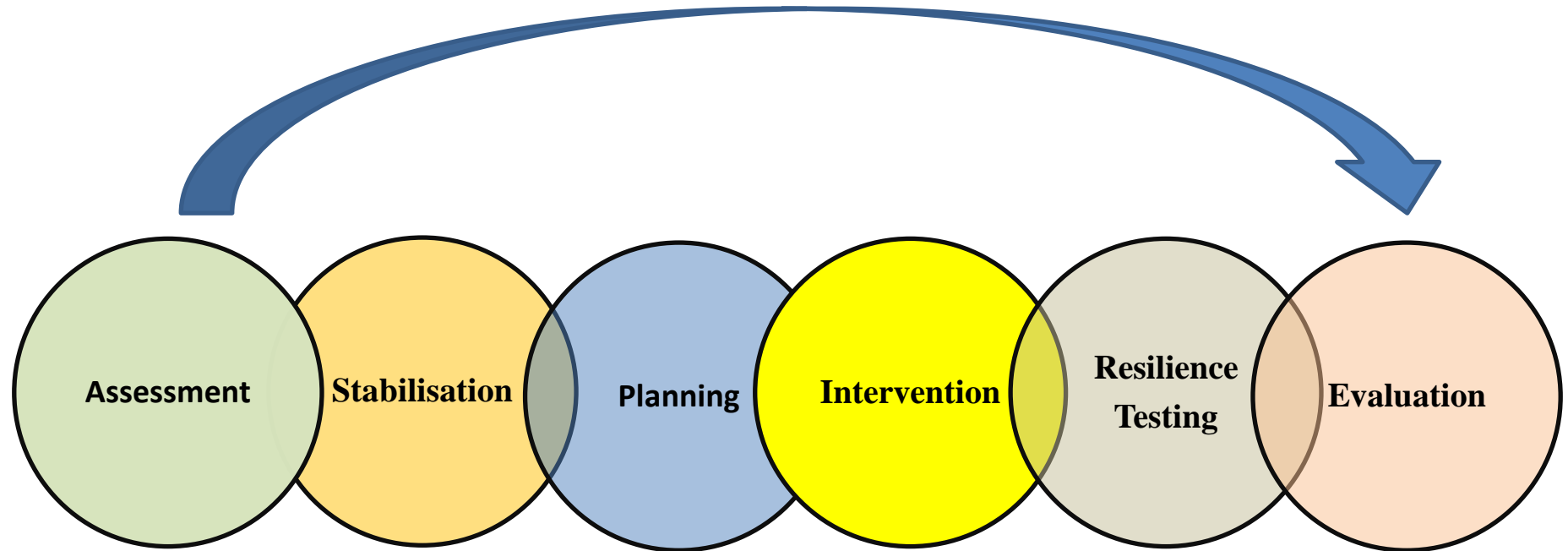


The Think CBT ASPIRE Model



The process of therapeutic change is managed over six key phases. Whilst this Provides a general sequential basis for organising therapy, the process is iterative And responsive to the specific needs of the client.

Assessment

This involves an assessment of the presenting problem, how the problem negatively influences thoughts, emotions, behaviours and physical sensations, the factors that trigger and maintain the problem, the things that make it better or worse, ideas on what originally caused the problem, any relevant medical or psychological history and a **formulation** or “**blueprint**” of how the problem operates. The formulation provides the basis for planning and selecting the right treatment and the identification of **goals** for therapy.

Stabilisation

This involves identifying and teaching general CBT techniques for re-establishing sufficient personal stability, confidence and clarity to fully engage in the CBT change process. This may involve psycho education on the causes of the distress, relaxation or mindfulness exercises, some early modelling or a mini-experiment to provide an initial breakthrough for the client. Care is taken to avoid strengthening dysfunctional safety behaviours. feedback from this phase is incorporated into the formulation of the problem and the identification of SMART goals.

Planning

This involves identifying, selecting and sequencing the right cognitive and behavioural treatment techniques to tackle the different aspects of the problem as identified in the formulation or “blueprint”.

The different options are jointly reviewed by the therapist and the client and a treatment plan is collaboratively agreed. This includes

The interventions to be used in sessions, between session assignments and the overall timescales.

Interventions

This is the main treatment phase of the CBT process. Most approaches involve a combination of cognitive (thinking) and behavioural (doing) change methods. Typical interventions include verbal, written, imaginal, problem solving, role play, acting-out experiments, and gradual exposure exercises. A large part of this phase of the process is dedicated to applying what is learnt in the session, to the clients real life situations. The techniques used are always safe and relevant to the problem.

Resilience Testing

The purpose of this phase is to check that the client can effectively transfer their learning to their everyday life, maintaining a realistic and resilient perspective when placed in difficult or unexpected situations. A Lapse prevention document is built up using all of the key learning points from the CBT process and this provides a contingency plan to prepare for any future negative or unexpected problems.

Evaluation

The purpose of this phase is to undertake a final end of process evaluation, providing valuable feedback for both therapist and client alike. Although the final evaluation is conducted at the end of CBT, regular feedback is used throughout each phase of the CBT process to maintain focus, ensure a good working relationship and improve the relevance and effectiveness of the approaches used. The final evaluation usually involves some written feedback to maintain objectivity.

CBT Thought Record

Situation	Emotions/b ehaviours	Automatic Thoughts	Supporting Evidence	Opposing Evidence	Realistic Thought	New Response
What was the Trigger?	How did I feel emotionally and physically? What did I do?	What did I think or believe about myself?	What is the evidence to support this thought? (Rate 0-100%)	What is the evidence against this thought? (Rate 0-100%)	What is the realistic alternative thought?	If this is true, how will I feel and act?