



BRAINSTATION
PSYCHOTHERAPY & TRAINING

Introduction to CBT

Presented By: Dr. Christina Riachi

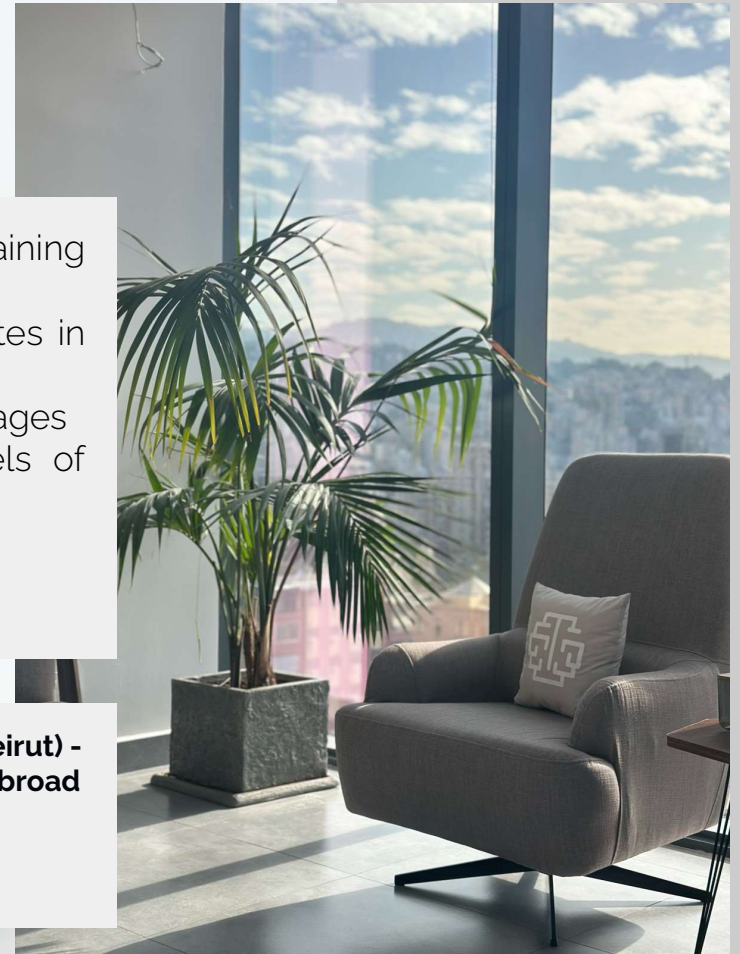
ABOUT US

Comprehensive psychological treatment & professional training institute:

- Team of expert psychologists trained at the best institutes in the world (Oxford University, Beck Institute)
- Evidence-based psychotherapeutic help for clients of all ages
- Clinical and corporate trainings for people at all levels of experience

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www.brainstationclinics.com

Brainstation +961 70653550, training@brainstation.uk
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CBT THEORY

*Slides are shared with thanks to Dr. Sarah Rakovshik
(University of Oxford, CBT programme director)*



MYTHS ABOUT CBT **المعتقدات الخاطئة**

- 1- Symptoms Only
- 2- Relapse انتكاس is High
- 3- Don't look into the Past
- 4- Positive Thinking
- 5- No Unconscious
- 6- No Focus on Therapeutic Relationship



1- INTRODUCTION

- CBT IS NOT: a Random Collection of Techniques
- CBT IS: Based on the **Cognitive Theory**



- The “Naïve Model” ساذج



- The “Cognitive Model/Theory”





2- COGNITIVE MODEL (simplified)





EXAMPLE (social anxiety)





IMPLICATIONS استنتاجات of cognitive model

- 1- It is NOT the event themselves that matter
=> interpretation تفسير
(note: memory reconstructive)
 - 2- Since we can't directly change feelings, by changing thinking patterns
=> we can change emotions
 - 3- Since we can't directly change feelings, by changing behaviours,
we can indirectly change thinking patterns => we can change emotions
- (when an emotional reaction is out of proportion or dysfunctional: depressed, anxious...)



LEVELS OF THOUGHTS/ COGNITIONS





CORE BELIEFS

- From the past (usually before age of 11)
- General/Absolute مطلق
- Unconscious
- Self (cognitive triad):
 1. Others
 2. The world
 3. The future

**tackled LATER in therapy (usually for personality disorders AXIS II)*



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To cope with core beliefs...



DYSFUNCTIONAL ASSUPMTIONS RULES OF LIVING قواعد

- "IF.. THEN" "I MUST.." "I SHOULD"
- Not verbal/ mostly unconscious
- Could be inferred from behaviours

(I should do everything perfectly, or else my uselessness will be revealed)

"Tackled later in TREATMENT – AXIS I AND AXIS II- PREVENT RELAPSE)



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When rules of living break ...



NATs

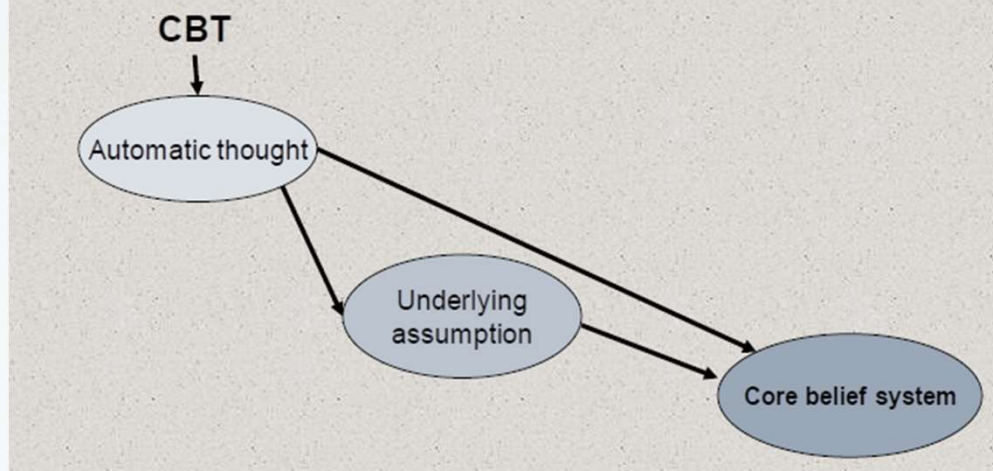
- Automatic (unintentional)
- Habitual
- Taken as truth – THOUGHTS=FACTS
- **Images or Verbal**
- Suppressed/Avoided but can easily become CONSCIOUS

**Tackled early on in therapy (AXIS I AND AXIS II)*



Where to intervene?

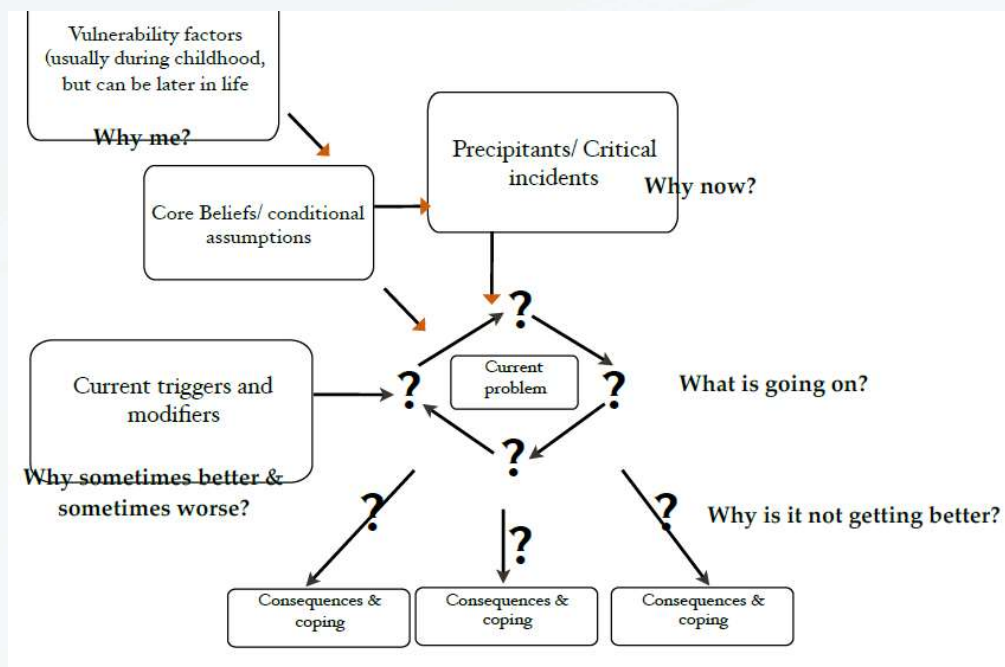
Generally not tackled in short term therapy for Axis I problems
(but may change anyway)





FORMULATION (putting it all together)

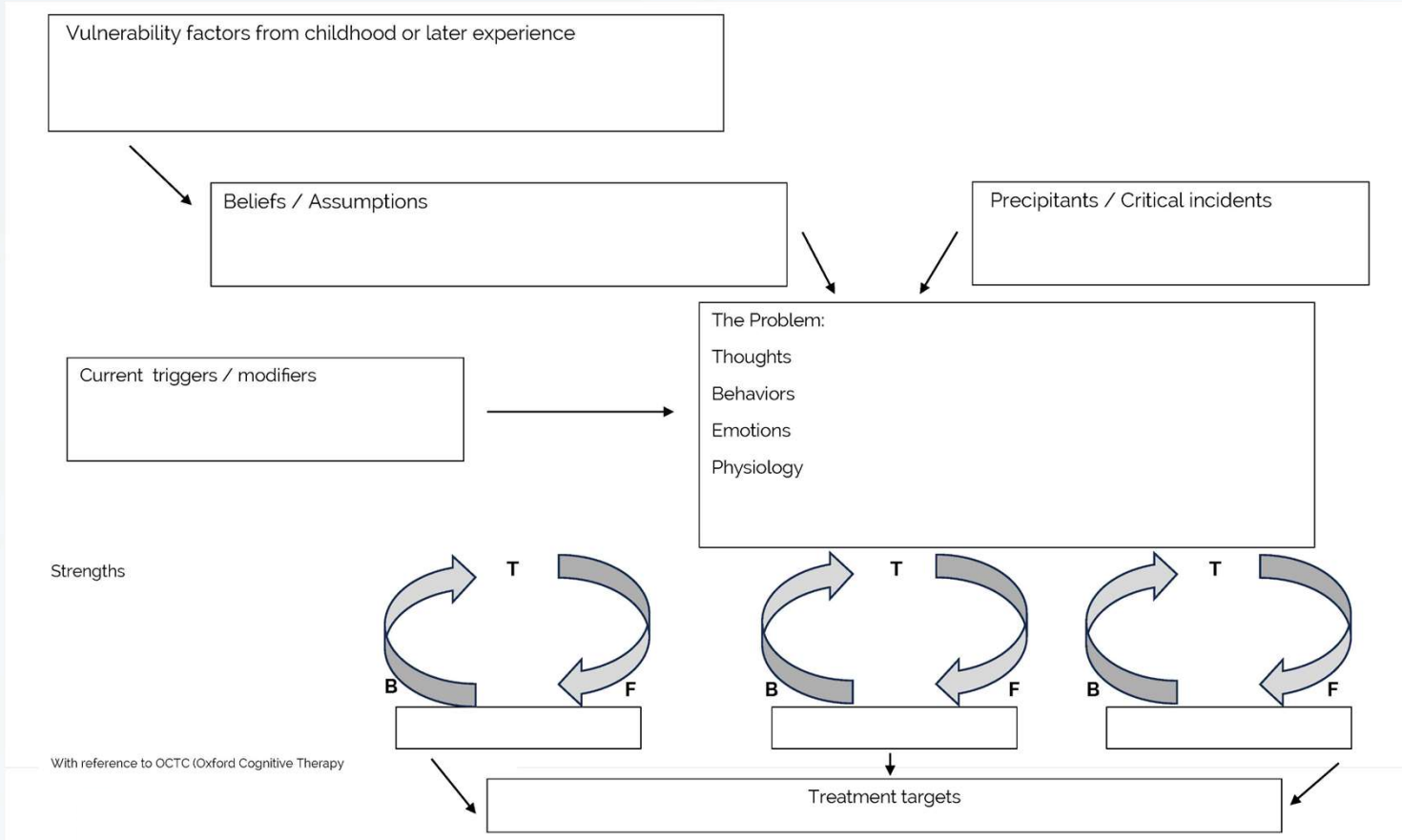
صياغة الحالة





Maintaining Factors (most common)

- Safety Behaviors
- Avoidance/Escape
- Reassurance Seeking
- Hypervigilance/Checking
- Worry/Rumination
- Short-term reinforcement

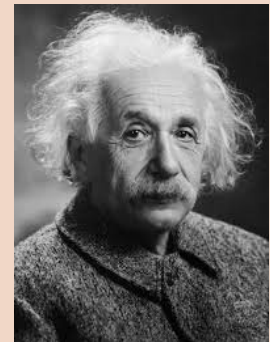




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- ““Everything should be made as simple as possible, but not simpler.”
- “If you can't explain it to a six year old, you don't understand it yourself.”

ALBERT EINSTEIN



Advantages

- Shared with patient
- Clear steps of where to intervene تدخل
- Changed throughout therapy – dynamic



استنتاجات-IMPLICATIONS

- We can't only rely on diagnosis and/or model for therapy.
- Each person, even same disorder, has different sets of T,F,B.



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THERAPY'S STRUCTURE

- Usually 10-15 sessions (much longer for complex cases and personality disorders)
- Booster sessions معزز
- Once per week
- 50-60 minutes



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SESSIONS' STRUCTURE

- Sessions 1-3: Assessment, psychoeducation, case formulation
- Session 3: Goals' setting, baseline measurements (baseline)
- Sessions 4+: Explain CBT, progress graph, relapse management, start therapy

*in general, but could differ from case to another



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CBT Session Notes

| Client's Name | | | |
|---------------|-----|---------|-----------|
| ID | DoB | Session | Date/Time |

Agree Agenda

Review Week

Mood (in terms of disorder)
Anxiety/Worry/Panic Attacks/ Intrusions

Feedback from last session + Summary

Review Homework

Session Issue / Treatment

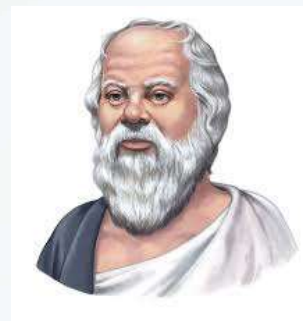
Negotiate homework 0-100% how likely are you to do it?
Any concerns?

Session feedback + Summary



SESSIONS' STYLE

- 1) Collaboration
- 2) Both are experts – equal – خبير
*no difference in power (vs. psychodynamic)
*Therapist's interpretation are accurate or denial vs. therapist is in denial
- 3) Structured
- 4) Mutual Feedback
- 5) Socratic Questioning



SOCRATES: not just give answer, but ask them series of questions so that they could arrive at their own answers!



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OUR JOB IS TO ENABLE PEOPLE TO MAKE CHANGES,
NOT TO MAKE CHANGES FOR THEM!

Scientific

- Thoughts: Hypotheses فرضية Not Facts (Evidence to Confirm)
- التجارب السلوكية Behavioural Experiments

How can we find out?

Scientific Studies

- Intuition حدس is easily misled

Scientific Studies

EXAMPLE 1

If I bet رهن you 10\$ that there are at least two people in a class of 23 people who have the same birthday (i.e. day & month), what are the chances I will take your money?

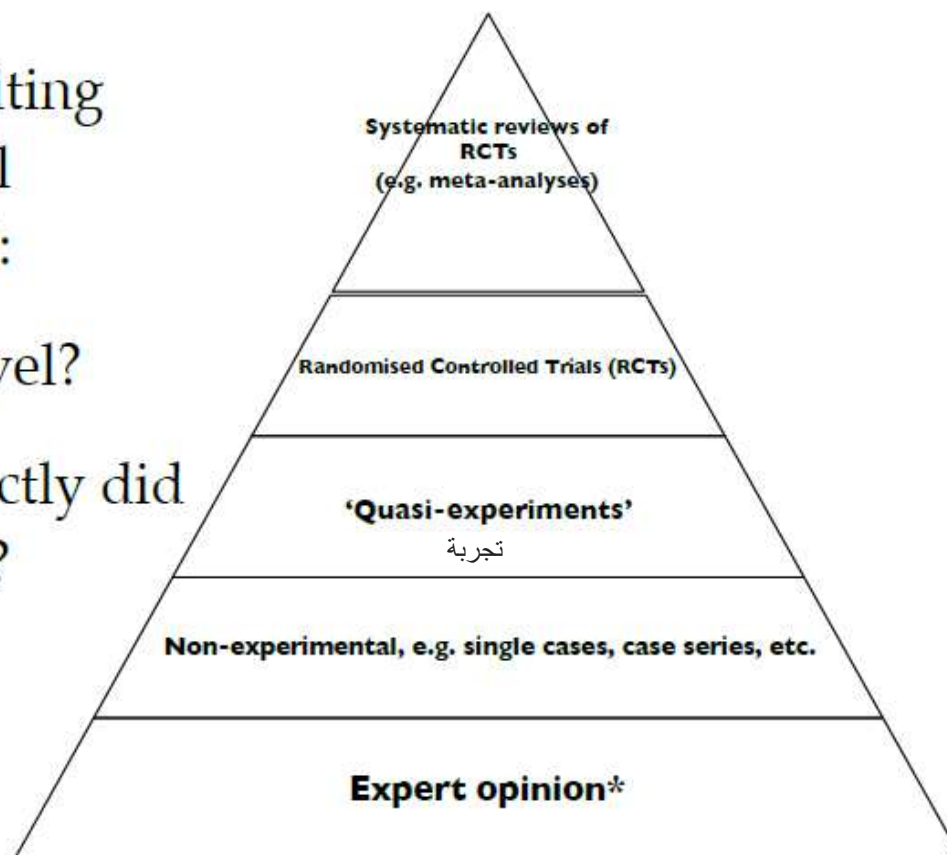


Hierarchy of types of evidence دليل (e.g., on Tx effectiveness)

Experts citing
'empirical
evidence':

Which level?

What exactly did
they find?





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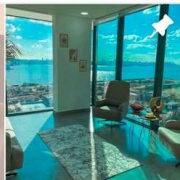
 Training





2024
Summary of Achievements

We completed
28 224 therapy sessions


We received a percentage of **99%** positive feedback
320 live therapy sessions
1 100 live therapy sessions in Braincare








Stress Relief
Techniques - Men



Useful Worry Brain
كيف نعمل هم



Relationship Mistake
أكبر خطأ بالعلاقات

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