

Introduction to TEAM-CBT

Philosophy, Methods & Compatibility with Catholic Anthropology



Bridget Hannahan, PhD
Narrow Road Counseling, PC

Disclosures

- **TEAM-CBT was founded by David Burns, MD who maintains copyright on many materials used by TEAM therapists.**
- **I was trained & certified by the Feeling Good Institute (FGI) as a TEAM-CBT therapist (Level 3).** [CBT Therapists | Therapy Consultations | Feeling Good Institute](#)
- **I am not affiliated with FGI or with David Burns, MD and receive no compensation or incentive for promoting TEAM-CBT**
- **I am not currently approved to provide therapist certification training in TEAM-CBT & this talk is introduction, NOT training.**
- **Anyone who decides to seek further certification in TEAM would have to work with a Level 4 or 5 certified trainer.**

What is TEAM-CBT?

- A flexible, evidence-based structure for Cognitive-Behavioral Therapy*
 - T Testing before & after any intervention increases accountability
 - E Empathy is fundamentally important throughout the TEAM model
 - A **Assessment of Resistance** is the most unique aspect of TEAM
 - M Methods - Many specific interventions have been developed by Dr. David Burns
- System of tiered certification by the Feeling Good Institute (FGI)
- Community of therapists committed to learning & practicing TEAM-CBT
 - Many, many, many training opportunities offered by Level 4 & 5 practitioners (some free)
 - ListServ
 - Personal work is encouraged

My personal story with TEAM-CBT

- **Desire**
- **Discovery**
- **Disillusionment**
- **Distraction**
- **Re-discovery**
- **Death of the Therapist's Ego**
 - **Plan to fail**
 - **Fail often**
 - **Fail as fast as you can**
 - **Enjoy failing**

Case Conceptualization in TEAM-CBT

- **While more than one conceptualization is possible for a client, we focus on one at a time.**
 - **Individual mood problem (anxiety or depression)**
 - **Relationship issue**
 - **Habit/Addiction**
 - **Non-problem**
- **Conceptualization begins with the first contact (phone, email)**
- **I often ask clients to specify one of these general areas so I can recommend background reading prior to therapy.**

Checklist of Cognitive Distortions *

1. **All-or-nothing thinking:** You look at things in absolute, black-and-white categories.
2. **Over generalization:** You view a negative event as a never-ending pattern of defeat.
3. **Mental filter:** You dwell on the negatives.
4. **Discounting the positives:** You insist that your accomplishments or positive qualities don't count.
5. **Jumping to conclusions:**
 - (A) **Mind-reading--** you assume that people are reacting negatively to you when there's no definite evidence;
 - (B) **Fortune Telling--** you arbitrarily predict that things will turn out badly.
6. **Magnification or minimization:** You blow things way out of proportion or you shrink their importance.
7. **Emotional reasoning:** You reason from how you feel: "I feel like an idiot, so I really must be one."
8. **"Should statements":** You criticize yourself (or other people) with "shoulds," "oughts," "musts," and "have tos."
9. **Labeling:** Instead of saying "I made a mistake," you tell yourself, "I'm a jerk," or "a fool," or a "loser."
10. **Personalization and blame:** You blame yourself for something you weren't entirely responsible for, or you blame other people and deny your role in the problem.

Cognitive Distortions: A Christian Perspective

- The enemy of our souls is a “liar and the father of lies.” (John 8:44)
- Distortions almost always contain a grain of truth
- Positive Distortions > Violations of temperance & humility
- Negative Distortions > Discouragement, Unforgiveness
 - Rooted in Original Sin: Eating from the Tree of the Knowledge of Good & Evil
 - Negative thoughts obscure God’s grace & our own glory, in His image
 - We ruminate over negative thoughts & hide from God
 - Consequences can be grave*
- How do we **take captive our thoughts** in obedience to Christ? (2 Cor 10:5)
 - “Let’s write that down”--capture the distorted thought on the page
 - Use our God-given reasoning abilities

Gatechism & CBT

- Human freedom is a force for growth in truth & goodness (1731)
- Man is **rational**, like God—able to initiate and control his actions (1730) & direct his thoughts.
- Everyone, created in God's image, has the right to be recognized as free & responsible (1738).
- These principles apply to **each of us in human services**, as well as our clients
- TEAM-CBT is particularly respectful of human freedom & dignity
- It empowers the client and humbles the therapist*
 - Therapist is not an expert but a human collaborator
 - Facilitating work in the therapy session, based on the client's agenda
 - Client is **invited** to learn between sessions, with mutually accepted assignments
- By addressing distorted thoughts, we become more fully human.
 - Desire for happiness is of divine origin, to draw us to the source of all blessings & joy (1718)
 - TEAM-CBT is an amoral system which is tailored to the values of the client
 - We respect our client's freedom & honor our own when the two are in conflict.

T- Testing

- Research has shown therapists to be poor mind-readers
- Measurement is important to assess difficulties, outcome & process of therapy
- Formal assessment before & after each session is essential to TEAM
 - Brief Mood Survey (BMS) pre- and post-session provides client ratings of depression, suicidal thoughts & urges, anxiety, anger/frustration, happiness, and relationship satisfaction (28-item checklist)
 - Evaluation of Therapy Session (ETS) - clients ratings of Empathy, Helpfulness, Satisfaction, Negative Feelings & Difficulties answering honestly (20-item checklist + 2 open-ended questions)
- Informal testing is also done before & after most TEAM tools (usually 1-100 scale)
 - How strong is this emotion?
 - How strongly do you believe this thought?
 - How motivated are you to do this (1-100)?
 - Assign numerical values in Cost-Benefit Analysis & Decision-Making Tool
 - How uncomfortable/anxious do you feel before, during & after exposure therapy
- If you're not doing testing, you're not doing TEAM-CBT
- Copyrighted forms available at www.feelinggood.com/shop

E - Empathy

- As Catholics, we may see empathy as entering into the client's suffering
- We may enter further by praying for our clients in & out of the therapy hour
- Everyone wants to *connect* before trying to *correct* distorted thinking
- Having effective tools makes it *tempting* to move quickly past empathy
- TEAM recognizes 'Thought empathy' and 'Feeling Empathy'

Empathy is in the Eye of the Beholder

In TEAM-CBT the *client* determines the quality of empathy

- Empathy is expressed, not just felt
- If not felt by the client, it may as well not exist
- TEAM therapists explicitly measure the client's perception of empathy (Testing)
- Standards in TEAM are high (perfect scores for empathy)
- The client is always right
- Practicing TEAM is humbling

Agenda-Setting: Assessment of Resistance

How do you usually set the agenda for a session?

How many of us have experienced a client's resistance?

How do you define it?

How do you feel when your client is resistant?

Resistance is Normal

TEAM identifies two types of Resistance:

- **Outcome Resistance is assessed prior to intervention**
 - **Magic Button & Magic Dial**
 - **Cost-Benefit Analysis**
 - **Decision-making Tool**
- **Process Resistance is easy to spot: No-show, no-homework, yes but**
- **Gentle Ultimatum clarifies therapist's position**
- **“Sitting with Open Hands” respects client's & therapist's free will.**
- **“Fallback position” is thought out ahead of time, respectful to both**

TEAM therapists align WITH resistance to enhance motivation to change. It's paradoxical.

- **Why does this work?**
- **How does it work?**
- **Let's try it**

Care & Compassion for Suicidal Thoughts

- I want to hear my client's thoughts, regardless of intent
- But I can't work comfortably or effectively if I fear for my client's life*
- Gentle Ultimatum invites a suicidal client to write off suicidal *action*, **forever**
 - Encouraging a **permanent** commitment to self shows **personal** concern
 - Asking the client to commit respects autonomy in choosing life
 - As a therapist, I assert my dignity as a person who cares AND deserves peace of mind
 - Sitting with open hands here is especially important to assess client's motivation
 - Fallback position of appropriate referrals
 - This is a boundary issue for me, NOT a rejection of the client
 - I don't have the skills and resources to help you, but I know other people who do.
 - If you decide to take suicide off the table, I would be delighted to work with you.
- Once I know my client is safe, we can approach **suicidal thoughts** just like any other negative thoughts, with empathy, assessment of resistance & methods.

Methods

- More than 50 methods tied directly to TEAM-CBT
- **ANY** method can be used in the TEAM model ***once the first 3 steps are done***
- Most fundamental method in TEAM is the **Daily Mood Log (DML)**
 - It quickly uncovers emotions and thoughts to facilitate empathy
 - Focuses on one moment in time > specificity which facilitates clarity > generalization
- Several different techniques are included in the DML
 - Magic Button & Positive Reframe*** address outcome resistance
 - Magic Dial honors outcome resistance
 - Empathy
 - Identifying distortions
 - Straightforward Technique
 - Necessary & sufficient conditions for Positive Thoughts
- The material from the DML can be a springboard for further work/homework

Q & A

Questions?

Problems?

Issues?

Dilemmas?

Are you feeling curious?

RESEARCH Supporting TEAM approach:

<https://feelinggoodinstitute.com/science-research-behind-approach>

FREE TEAM Video Trainings for Therapists

<https://feelinggoodinstitute.com/on-demand-cbt-therapy-webinar>

Additional Training Opportunities

<https://feelinggoodinstitute.com/for-cbt-therapists/training-consultation-groups>

Books for Therapists & Clients

The Feeling Good Handbook by David Burns, MD (my favorite)

Feeling Great by Dr. Burns (great but not in paperback yet)

When Panic Attacks by Dr. Burns (very helpful for high anxiety)

Feeling Good Together by Burns (TEAM for relationship issues)

The Anti-Depressant Book: A Practical Guide for Teens & Young Adults by Jacob Towery, MD

Ten Days to Self-Esteem by Burns is written at 5th grade level & has a lot of repetition so may be good for lower functioning or younger clients

Searching for and Maintaining Peace by Fr. Jacques Philippe (not TEAM)