Using T.E.A.M-CBT as a Brief, Short-Term Counseling Framework for College/University Counseling Centers

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What is FGI?

A treatment and training center for advanced Cognitive Behavioral Therapy (TEAM Therapy CBT). We offer both weekly and intensive therapy.

-Work with children, adolescents, and adults

We treat: Anxiety (OCD, social anxiety, GAD, fears/phobias), Depression, Habits/Addictions, Relationship problems, offer parent education

Our mission: Helping therapists improve their therapy skills.

Our facility: Located in NYC, Upper East Side, and in the heart of the Silicon Valley, CA. We reach therapists locally and everywhere online.

Objectives

Objective #1: Attendees will learn the TEAM framework of psychotherapy

Objective #2: Attendees will learn two new techniques to add to their therapeutic tool-kit.

1. Compassionate Double Standard Technique
2. Externalization of Voices Technique

Objective #3: Attendees will be able to learn how to apply the TEAM framework on a college campus.

TEAM-CBT Therapy

T = Testing; measures of symptoms and the therapeutic alliance before and after each session to measure progress and help us understand our patients

E = Empathy; teachable empathy skills to help us connect quickly with our patients and turn a disconnect into a breakthrough

A = (paradoxical) Agenda Setting; tools to help us align with our patients' resistance and enhance motivation to change

M = Methods; numerous CBT methods clearly laid out for different treatment targets

TEAM therapy is transdiagnostic; can be tailored for different diagnoses or presenting complaints

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50 Ways to Untwist Your Thinking*

Basic Techniques

1. Empathy
2. Agenda Setting
3. Identify the Distortions
4. Straightforward Technique

Cognitive Techniques

Compassion-Based

5. Double Standard Technique

Truth-Based

6. Examine the Evidence
7. Experimental Technique
8. Survey Technique
9. Reattribution

Logic-Based

10. Socratic Method
11. Thinking in Shades of Gray

Semantic

12. Semantic Method
13. Let's Define Terms
14. Be Specific

Quantitative

15. Self-Monitoring
16. Negative Practice / Worry Breaks

Humor-Based

17. Paradoxical Magnification
18. Shame-Attacking Exercises

Role-Playing

19. Externalization of Voices
20. Feared Fantasy

Plus: Double Standard, Acceptance Paradox, Devil's Advocate, and many of the Interpersonal Techniques

Philosophical / Spiritual

21. Acceptance Paradox

Visual Imaging

22. Time Projection
23. Humorous Imaging
24. Cognitive Hypnosis

Uncovering Techniques

25. Individual Downward Arrow
26. Interpersonal Downward Arrow
27. What-If Technique
28. Hidden Emotion Technique

Motivational Techniques

29. Straightforward and Paradoxical Cost-Benefit Analysis (CBA)
30. Devil's Advocate Technique
31. Stimulus Control
32. Decision-Making Form
33. Daily Activity Schedule
34. Pleasure Predicting Sheet
35. Anti-Procrastination Sheet

Exposure Techniques

Classical Exposure

36. Gradual Exposure and Flooding
37. Response Prevention
38. Distraction

Cognitive Exposure

39. Cognitive Flooding
40. Image Substitution
41. Memory Rescripting

Plus: Worry Breaks, Feared Fantasy, and Acceptance Paradox

Interpersonal Exposure

42. Smile and Hello Practice
43. David Letterman Technique
44. Self-Disclosure
45. Flirting Training
46. Rejection Practice

Plus: Rejection Feared Fantasy and Shame-Attacking Exercises

Interpersonal Techniques

47. Relationship Cost-Benefit Analysis (CBA)
48. Revise Your Communication Style
49. Five Secrets of Effective Communication
50. One-Minute Drill

Plus: Interpersonal Decision-Making

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The importance of “getting specific” with your patients

- Situations *do not* cause feelings, our thoughts or beliefs about situations cause our feelings. To help a patient we need to first understand what she is telling herself that is driving the feelings—getting specific helps us to do this.

- Narrow down the problem list and pick one problem to start with.

- Ask the patient to pick “a moment in time” when this was a problem.

- Elicit the situation, feelings, and negative thoughts.

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The Daily Mood Log

Daily Mood Log*

Upsetting Event: Friend's younger brother was talking about his new job which pays the same as mine, and I am 32 and he is 22

Emotions	% Before	% Goal	% After	Emotions	% Before	% Goal	% After
Sad, blue, **depressed, down, unhappy**	85			**Embarrassed**, foolish, humiliated, **self-conscious**	70		
Anxious, worried, panicky, **nervous**, frightened	80			Hopeless, **discouraged**, pessimistic, despairing	80		
Guilty, remorseful, bad, **ashamed**	80			**Frustrated**, stuck, thwarted, defeated	80		
Inferior, worthless, inadequate, defective, incompetent	90			Angry, mad, resentful, **annoyed, irritated**, upset, furious	60		
Lonely, unloved, unwanted, rejected, alone, abandoned	50			Other			

Negative Thoughts	% Before	% After	Distortions	Positive Thoughts	% Belief
1. I don't make enough money (I SHOULD make more money)	**90%**				
2. People will look down on me when they realize how little I make ($75,000)	**95%**				
3.					
4.					
5.					

The Daily Mood Log

Daily Mood Log (cont'd)

Negative Thoughts	% Before	% After	Distortions	Positive Thoughts	% Belief
1.					
2.					
3.					
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Checklist of Cognitive Distortions*	
1. **All-or-Nothing Thinking.** You view things in absolute, black-and-white categories.	6. **Magnification and Minimization.** You blow things out of proportion or shrink them.
2. **Overgeneralization.** You view a negative event as a never-ending pattern of defeat: "This ***always*** happens!"	7. **Emotional Reasoning.** You reason from your feelings: "I ***feel*** like an idiot, so I must really ***be*** one."
3. **Mental Filter.** You dwell on the negatives and ignore the positives.	8. **Should Statements.** You use shoulds, shouldn'ts, musts, oughts, and have tos.
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5. **Jumping to Conclusions.** You jump to conclusions not warranted by the facts. • **Mind-Reading.** You assume that people are reacting negatively to you. • **Fortune-Telling.** You predict that things will turn out badly.	10. **Blame.** You find fault instead of solving the problem. • **Self-Blame.** You blame yourself for something you weren't entirely responsible for. • **Other-Blame.** You blame others and overlook ways you contributed to the problem.

The Daily Mood Log

List the event, the feelings, and how strong the feelings are first.

Ask the patient "what are you telling yourself when you feel hopeless?" or "what are the thoughts that drive your feelings of anxiety?" or "what are you saying to yourself when you feel lonely?"

List the thoughts that the patient gives you, and ask questions to elicit additional thoughts such as the downward arrow:

"If that were true, why would that be upsetting to you, what would it mean to you (or what would it mean about you)?"

The Daily Mood Log continued

Three tips for eliciting thoughts:

1. **Turn questions into statements,**
2. **Do not write down feelings in the thoughts section**
3. **Look for hidden “should statements.”**

After listing all of the thoughts, turn to list of distortions and have patient identify distortions. Do this by asking the pt to explain the distortion.

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3. I should have a higher paying, higher status job	**90%**				
4. Something is really wrong with me bc I make the same as a 22 y/o	**90%**				
5. I will never have a high status/high paying job	**90%**				

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Daily Mood Log

Daily Mood Log (cont'd)

Negative Thoughts	% Before	% After	Distortions	Positive Thoughts	% Belief
6. I am defective	**90%**				
7. Women will not be attracted to me if they know how much I make and what I do	**100%**				
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The Double Standard Technique

A compassion-based cognitive role playing method

Purpose:

1) To help the patient with self-critical thoughts to have more compassion for him/herself.

2) To turn the patient's compassion for others into compassion for

self.

3) To generate new, believable thoughts, that "put the lie" to the negative thoughts.

The Double Standard Technique

The Roles

Patient: Plays the role of him/herself

Therapist:

“I will play the role of a best friend/clone of you. Someone that you really like and care about who is also exactly like you….I grew up in the same family as you, went to the same schools as you, and I am struggling with the same things that you are. Let’s give me a name.” (remember this is not an actual friend that exists, it is a clone of patient)

The Double Standard Technique

The Setup

Therapist (to the patient):

1) **Who am I in this role play? (answer: "You are my best friend who is also a clone of me")**

2) **And who are you in this role play? (answer: "I am myself!")**

3) **Therapist then starts to talk about patient's situation and his/her thoughts and feelings (in the role of the friend-clone), asking the patient things like, "You know, I recently lost my job and I keep telling myself that I am really a worthless person—do you think I am a worthless person because I lost my job?"**

The Double Standard Technique

Tips for “developing the argument”

Lots of repeating and encouraging elaboration of the new thoughts.

Therapist (to the patient):

1) **“Oh, so what you are saying is that losing my job really doesn't have anything to do with my self worth. You said that I have a lot of wonderful qualities and that while it might be true that I was not performing as well as the guy that they kept, that doesn’t mean that I am a worthless person. That’s really helpful. Can you explain that to me? Why do you think that?”**

2) **“Do you really believe that about me, or are you just trying to make me feel better?”**

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4. Something is really wrong with me bc I make the same as a 22 y/o	**90%**				
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The Double Standard Technique

Bringing the Method to Closure

1) **Therapist: "You've been really helpful and compassionate with me—you've defeated all of my negative thoughts, so can we put all of these new thoughts that you generated on your Daily Mood Log—since I am a clone of you, these thoughts apply to you as well, right?"**
2) **Write new responses on DML in positive thoughts column.**
3) **Rate belief in new thoughts.**
4) **Re-rate belief in original thoughts.**
5) **Goal is to generate new thoughts that are completely believable and that put the lie to the original thought.**

Externalization of Voices Technique

A cognitive role playing method

Purpose:

1) **To help the patient talk back to his/her negative and/or anxious thoughts**

2) **To "put a voice" to the negative/anxious thoughts and externalize them so the patient can see them from the outside (get perspective)**

3) **To (paradoxically) voice the patient's negative/anxious thoughts to allow the patient to powerfully argue against his/her own negative thoughts**

Externalization of Voices Technique

The Roles

Therapist:

Plays the role of the patient's negative thoughts (using exactly the patient's negative thoughts from the DML)

Patient:

Plays the role of the positive thoughts—talks back to the negative thoughts voiced by the therapist

Note: You can also reverse roles and have the patient "hit" you with the negative thoughts and you play the role of the positive thoughts

Externalization of Voices Technique

The Setup

Therapist (to the patient):

1) **"Who am I in this role play?" (answer: "You are playing the role of my negative thoughts").**

2) **"And who are you in this role play?" (answer: "I am going to argue against my negative thoughts, so I am playing the role of my positive thoughts")**

3) **"Exactly—I will 'attack' you with your NTs and you will respond. If you get stuck and have trouble responding, we can do a role reversal, and you can hit me with your NTs and I will respond with positive thoughts, and then we can keep switching roles until you come up with something that is really powerful."**

Externalization of Voices

Tips for defeating the negative thoughts

1) **Self-defense— you can argue against the negative thoughts by refuting them (e.g., "just because I feel worthless doesn't mean that I am…in fact I have a lot to offer this world. I am a really caring friend, I am an excellent Karate instructor…"**

2) **Self-acceptance—you can agree with some aspects of the negative thoughts with humility and humor (e.g., "you are right, I do have many flaws, in fact, I discover new flaws in myself every day! I really am far from perfect!")**

3) **Combination of the two (e.g., "it's true that I have many flaws and I can always improve upon myself, and yet making mistakes doesn't make me a worthless person—it just makes me human!")**

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Externalization of Voices Technique

Bringing the Method to Closure

1) **After each time when the patient talks back to his/her negative thoughts the therapist will ask "who won that exchange?" If the patient (positive thoughts) won, you can ask the patient to write these new thoughts on the DML in the positive thoughts column.**
2) **Rate belief in new thoughts.**
3) **Re-rate belief in original thoughts.**
4) **Goal is to generate new thoughts that are completely believable and that put the lie to the original thought.**

Quick Review

The Daily Mood Log	Identify Distortions
The Downward Arrow Technique	Externalization of Voices Role Playing Technique
The Double Standard Role Playing Technique	The importance of re-rating beliefs after using cognitive methods

Do you want to learn more?

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