

# COGNITIVE BEHAVIORAL THERAPY AND THE FAITHFUL PERSON

College of Humanities and Social Sciences,  
Grand Canyon University

CNL-500: Theories and Models of Counseling

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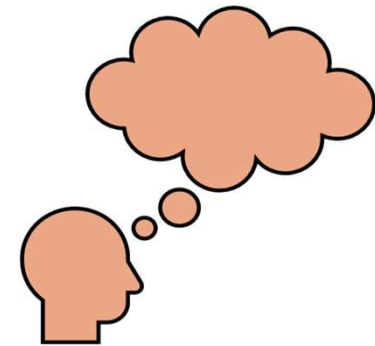
# ABOUT THIS PRESENTATION

- ⦿ Cognitive Behavior Therapy (CBT) focus.
- ⦿ Adopting CBT for faith-based communities.
  - Individuals within a parish or church.
  - Anyone who faces life's challenges.
- ⦿ Three objectives, so that:
  - I am prepared for practicum.
  - I understand how individuals can use CBT to change and adopt patterns that work.



# OBJECTIVES

- Learn how CBT relates to the client, human nature, and change.
  - Identifying with Cognitive Behavior Therapy (CBT).
  - CBT reflects Human nature.
  - Dysfunctions and change relate (Murdock, 2017).
- Create an environment of acceptance.
  - Role of collaborators in the process.
  - Embed diversity into the CBT approach.
  - Acceptance of client and flexibility in the use of CBT (Murdock, 2017).
- Growth, and effectiveness during progress toward practicum.
  - Learning to use CBT effectively.
  - Expertise foundation.
  - Continual learning approaches (Murdock, 2017)



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# PERSONALLY IDENTIFY WITH CBT

- To be human is to live in the realms of the following.
  - Behaviors.
  - Mental cognitions.
  - The spiritual (Murdock, 2017).
- Meaning and Truth emerge from the interpretation of experiences.
  - Personal meanings constructed by individuals (Murdock, 2017).
  - The diamond metaphor.
  - We are all facets of one Truth (Anonymous, Personal communication, 2016).
- Constructs tell the story!
  - Automatic thoughts (ATs), schemas, modes, and beliefs.
  - ATs sit behind actions (Murdock, 2017).
  - CBT constructs map the human experience and journey.



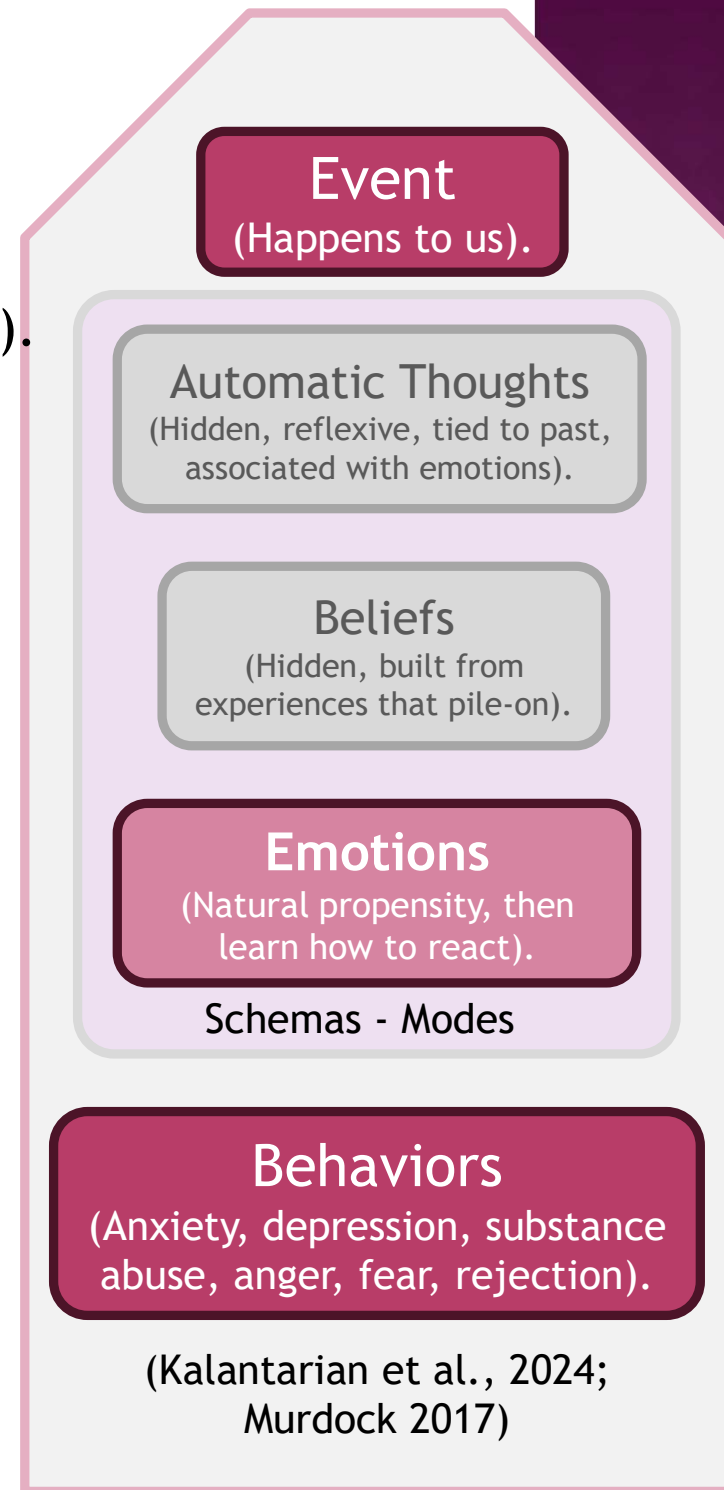
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# IDENTIFYING WITH CBT

- Finding those maladaptive issues (Murdock, 2017).
  - Behaviors: See them in a new light.
  - Thoughts: Do a deep dive.
  - Beliefs: Uncover the truth.
  - Events (antecedents) that happen.
- Correcting the behaviors (Murdock, 2017)
  - You are an expert in yourself.
  - Find the core issue.
  - Learn about yourself and the tools to change.
  - Collaborate with an expert.
- Getting in control (Kazantzis et al., 2019).
  - Become actualized and individualized.
  - Find meaning in life.
  - Become adept at observing yourself and learn self-therapy (Murdock, 2017).



# CBT REFLECTS HUMAN NATURE

- ◉ Nature rules and free will reigns.
  - Young children show their personalities early.
  - Family and social interactions influence all people.
  - We can choose (Murdock, 2017).
- ◉ Uniquely Whole.
  - Many aspects form individuals.
  - Personality, experiences, beliefs, and culture form who people are.
  - Our thoughts, relationships, what we do, self-perspectives form our competence (Kiesler, 2022).
- ◉ One Truth.
  - Everyone has their unique perspectives.
  - Our perspectives reflect our view of Truth.
  - People want to be good but have fallen.



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# DYSFUNCTIONS & CHANGE

## ○ Dysfunctions and their Symptoms.

- Symptoms emerge (erupt) into people's lives.
- Dysfunctional thinking powers the symptoms (Murdock, 2017).

## ○ Understand the situation.

- Uncover faulty ATs, schemas, and faulty beliefs (Murdock, 2017).
- Create a lay-of-the-land map or comprehensive case conceptualization (Kazantzis et al., 2021).
- Create hypotheses and empirically test them (Murdock, 2017).

## ○ Learn and change.

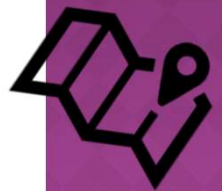
- Learn the paths of dysfunction and change then choose adaptive patterns (Murdock, 2017).
- Counselor guides, teaches, and collaborates (Kazantzis et al., 2021).
- Client learns and becomes an expert in applying CBT to themselves (Murdock, 2017).



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# ROLES OF CLIENTS & CBT COUNSELOR

- The counselor is the CBT expert.
  - Knows CBT constructs and instructs.
  - Creates a warm, nonjudgmental, and accepting space.
  - Invites a client into a partnership (Murdock, 2017).
- Clients are experts in themselves.
  - Know their experiences, beliefs, thoughts, and behaviors.
  - Become expert observers of themselves.
  - Set goals unique to the individual's wants (Murdock 2017).
- Clients collaborate to learn and take action.
  - **Top down:** Psychoeducation, insights, and experiential experiments (Gardner, 2017).
  - **Bottom-up:** Homework to activate behaviors leading to change (Gardner, 2017).



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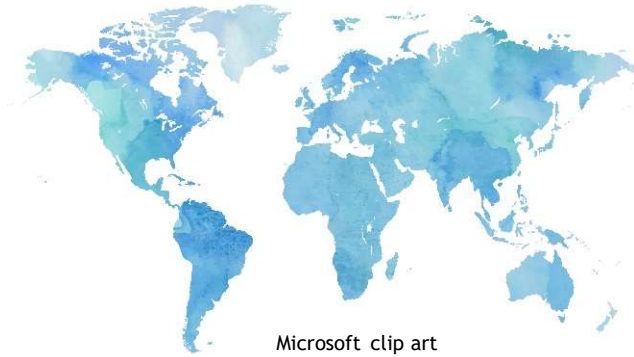
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# DIVERSITY, CULTURES, AND CHANGE



- Addresses a wide range of diversity.
  - Adjust the focus of treatments to cultural priorities (Murdock, 2017).
  - Adaptable to various cultural and religious worldviews.
  - Family influences on behaviors.
- Contextualize client's diversity (Murdock, 2017).
  - Influences of early experiences (Kazantzis et al., 2021).
  - Built into the case conceptualization.
  - Can fall prey to biases and misinterpretations (Murdock, 2017).
- Context frames hypothesis creation and experiential treatments for long-lasting change.
  - The client and counselor create empirical behavioral observation experiments (Murdock, 2017).
  - Depends on the counselor's skill (Peters et al., 2015) and acceptance of the client (Murdock, 2017).
  - Completed in-session and as homework (Murdock, 2017).
  - Create change in thoughts and behaviors (Murdock, 2017).



# ACCEPTANCE, FLEXIBILITY FROM THE COUNSELOR

- Acceptance of clients and their situations (Murdock, 2017).
  - Unconditional Positive Regard (UPR).
  - Nonjudgmental and do no harm (ACA, 2014, A.4.a).
  - Demonstrate that dysfunctional schemas are invalid.
- Flexible approaches reflect clients' situations (Kazantzis et al., 2021).
  - Guides flexible alignment of context into case.
  - Work with the client to create treatments addressing their unique case (ACA, 2014, A.1.a).
  - Proven effective for many disorders across diverse people.
- Collaborative environment (Murdock, 2017).
  - Two experts work together to create autonomy (ACA, 2014, Preamble).
  - Create hypotheses and experiments that *reflect* the client's context (Murdock, 2017).
  - Empirically create and test ideas.



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# GROWTH AND EFFECTIVENESS PROGRESSING TO PRACTICUM

- **Training & Credentialing.**
  - Masters in Clinical Mental Health and Counseling (2027) with practicum in 2026 (GCU, n.d.).
  - Volunteer at clinics and halfway houses.
  - Internships & certification (ACA, n.d.-a; OR MHRA, n.d.).
- **Supervision and Consultation (ACA, 2014).**
  - Pursue supervisory peer groups.
  - On-going therapy to avoid impairment (C.2.g).
  - Seek direct expert supervision in OR (C.2.d).
  - Find specific case consultation (C.2.e).
- **Research and Learning.**
  - Attend ACA courses, events, and networking.
  - ACA continuing education (2014, C.2.f; ACA, n.d.-b).
  - Oregon ACA chapter events and education (ORACA, n.d.).



# REVIEW

## ◎ Objectives

- Three learning objectives.
- Seven topics covered by the objectives.
- Find material on Phillip's e-Portfolio (Bride, 2024).

## ◎ Key topics covered.

- Identifying with CBT.
- CBT reflects human nature.
- Dysfunctions and change relationships.
- Collaboration and roles in the therapeutic relationship.
- Diversity, culture, and change.
- Acceptance, UPR, and an invitation to change.
- Counselor growth and effectiveness through credentialing and lifelong learning.

# QUESTIONS



- What additional information is needed?
  - Credentials.
  - Expertise.
  
- Want to learn more about CBT?
  - Proven successes.

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# REFERENCES

ACA. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

American Counseling Association [ACA]. (n.d.-a). *Licensure requirements for professional counselors*.

[www.counseling.org](http://www.counseling.org). Retrieved June 14, 2024, from

<https://www.counseling.org/resources/licensure-requirements>

American Counseling Association [ACA]. (n.d.-b). *Continuing education - CEs that can benefit and*

*advance your career*. [www.Counseling.Org](http://www.Counseling.Org). [https://www.counseling.org/events-](https://www.counseling.org/events-education/continuing-education)

[education/continuing-education](https://www.counseling.org/events-education/continuing-education)

ASERVIC. (n.d.). *Spiritual and religious competencies*. [https://aservic.org/spiritual-and-religious-](https://aservic.org/spiritual-and-religious-competencies/)

[competencies/](https://aservic.org/spiritual-and-religious-competencies/)

# REFERENCES

- Bahu, M. (2019). War, trauma and culture: Working with Tamil refugees and asylum seekers using culturally adapted CBT. *The Cognitive Behaviour Therapist*, 12. <https://doi-org.lopes.idm.oclc.org/10.1017/S1754470X1900031X>
- Bride, P. (2024). *Phillip's counseling e-Portfolio*. [www.philbride.com/e-portfolio](http://www.philbride.com/e-portfolio)
- Cherry, K. (2023, November 2). *What is cognitive behavioral therapy (CBT)?* Verywell Mind. <https://www.verywellmind.com/what-is-cognitive-behavior-therapy-2795747>
- Gardner, J. R. (2017). Divergence and convergence: An examination of cognitive-behavioral and dynamic therapies, theoretical and clinical perspectives. *Journal of Psychotherapy Integration*, 27(3), 395-406. <https://doi-org.lopes.idm.oclc.org/10.1037/int0000052>

# REFERENCES

GCU. (n.d.). *Online Counseling Degrees | Online counseling programs*. GCU.

<https://www.gcu.edu/degree-programs/online-degrees/counseling>

Kalantarian, E., Homaei, R., & Bozorgi, Z. D. (2024). Effects of emotional schema therapy and dialectical behavior therapy on cognitive emotion regulation in patients with Bipolar II disorder.

*Modern Care Journal: Scientific Quarterly of Birjand Nursing & Midwifery Faculty*, 21(1), 1-7.

<https://doi-org.lopes.idm.oclc.org/10.5812/mcj-138135>

Kazantzis, N., Luong, H. K., McDonald, H. M., & Hofmann, S. G. (2021). *Contemporary cognitive behavioral therapy*. In Handbook of cognitive behavioral therapy: Overview and approaches,

Vol. 1. (pp. 731-756). American Psychological Association. [https://doi-](https://doi-org.lopes.idm.oclc.org/10.1037/0000218-025)

[org.lopes.idm.oclc.org/10.1037/0000218-025](https://doi-org.lopes.idm.oclc.org/10.1037/0000218-025)

Kiesler, N. (2022). *Reviewing constructivist theories to help foster creativity in programming*

*education*. 2022 IEEE Frontiers in Education Conference (FIE), Frontiers in Education Conference

(FIE), 2022 IEEE, 1-5. <https://doi-org.lopes.idm.oclc.org/10.1109/FIE56618.2022.9962699>

# REFERENCES

- Lee, E., Faber, J., & Bowles, K. (2022). A review of trauma specific treatments (TSTs) for post-traumatic stress disorder (PTSD). *Clinical Social Work Journal*, 50(2), 147-159. <https://doi-org.lopes.idm.oclc.org/10.1007/s10615-021-00816-w>
- Motivational Interviewing Network of Trainers (MINT). (n.d.). *Understanding motivational interviewing*. <https://motivationalinterviewing.org/understanding-motivational-interviewing>
- Murdock, N. L. (2017). *Theories of counseling and psychotherapy: A case approach* (4th ed.). Pearson Education. ISBN-13: 9780134240220.
- Oregon Counseling Association [ORCA]. (n.d.). *Oregon Counseling Association - Networking events*. <https://or-counseling.org/Networking-Events>
- Oregon Mental Health Regulatory Agency [OR MHRA]. (n.d.). *Welcome Page : Mental Health Regulatory Agency*. State of Oregon. <https://www.oregon.gov/mhra/Pages/index.aspx>

# REFERENCES

- Peters, E., Crombie, T., Agbedjro, D., Johns, L. C., Stahl, D., Greenwood, K., Keen, N., Onwumere, J., Hunter, E., Smith, L., & Kuipers, E. (2015). The long-term effectiveness of cognitive behavior therapy for psychosis within a routine psychological therapies service. *Frontiers in Psychology*, 6. <https://doi-org.lopes.idm.oclc.org/10.3389/fpsyg.2015.01658>
- Peters, S. W. (2020). Case formulation and intervention - Application of the Five Ps framework in substance use counseling. *Professional Counselor*, 10(3), 327-336.
- Reilly, P. & Shopshire, M. (2019). *Anger management for substance use disorder and mental health clients a cognitive-behavioral therapy manual*. Substance Abuse and Mental Health Services Administration [SAMHSA] Center for Substance Abuse Treatment. [https://store.samhsa.gov/sites/default/files/anger\\_management\\_manual\\_508\\_compliant.pdf](https://store.samhsa.gov/sites/default/files/anger_management_manual_508_compliant.pdf)
- Spradley, J. (1979). *The ethnographic interview*. Holt, Rinehart, and Winston.



# REFERENCES

- Treatment, Center for Substance Abuse [TCSA]. (1999). *Chapter 3—Motivational interviewing as a counseling style. Enhancing motivation for change in substance abuse treatment* - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK64964/>
- Zatloukal, L., & Furman, B. (2023). The solution-focused approach to trauma therapy. *Journal of Constructivist Psychology*, 36(3), 361-381. <https://doi-org.lopes.idm.oclc.org/10.1080/10720537.2022.2035863>