TRIAL-BASED COGNITIVE THERAPY

Irismar Reis de OLIVEIRA, Hospital Universitário Professor Edgard Santos, Rua Augusto Viana, s/n, 5º andar, Canela, CEP 40110-060, Salvador, Bahia, Brazil; ph +55-71-32417154 (work), +55-71-99819807 (mobile)

Definition: Trial-Based Cognitive Therapy (TBCT) uses a 3-level CBT case-formulation as a ‘legal trial’ to modify patients’ core beliefs, especially about the self.

Elements: TBCT typically takes 10-12 sessions covering 3 levels.

LEVEL 1. **Session 1:** Patients are taught about their clinical problem (e.g. panic and agoraphobia) including cognitive aspects with the aid of a Conceptualization Diagram (CD, Fig. 1).

**Session 2:** Throughout therapy, patients fill in a weekly Cognitive Distortions Questionnaire (CD-Quest) to detect dysfunctional automatic thoughts (ATs, e.g. dichotomous thinking, personalizing, overgeneralisation) and to restructure them as CD-Quest scores decrease.

**Session 3:** Clients are encouraged to keep an Intrapersonal Thought Record (IntraTR, Fig. 2), and sometimes an Interpersonal Thought Record (InterTR, not shown here) in order to restructure dysfunctional ATs.

LEVEL 2. **Session 4:** Clients go over their CD (Fig. 1) and do Consensual Role-Play (CRP), a 7-step decision-making TBCT method to facilitate behavioural experiments (e.g. go out alone), and challenge safety behaviours (e.g. avoidance).

LEVEL 3. **Sessions 5 & 6:** Patients go over their CD (Fig. 1), and use the Trial-Based Thought Record (see clp entry) and Appeal to uncover and restructure unhelpful beliefs.

**Sessions 7 & 8:** Clients fill in a form designed to make their inner prosecutor the defendant instead of themselves, and are taught about metacognitions and bullying self-critical cognitions (e.g. “I don’t have to believe or act according to these thoughts. This is just my inner prosecutor speaking”).

**Sessions 9 & 10:** Patients use Trial-Based Empty Chairs to role-play each inner character - defence attorney, prosecutor, jurors, witnesses, judge - sitting in different (empty) chairs. TBCT is reviewed throughout therapy by using the CD (Fig. 3).

Related procedures: Acceptance, cognitive restructuring, compassion-focused therapy, dialectical behaviour therapy, diary-keeping, metacognitive therapy, schema-focused therapy, trial-based thought record

Application: Transdiagnostically, in individual therapy.


References:
3. De Oliveira IR, Powell VB, Wenzel A et al (2011) Efficacy of the Trial-Based Thought Record (TBTR), a new cognitive therapy strategy designed to change core
beliefs, in social phobia: A randomized controlled study. Submitted.


Case illustration (De Oliveira IR, unpublished)

Sean, aged about 35, had a 10-year history of frequent panics with increasingly severe agoraphobia. SSRIs and benzodiazepines reduced his panics’ intensity and frequency, but his agoraphobia worsened and for 3 years Sean had rarely left home alone. His fear of travelling even when accompanied limited his professional and personal life (his fiancée lived 200 miles away and travelled to meet him). Sean had 10 treatment sessions over 3 months. Session 1: he was told that fear and anxiety are normal, was introduced to the cognitive model (level 1 of the CD), and did interoceptive exposure by hyperventilating. Session 2: Sean completed the CD-Quest and an IntraTR to restructure his catastrophic ATs (e.g. “I’ll lose control and go mad”). Session 3: Sean filled in 2 more IntraTRs. Session 4: The therapist explained level 2 of the CD and did CRP (Consensual Role-Play) to encourage Sean to come alone to the next session. Session 5: Sean came alone. The therapist introduced level 3 of the CD, and used TBTR to uncover and restructure Sean’s belief “I’m insecure” and generate the more positive belief “I’m a secure and capable person” (see how in Trial-Based Thought Record clp entry). Session 6: Sean gathered daily evidence (e.g. “I went to work alone”, “I practised hyperventilation”) to prepare his appeal against the belief “I’m insecure” and confirmed the positive belief “I’m normal”. Sessions 7 & 8: Suing and making his inner prosecutor the defendant, Sean learned about his bullying self-critical metacognitions (e.g. “This belief ‘I’m weak’ is just a belief. I’ll let it go. My inner prosecutor needs recycling and rehab.”) Sessions 9 & 10: Using Trial-based Empty Chairs, Sean role-played each inner character - defence attorney, prosecutor, jurors, and judge each sitting in a different (empty) chair. Sean became almost symptom-free, went to work alone, travelled alone to his last therapy session 350 miles from home, and went by himself to visit his fiancée in her city.
Fig. 1 - Sean’s TBCT Conceptualization Diagram before treatment.

Fig. 2 – Sean’s TBCT Intrapersonal Thought Record (IntraTR)

- What cognitive distortion does this AT seem to be? (see cognitive distortions definitions):
  Fortune telling, catastrophizing.
- Evidence supporting the AT: I panic, never go out alone, can’t even take a bus alone to work.
- Evidence not supporting the AT: My panic decreased. I’m less anxious after learning my normal physiological reactions to anxiety. I can create my symptoms by hyperventilating and not becoming anxious.
- Should I behave according to this AT? No, because it makes me feel vulnerable.
- What can I do to test the credibility of this AT? Expose myself more.
- What alternative hypothesis can replace this AT? (write it in the box below)

Alternative hypothesis

- How much do I believe the initial AT now? 30%
- How am I feeling?
  - Same:
  - A little better
  - Much better

I go to work
Fig. 3. Sean’s TBCT Conceptualization Diagram after one or more beliefs are restructured.

Level 1

- Situation: Preparing myself to go to work. Heart races
- Automatic Thought: There it comes again, but I can cope
- Emotional Reaction: Vigilant but not anxious
- Behavioral and/or physiological response: Go to work by myself

Level 2

CRP & behavioural experiments

- Underlying assumptions/rules: If I go out alone, then I’ll learn to be stronger. Compensatory strategies/safety behaviours: Challenge by going alone to work and other places.

Level 3

TBTR I & II

- I’m weak in this specific really dangerous situation
- Situational influence: Negativity
- Activated positive belief: I’m a normal person
- Relevant childhood data for:
  1) Negative core beliefs
     Overprotected by mother. Lost in a mall at age 7 years for one hour. Scared.
  2) Positive core beliefs
     Encouraging father. Make friends easily