

Cognitive Behavior Therapy, second edition: Basics and Beyond

by Judith S. Beck (Forward by Aaron T. Beck)

www.psychcontinuinged.com

Questions? E-mail toddfinnerty@toddfinnerty.com or call (330)495-8809

12 CE credits are available from PsychContinuingEd.com, LLC

Answer the questions based on the book. All of the following quiz questions are true/false with the exception of question #1 (multiple choice):

- (1) (Choose the best answer) Beck's CBT is
 - (a) present-oriented
 - (b) structured
 - (c) directed toward modifying dysfunctional thinking and behavior
 - (d) all of the above
- (2) According to the cognitive model thoughts do not lead to feelings or behaviors
- (3) Goals should be stated in specific, behavioral terms
- (4) In CBT therapy sessions are unstructured

Chapter 2

- (5) CBT is conducted in a cold, mechanical fashion
- (6) In CBT, decisions are made collaboratively with patients
- (7) In CBT we engage in guided discovery and behavioral experiments

Chapter 3

- (8) Beginning in childhood people start to develop core beliefs
- (9) Dysfunctional beliefs cannot be unlearned
- (10) A conceptualization is the road map of a therapeutic journey

Chapter 4

- (11) In the assessment session patients can be socialized to the structure and process of therapy.
- (12) Never involve family members in the evaluation process
- (13) Therapy may last 2-4 months for a straightforward major depressive disorder

Chapter 5

- (14) During the first CBT session we develop a goal list
- (15) Never ask about positive experiences over the week since depressed people are too negative anyway
- (16) Specific problems identified can be turned in to goals to work on in treatment
- (17) Do not waste time educating patients about the cognitive model during the first sessions of CBT.

Chapter 6

- (18) Inactivity leads to low mood as patients have few opportunities to gain a sense of mastery or pleasure, which leads to negative thinking
- (19) A CBT therapist should never ask "How can we test this idea to see if it is true?"
- (20) A CBT therapist should never ask "What is going through your mind right now?"
- (21) It is valuable to create a chart of daily activities

Chapter 7

- (22) The initial part of the session includes setting the agenda
- (23) Patients can optionally complete symptom checklists as part of the "mood check"
- (24) It is never okay to gently interrupt the patient in CBT
- (25) If therapists don't review the patient's homework, they will likely stop doing it

Chapter 8

- (26) Patients do not need to be "socialized" to the expectations of "CBT"
- (27) If structure is imposed in a controlling or demanding fashion problems can arise
- (28) "Unfocused discussions" makes for a good CBT session

Chapter 9

- (29) Most of the time we are barely aware of our automatic thoughts
- (30) Automatic thoughts can be evaluated according to their validity and utility
- (31) "Hot Cognitions" reflect automatic thoughts that are associated with a change or increase in emotions
- (32) Patients may have automatic thoughts before, during and after situations

Chapter 10

- (33) Emotions are unimportant in CBT
- (34) The connection among patients' thoughts, emotion and behavior should make sense.
- (35) The degree of distress patients feel about a situation may help determine if we should focus on it.

Chapter 11

- (36) Therapists rarely "directly challenge" an automatic thought
- (37) Socratic questioning can help with evaluating automatic thoughts
- (38) When catastrophizing people think future outcomes will be positive and wonderful
- (39) Sometimes we must engage in strategies designed to enhance acceptance (such as described in Hayes, et. al.)

Chapter 12

- (40) Patients in CBT do not need to be taught how to respond to automatic thoughts
- (41) The "AWARE" technique should not be used when patients have anxious, obsessive thoughts

Chapter 13

- (42) Partial conceptualizations should be shared with patients at every session
- (43) Hypotheses should be regarded as tentative until confirmed by the patient
- (44) It is not important for patients to interpret their experiences in a more realistic, functional way
- (45) Sometimes changing behavior and acting "as if" something were true helps to change beliefs

Chapter 14

- (46) Negative core beliefs tend to fall in the broad categories of helplessness, unlovability and worthlessness
- (47) Bibliotherapy has no effect on core belief work
- (48) Core beliefs require consistent, systematic work

Chapter 15

- (49) Problem-solving skills include specifying a problem, devising a solution, selecting a solution, implementing it and evaluating its effectiveness
- (50) Using distraction to avoid negative emotions is a long-term solution
- (51) Mindfulness techniques help patients nonjudgmentally observe and accept internal experiences
- (52) Credit lists are daily lists of positive things the patient is doing or deserves credit for

Chapter 16

- (53) Spontaneous thoughts may be in the form of mental pictures or images
- (54) One way to respond to images is to follow them to their completion
- (55) It is never useful to "induce" an image in therapy

Chapter 17

- (56) Homework is an optional part of CBT
- (57) Homework is designed together with the patient
- (58) The beginning of the session will go slowly and poorly if patients come to the session prepared
- (59) While homework should be set up as a scenario that is likely to succeed, patients should be prepared for possible negative outcomes
- (60) A discussion of the homework from the previous session is often one of the first items on the agenda

Chapter 18

- (61) The goal of CBT is for the therapist to solve all of the patient's problems
- (62) It would be acceptable in the first session to tell the patient that your goal is to help them to become their own therapist
- (63) Progress in therapy should be attributed to the therapist
- (64) Booster sessions after termination are likely to be of little value

Chapter 19

- (65) Therapists can stay focused by asking themselves "What is the specific problem here, and what am I trying to accomplish?"
- (66) Analyzing specific problems compels you to conceptualize patients' difficulties in detail
- (67) The stage of therapy has no impact on what problems you focus on

Chapter 20

- (68) Sometimes nonverbal cues from the patient may suggest the existence of a problem
- (69) There is little that can be done for stuck points or to remediate problems in therapy

Chapter 21

- (70) Therapists should avoid trying CBT techniques on themselves
- (71) The cognitive therapy rating scale is sometimes used by supervisors when reviewing taped sessions