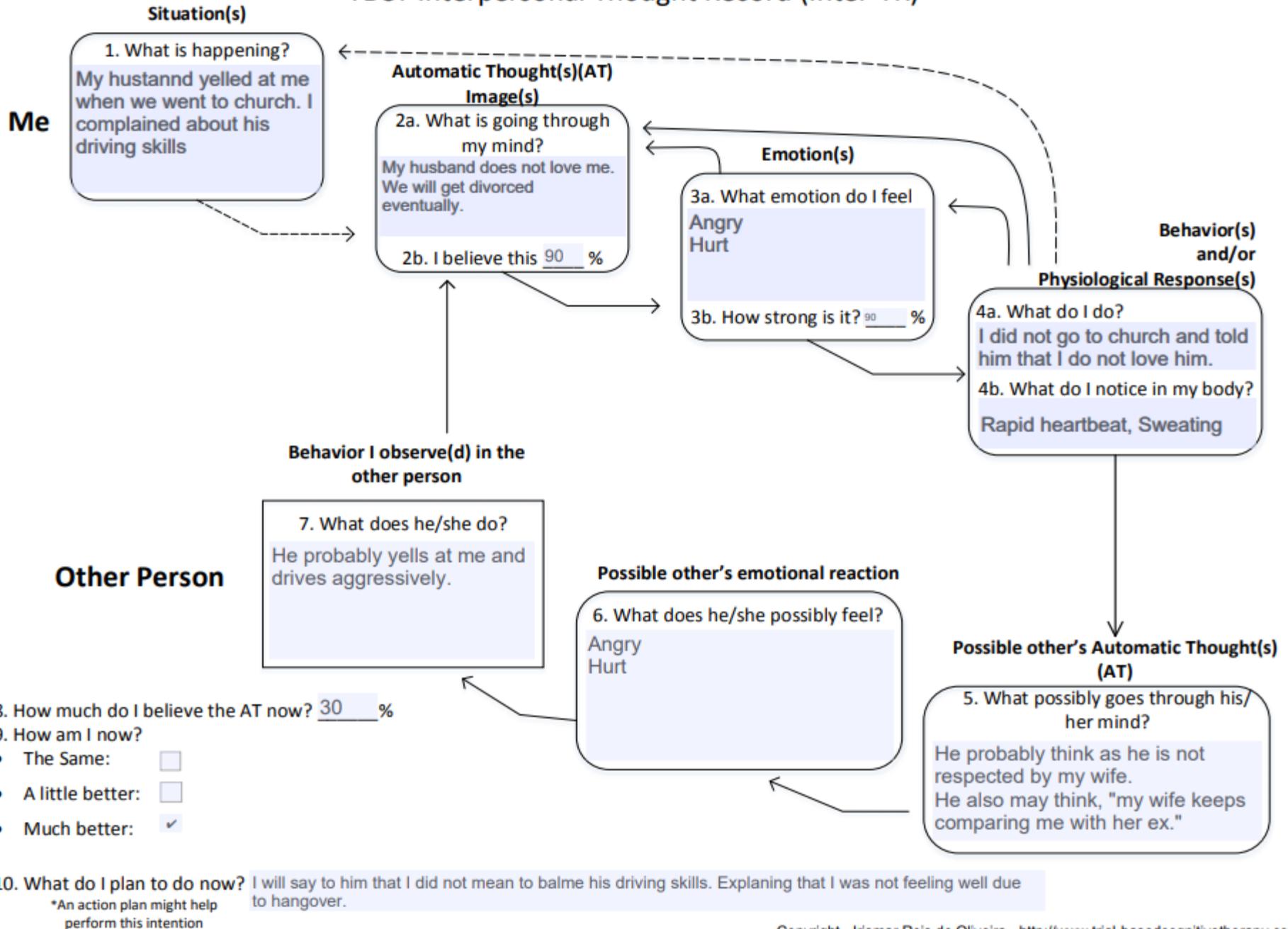
		Frequency		
		Occasionally 1-2 days	Frequently 3-5 days	Often 6 or 7 days
Intensity	A little (up to 30%)	1	2	3
	Strongly (31% to 70%)	2	3	4
	Very Strongly (more than 71%)	3	4	5

Date:

Total/Global Score:

Distortion	Definition	Score
1.) Dichotomous thinking (also called all-or-nothing, black and white or polarized thinking)	I view a situation, a person or an event only in all-or-nothing terms, fitting them into only two extreme categories instead of on a continuum.	
2.) Fortune telling (also called catastrophizing)	I predict the future in negative terms and believe that what will happen will be so awful that I will not be able to stand it.	
3.) Discounting or disqualifying the positive	I disqualify and discount positive experiences or events insisting that they do not count.	
4.) Emotional reasoning	I believe my emotions reflect reality and let them guide my attitudes and judgments.	
5.) Labeling	I put a fixed, global label, usually negative, on myself or others.	
6.) Magnification / minimization	I evaluate myself, others, and situations magnifying the negatives and/or minimizing the positives.	
7.) Selective abstraction (also called mental filter and tunnel vision)	I pay attention to one or a few details and fail to see the whole picture.	
8.) Mind reading	I believe that I know the thoughts or intentions of others (or that they know my thoughts or intentions) without having sufficient evidence.	
9.) Overgeneralization	I take isolated cases and generalize them widely by means of words such as "always", "never", "everyone"	
10.) Personalizing	I assume that others' behaviors and external events concern (or are directed to) myself without considering other plausible explanations.	
11.) Should statements (also "musts", "oughts", "have tos")	I tell myself that events, people's behaviors, and my own attitudes "should" be the way I expected them to be and not as they really are.	
12.) Jumping to conclusions	I draw conclusions (negative or positive) from little or no confirmatory evidence.	
13.) Blaming (others or oneself)	I direct my attention to others as sources of my negative feelings and experiences, failing to consider my own responsibility; or, conversely, I take responsibility for others' behaviors and	
14.) What if?	I keep asking myself questions such as "what if something happens?"	
15.) Unfair comparisons	I compare myself with others who seem to do better than I do and place myself in a disadvantageous position.	
TOTAL (Global) Score		

TBCT Interpersonal Thought Record (Inter-TR)



More Intervention- Behavior Exchange and Quid Pro Quo

Quid pro quo

- Mutual behavior exchanges can be useful to help partners negotiate relational rules.
 - “If you make dinner, I will do the dishes.”
- Couples relying primarily on quid pro quo arrangements have lower levels of marital satisfaction.
- Use behavior exchange judiciously with couples.
 - Balance with more affective techniques to avoid framing marriage as a business deal.
- Have each partner select a behavior to “give” rather than have each “ask” for what he/she wants.

More Intervention -Communication training

- Communication training
 - Begin with the positive
 - Specific, behavioral problems
 - Describe impact
 - Take responsibility
 - Paraphrase
 - Avoid mind reading
 - Disallow verbal abuse

The Jones Family

Assume that you are the therapist of the Jones family. Please answer the questions below based on the descriptions that are matched with question number.

- 1) What is the primary problem of Davonti and what kind of intervention he needs?
- 2) What is the problem between parents and Jenny if they never asked Jenny about her early years?
- 3) In the CBT, what might be related with parents' assumption (painful time)?
- 4) In the CBT, what might be related with Jannie's assumption (only care about money and the idea about china)?
- 5) In the operational conditioning, what terminology could be appropriate for "being always on her phone"?
- 6) What are the 3 interventions that therapist would use?
- 7) What technique can be used for the Jones family based on the description? (Hint- Exchanging what they want one another)
- 8) What is the intervention described in number 8?