

Introduction to TEAM-CBT— Is High-Speed Treatment *Really* Possible?*

By David D. Burns, M.D.

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Christine's Daily Mood Log*

Upsetting Event: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	90			Embarrassed, foolish, humiliated, self-conscious	100		
Anxious, worried, panicky, nervous, frightened	100			Hopeless, discouraged, pessimistic, despairing	90		
Guilty, remorseful, bad, ashamed	80			Frustrated, stuck, thwarted, defeated	90		
Worthless, inadequate, defective, incompetent	95			Angry, mad, resentful, annoyed, irritated, upset, furious	100		
Lonely, unloved, unwanted, rejected, alone	90			Other			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				
4. I should have stopped the abuse.	90				
5. I victimized myself.	100				
6. I was cowardly.	100				
7. I was too afraid of him.	100				
8. I am nothing without an important man.	80				
9. I lived a lie and I shouldn't have.	100				
10. The therapists in the audience will judge me and think I let myself be a victim and should have left long before I did.	100				
11. They'll ask, "How can she be a therapist and help others when she can't help herself?"	100				

Externalization of Voices*

This is one of the most powerful cognitive therapy techniques. The goal is to transform intellectual understanding into profound emotional change at the gut level.

General Instructions

Work in dyads. Decide who will play the role of therapist and who will play the role of patient.

Select some negative thoughts that trigger depression or anxiety.

- You can use your own DML, or the list of generic negative thoughts in the handout, or the performance anxiety example, or the musician example

Therapist Instructions

1. Explain that you're going to play the negative voice in the patient's mind, and the patient will play the positive voice and try to defeat you
2. Ask your patient what his or her name is. Now ask your patient what your name is
 - Make sure you both have the same name, since you are both the same person!
3. Attack your patient with one NT, but speak in the second person, "You."
 - For example, if your patient's negative thought is "I'll never learn how to use all of these techniques," You can say, "Jim, I didn't mean to hurt your feelings, but I did want to remind you that you're *never* going to learn all these techniques!"

Ask your patient to try to defeat you, speaking in the first person, "I."

- For example, your patient might say, "I don't need to learn all of them, and they might not all be useful to me. But I can begin to learn a few of them, one at a time. In fact, I am starting to learn this technique right now!"
4. Now ask your patient who won the exchange. If the patient says that he or she won, ask if she or he won big, or won huge.
 - We are looking for a total defeat of the NT. Don't settle for anything less than that.
 5. If the patient did not hit the ball out of the park, or was unconvincing, do a role reversal so you can try to model a more powerful and effective response.

Tips on Defeating the Negative Voice

When you're attempting to defeat the negative voice

- You can use Self-Defense
- Or the Acceptance Paradox
- Or a combination of the two

If the Self-Defense Paradigm was ineffective, try the Acceptance Paradox, or vice versa. Sometimes, a combination of the two will be the most effective approach.

Comparing the Self-Defense Paradigm with the Acceptance Paradox*

Strategy	General Concept	Negative Thought	Example of How to Defeat the NT
Self-Defense Paradigm	You defeat the NT by arguing with it and insisting that it's distorted and <i>not</i> true.	A patient who suddenly relapses several weeks after recovery will often have this thought, "This shows that the therapy didn't work" or "This proves that I really am a hopeless case."	"That's ridiculous. I had a fight with my wife last night, so it's not surprising that I'd be feeling upset. The therapy was very effective, and this would be a good time to pull out the tools I learned and get to work."
Acceptance Paradox	You defeat the NT by buying into it and insisting that it <i>is</i> true, but you do this with a sense of humor or inner peace.	During a moment of insecurity, a therapist may have the thought, "I'm not as good as I should be."	"As a matter of fact, I still have lots of flaws and a great deal to learn. Even when I'm 85 years old, there will still be tons to learn, and that's exciting."

The Self-Defense Paradigm is especially helpful for the types of NTs patients have during relapses, and it's a good idea to prepare patients to talk back to these thoughts when they first recover, and *before* they actually relapse, using the Externalization of Voices.

The Acceptance Paradox is especially helpful for the types of NTs that lead to feelings of worthless, inferiority, or a loss of self-esteem.

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Christine's Daily Mood Log*
(Illustrates the Magic Dial / Goal Column)

Upsetting Event: Long-term sexual abuse by husband culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	90	5		Embarrassed, foolish, humiliated, self-conscious	100	0	
Anxious, worried, panicky, nervous, frightened	100	2		Hopeless, discouraged, pessimistic, despairing	90	10	
Guilty, remorseful, bad, ashamed	80	0		Frustrated, stuck, thwarted, defeated	90	0	
Worthless, inadequate, defective, incompetent	95	10		Angry, mad, resentful, annoyed, irritated, upset, furious	100	10	
Lonely, unloved, unwanted, rejected, alone	90	5		Other			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				
4. I should have stopped the abuse.	90				
5. I victimized myself.	100				
6. I was cowardly.	100				
7. I was too afraid of him.	100				

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Christine's End-of-Session Daily Mood Log*

Upsetting Event: Long-term sexual abuse by husband culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	90	5	0	Embarrassed, foolish, humiliated, self-conscious	100	0	5
Anxious, worried, panicky, nervous, frightened	100	2	5	Hopeless, discouraged, pessimistic, despairing	90	10	0
Guilty, remorseful, bad, ashamed	80	0	0	Frustrated, stuck, thwarted, defeated	90	0	0
Worthless, inadequate, defective, incompetent	95	10	0	Angry, mad, resentful, annoyed, irritated, upset, furious	100	10	0
Lonely, unloved, unwanted, rejected, alone	90	5	0	Other			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm not safe.	100	0	OG; MF; FT; ER	I got away. I'm powerful, and I survived. He lives far away.	100
2. I can't trust men.	95	5	AON; OG; MF; DP; M/M; LAB; OB	I've know some trustworthy men.	100
3. I must be defective.	90	10	AON; OG; MF; DP; MR; FT; ER; LAB; SH; SB	I survived. I have a good education, and I help others. I raised two good sons. I am a human being with strengths and weaknesses. I may have made some mistakes but I have done a lot of good things in the world as well.	100
4. I should have stopped the abuse.	90	5	MF; DP; SH; LAB; M/M; SB	To stop the abuse, I had to leave, but I felt I couldn't leave until my sons were grown.	100
5. I victimized myself.	100	5	OG; MF; DP; M/M; ER/ SH; SB	I fought hard to minimize the damage to me and my sons.	100
6. I was cowardly.	100	0	MF; AON; OG; DP; LAB; M/M; ER; SB	I was very brave while afraid. I kept protecting my sons.	100

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Christine's Daily Mood Log, page 2*

7. I was too afraid of him.	100	5	OG; MF; SH; SB	I should have been afraid. He was dangerous.	100
8. I am nothing without an important man.	80	0	MF; DP; FT; M/M; ER; SH; LAB; SB	I am a very successful woman and I always have been.	100
9. I lived a lie and I shouldn't have.	100	5	AON; OG; MF; DP;M/M; ER; SH; SB	I now see the value in telling the truth about abuse.	100
10. The therapists in the audience will judge me and think I let myself be a victim and should have left long before I did.	100	10	MF; DP; MR; FT; M/M; ER; SH; SB	I was brave for staying until my sons were old enough to be safe. I was a good mother and I left when I could support myself. I have no evidence that they are judging me, but I could ask!	100
11. They'll ask, "How can she be a therapist and help others when she can't help herself?"	100	0	MF; DP; MR; M/M; ER; SB	I have learned a lot about helping others in similar situations. I am a caring person and I think of others. I have a unique understanding of abuse. This gives me greater empathy and experience to help others.	100

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 <i>always</i> happens!"	7. Emotional Reasoning. You reason from your feelings: "I <i>feel</i> like an idiot, so I must really <i>be</i> 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.
4. Discounting the Positive. You insist that your positive qualities don't count.	9. Labeling. Instead of saying, "I made a mistake," you say, "I'm a jerk" or "I'm a loser."
5. Jumping to Conclusions. You jump to conclusions not warranted by the facts. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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.

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Christine's Evaluation of Therapy Session*

Instructions. Use checks (✓) to indicate how you felt about your most recent therapy session.

Please answer all the items.

0-Not at all true	1-Somewhat true	2-Moderately true	3-Very true	4-Completely true
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Therapeutic Empathy

1. My therapist seemed warm, supportive, and concerned.					✓
2. My therapist seemed trustworthy.					✓
3. My therapist treated me with respect.					✓
4. My therapist did a good job of listening.					✓
5. My therapist understood how I felt inside.					✓
Total →					20

Helpfulness of the Session

6. I was able to express my feelings during the session.					✓
7. I talked about the problems that are bothering me.					✓
8. The techniques we used were helpful.					✓
9. The approach my therapist used made sense.					✓
10. I learned some new ways to deal with my problems.					✓
Total →					20

Satisfaction with Today's Session

11. I believe the session was helpful to me.					✓
12. Overall, I was satisfied with today's session.					✓
Total →					8

Your Commitment

13. I plan to do therapy homework before the next session.					✓
14. I intend to use what I learned in today's session.					✓
Total →					8

Negative Feelings During the Session

15. At times, my therapist didn't seem to understand how I felt.	✓				
16. At times, I felt uncomfortable during the session.		✓			
17. I didn't always agree with my therapist.	✓				
Total →					1

Difficulties with the Questions

18. It was hard to answer some of these questions honestly.	✓				
19. Sometimes my answers didn't show how I really felt inside.	✓				
20. It would be too upsetting for me to criticize my therapist.	✓				
Total →					0

What did you like **the least** about the session? _____

What did you like **the best** about the session? I am left feeling wonderful and very glad I participated!

10 Additional Resources for You~

1. Drs. Burns offers unlimited free psychotherapy training (including personal work) for California mental health professionals at Stanford every Tuesday from 5 to 7:30 PM. To learn more, contact Chris Stach (chrisstachmft@gmail.com) for the consent form and orientation information.
2. Dr. Burns' website, www.feelinggood.com, offers many free resources for therapists and your patients as well, including David's highly acclaimed weekly *Feeling Good Podcast* with host, Fabrice Nye, Ph.D., as well as the *Feeling Good Blog*, and more.
3. Dr. Burns' interactive eBook, *Tools, Not Schools, of Therapy* provides TEAM training and written exercises designed to enhance your therapy skills. Order forms can be found at www.feelinggood.com.
4. Dr. Burns' *Therapist's Toolkit* offers hundreds of superb assessment and treatment tools you can photocopy or print and use for the rest of your career without having to pay royalties. Go to www.feelinggood.com for order forms and information.
5. Dr. Burns' *EASY Diagnostic System* accurately assesses more than 50 of the most common DSM5 / ICD10 diagnoses, and only requires 5 – 10 minutes of the therapist's time. For order forms or more information, go to www.feelinggood.com.
6. Dr. Burns workshops to mental health professionals on a variety of topics throughout the US and Canada. Check his workshop tab at www.feelinggood.com for topics, dates, and locations.
7. Dr. Burns has written several books for therapists and the general public on CBT, including:
 - *Feeling Good: The New Mood Therapy* (more than five million copies sold!)
 - *Intimate Connections*
 - *The Feeling Good Handbook* (approaching two million copies)
 - *Ten Days to Self-Esteem*
 - *When Panic Attacks*
 - *Feeling Good Together*
9. The Feeling Good Institute (FGI) in Mt. View, California offers TEAM treatment as well as a variety of online and in-person workshops, consultation groups, and webinars for mental health professionals.. For information, go to: www.feelinggoodinstitute.com/cbtacademy or email Dr. Levitt: jilllevitt@feelinggoodinstitute.com,
10. FGI also offers TEAM-CBT certification. For more information, go to www.feelinggoodinstitute.com or contact Dr. Angela Krumm: angela@feelinggoodinstitute.com

Research Studies Leading to the Development of TEAM-CBT

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