

COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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TRIAL-BASED COGNITIVE THERAPY

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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.

1st use? De Oliveira IR (2011).

References:

1. De Oliveira IR (2008) Trial-Based Thought Record (TBTR): Preliminary data on a strategy to deal with core beliefs by combining sentence reversion and the use of an analogy to a trial. *Revista Brasileira de Psiquiatria*, 30, 12-18.
2. De Oliveira (2011) Kafka’s trial dilemma: proposal of a practical solution to Joseph K.’s unknown accusation. *Medical Hypotheses*, 77, 5-6.
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.

4. Leahy R (2003) Cognitive therapy techniques: a practitioner's guide. Guilford, New York (see p. 49-51).

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.

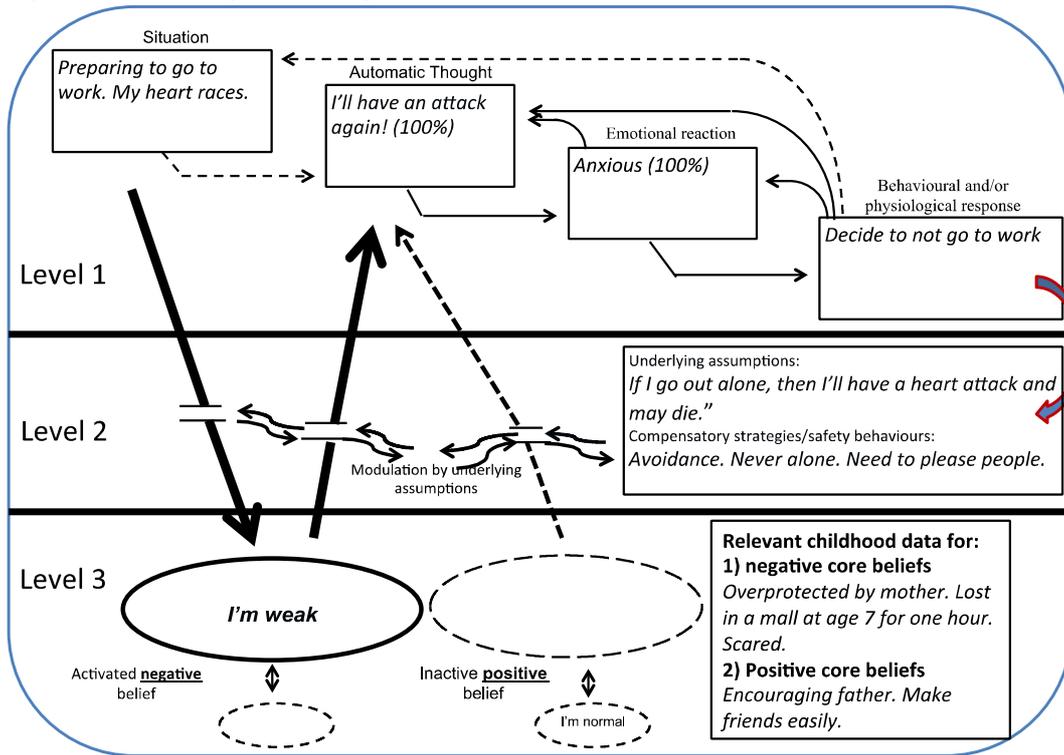


Fig. 2 – Sean's TBCT Intrapersonal Thought Record (IntraTR)

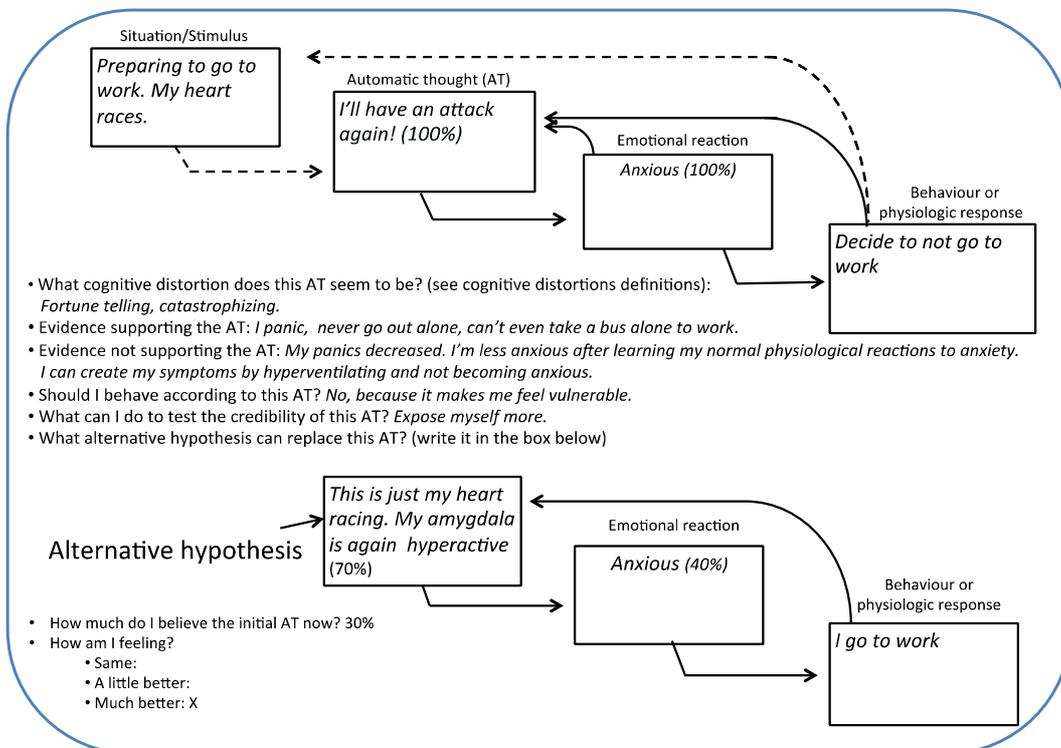


Fig. 3. Sean's TBCT Conceptualization Diagram after one or more beliefs are restructured.

