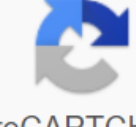


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Therapeutic format of the TCC12 group. Therapeutic format of TCC group 13. Therapist features13. Therapist Features 14. Nine therapist activities14. Nine therapist activities 15. Summary of nine events15. Summary of nine events 16. WHAT IS COGNITIVE BEHAVIORAL THERAPY? Behavioral? Cognitive-behavioral therapy, also called cognitive behavioral therapy, also called Behavioral Therapy (TCC), Behavioral Therapy (TCC), is a psychotherapy system based on the theory of psychopathology, based on the theory of psychopathology, which argues that perception and psychopathology, which asserts that the perception and structure of a person's experience define their feelings and behavior (1967). Thoughts are considered to be the cause of actions are considered to be the cause of emotions, not the other way around. Cognitive therapists, not the other way around. Cognitive therapists reverse the cause-and-effect order commonly used in viewing the cause-and-effect order commonly used by psychotherapist psychotherapists. Therapy is essentially composed. Therapy consists essentially of: in: 5. 20/07/18 5 a) Identify these irrational thoughts) Identify those irrational thoughts that make us SUFFER. b) Identify what's irrational in them; it is) Identify what is irrational in them; This is done through self-analysis of the work done through the very analysis of the patient's work, which the therapist mustpart the patient, which the therapist should encourage and monitor, encourage and control. 6. 20/07/18 6 2-TORAL ASPECT C12- TORAL ASPECT 7- When irrational thoughts (false or when irrational thoughts (false or wrong) are detected, phase uncorrected), we embark on a phase of modification that is central to modification therapy, which is central to modification therapy, which is central to cognitive therapy and consists of cognitive and consists of replacing old substitute old beliefs that arise thoughts that arise irrational irrational thoughts with other paradigms more adapted to reality. Thus, thoughts derived from beliefs will be dispensations derived from beliefs to be more objective and mature generating more objective and mature behaviors generating more appropriate behaviors, more appropriate. 7. 20/07/18 7 8-Cognitive Behavioral Approach Day with Day Cognitive Behavioral Approach more dominant among the most dominant offerings among psychotherapeutic and supological therapeutic offerings and its effectiveness in practice in clinical practice is increasingly recognized in studies of various disorders, such studies of various disorders such as: depression depression, addiction, anxiety,anxiety, detrastrono distress disorder, agoraphobia, social phobia, sexual dysfunction of sexual functions, etc., as well as many problems such as many problems such as violence, anger, prohibitions, prohibitions, couple conflicts and others. There is even experience. There are even positive experiences in bipolar and positive disorders in bipolar and schizoprenic disorders in bipolar and schizoprenic disorders in combination with medications, schizoprenics in combination with medications. 8. 20/07/18 8 3- A3- Some of the most important practical characteristics of this psychotherapeutic model are: the main points of this psychotherapeutic model are: 9. its brevity. Your brevity. 10. your attention to the present, the problem and yourSu focused on the present, the problems and your solution, the solution. 11. its preventative nature of future disorders. Its preventative nature of future disorders. 12. his style of cooperation between the patient and his style of cooperation between patient and therapist. 13. the importance of self-help tasks is the importance of self-help tasks to be performed between sessions performed between sessions. 14. Contrary to the assumptions of some who have not studied it, this approach points to access to it, this approach points to access to very deep structures and their modifications, very deep structures and their modifications, with proven and long-term results with proven results and 9. 20/07/18 9 4- INTEGRATION WITH OTHER THERAPIES4- INTEGRATION WITH OTHER THERAPIES 10. The practice has now achieved great recognition, incorporating into the cognitive model of incorporation into the cognitive behavioral model of methods and resources of behavioral currents of methods and resources of humanistic and experienced current, especially dehumanistic and experienced, especially psychodramapsikdra and gestalt therapy. 11. Also very important integration was also very important integration of the social approach and approach lasy approach of systemic therapy systemic therapy M.R. CHAT. R.I., and research into the interpersonal process of the patient, set by Jeremy Safran, a patient therapist, among other significant contributions. OtherSafran, among other significant contributions. Other included approaches were built into focus were narrative therapy. (White, Epston, Gonaalves) and (White, Epston, Gonaalves) and therapy schemes (Jeffrey Young) that have increased their effectiveness. (Jeffrey Young), who has improved their effectiveness. 10. 20/07/18 10 10- This model of therapy is part of a narrow model of therapy part of the close relationship between: Environment, Cognition, Attachment, Behavior, Cognition, Attachment, Behavior and Biology. As mentioned, it stands out because of biology. As has been said, it stands out in that thought processes are factors in thought processes are factors involved in psychological disorders, but all factors are considered. Cognition involves factors. Cognition includes thoughts, images, beliefs... 11. 20/07/18 11 5-COGNITIVE MODEL A. BECK5- A. BECK COGNITIVE MODEL Automatic Thoughts, (based on distortions Of Automatic Behavior, (based on cognitive distortion) cognitive) A-A- Link to internal conversations. They're referring to internal conversations. B-B- Appear as clipped keyword messages. They appear as cropped keyword messages. C-C- They are involuntary, they are not reflective, spontaneous. They are involuntary, they are not reflexive, they are spontaneous. D-D- They're like imposed commitments (you have to), E-E-They tend to dramatize or exaggerate things. They tend to dramatize or exaggerate things, F-F---ing interpretations tend not to be compared to rigid interpretations, usually not compared to reality, reality, G-G- They're hard to control reflects the attitudes and beliefs of childhood and youth, from family, school, childhood and adolescence, from family, school, church, stored in the mind, churches stored in the mind. 12. 20/07/18 12 6-DISTORTIONS6- COGNITIVE DISTORTIONS6-COGNITIVE DISTORTIONS6-COGNITIVES 1- FILTERING OR ABSTRACTION1- FILTERING OR ABSTRACTION1- FILTERING OR SELECTIVE ABSTRACTION.-- tunnel vision, a single aspect of the tunnel, one aspect of the situation.de situation. 2-POLARIZED THINKING2- POLARIZED THINKING. Good or bad, black or white, no intermediate, bad, black or white, no intermissions. 3-OVERGENERALIZATION.-3-OVERGENERALIZATION.- The general conclusion of one particular fact, the general one particular fact. 4- INTERPRETATION OF THE WORLD.-THOUGHT.-interpretation of the thoughts and intentions of others, thoughts and intentions of others. 13. 20/07/18 13 5- VISION CATASTROFICA.-5- VISION CATASTROFICA.- In advance to promote catastrophic events. 6- CUSTOMIZATION.-6- CUSTOMIZATION.- The habit of treating without foundation is environmental facts with several grounds of environmental facts with oneself. 7- CONTROL FALACIA7- FALACIA DE CONTROL.-- a person veiled person sees himself as extremely controlling himself, or considers himself responsible for all or control, or finds himself responsible for everything or at the other end he looks powerless, the other extreme is powerless. 8- FALACIA DE JUSTICIA8- FALACIA DE JUSTICIA.-- to appreciate as unfair something that does not coincide with the desire, which does not coincide with personal desires. 14. 20/07/18 14 9- EMOTIONAL REASONING9- EMOTIONAL REASONING.-- sense of emotion is accepted as -- made felt emotions are accepted as an objective fact, not as a -- result of the goal, not as a -- result of personal interpretation. 10-FALACIA DE CAMBIO10-FALACIA DE CAMBIO.-- believes that the creation of this well-being depends solely on actions and conditions, depends solely on the actions of demás de others. 11- GLOBAL LABELS11- GLOBAL LABELS.-- aspects uncompromisingly, aspects uncompromisingly. 12- CULPABILITY.-12- CULPABILITY.- Assign responsibilities to yourself or others without liability to yourself or others without sufficient justification, good reason. 15. 20/07/18 15 13- SHOULD13-SHOULDS.-- maintain strict rules and maintain tough and demanding rules on how speakers should happen about how things should happen. 14- HAVE REASON14- TO HAVE REASON.-- tendency to prove detention to often prove that your point of view is often that your point of view is correct and correct, correct and correct. 15-DIVINE MISCONCEPTION REWARDS15- MISLEADING DIVINA.-- tendency not to look for solutions to problems, not to look for solutions to problems, provided that the situation improves, assuming that the situation improves magically. Magically. 16. 20/07/16 MY GOD, I MUST BE GOD WHITE, I MUST BE WHITE,... EVEN AT THE COST OF MY OWN LIFE (MUST BE INDULATED, PERHAPS FROM HIS INNUEABILITY (SHOULD, PERHAPS, FROM CHILDHOOD)) 17. 20/07/18 17 Some people expect magical solutions to their problems, without taking any action on their problems, without taking any action to solve them, to solve them. Divine Reward Misconception Divine RewardFace 18. 20/07/18 18 7-DEFINITION OF THE7- DEFINITION OF COGNITIVE SCHEME The way of thinking with which he focuses and the way of thinking with which everyone's life is focused and tested, experiences the life of each person. In popular language: In the popular language: how we are the way we take things. Psychological language: In psychological language: organizing our experience in the form of meaningful experiences in the form of personal meanings that guide our behavior, the personal, which guides our behavior, emotions, desires and personal goals. 19. 20/07/18 19 8- LITTLE HISTORY TCC8- LITTLE HISTORY TCC 9- It's actually not entirely new brand new, it's based on a piece of Greek philosophy, Epicteto, Greek philosopher, part Greek philosophy. Epicteto, the stoic Greek philosopher argued: People do not change stoc, protected: people do not change events, but an opinion that consists of deacons, but an opinion that consists of them. (Stoic philosophers, (Stoic Philosophers 350-180 BC) 350-180 BC) 10. 1923, the German psychologist Lungwitz modifies the method1923 German psychologist Lungwitz modifies the Freudian method, creating a type very similar to TC. Freudian creates a type very similar to CT. 11. Alfred Adler (1897-1937), created the method TCAlfred Adler (1897-1937), created the method of TS 12. 1958 Psychologist Albert Ellis created The Rationalist Therapy1958 Psychologist Albert Ellis created emotional rational therapy. (ABC model) Emotional. (ABC model) 13. 1967 Aaron Beck. Create a 1967 cognitive model by Aaron Beck. Create a cognitive model 20. 20/07/18 20 COGNITIVE GROUP THERAPY-COGNITIVE GROUP THERAPY- CONDUCTUALCONDUCTUAL 21. HISTORY OF THE GRUPALHISTORY TCC OF THE GROUP TCC in the 1960s, with the advent of TC, it began to be used in group therapy. Therapy is used in group therapy. The therapy was developed as follows: Members with similar problems Similar - Teaching specific behavior Training specific behavior - Strengthening within the groupReeroz within the group Learning Social Skills Treading in social skills with models of the same group. (feed back) models of the same group. (feed back) 21. 20/07/18 21 In the 1970s, articles appeared in this regard: in the 1970s, articles appeared in this regard: Persistent group learning. (Fensterheim 1972) Persistent training in groups. (Fensterheim 1972) - Strategies of influence on the cohesion and hostility Of the Strategy to influence the cohesion and hostility of the members in relation to the therapist. (R. Lieberman 1970) members to the therapist. (R. Lieberman 1970) - Behavioral procedures in groups of children. (Pink behavioral interventions in groups of children. (Rose 1972)1972) - Two textbook behavioral group therapy for two adult behavioral therapy groups TextBooks. (Rose 1970, Heckel, Salzberg 1976) adults. (Rose 1970, Heckel, Salzberg 1976) - Based on AlbertBasada's theory of social learning in the theory of social learning by Albert Bandura, it was named Behavioral Behavioral Bandura was called Behavioral Behavioral in the 1980s and today is the management of stress and ell 80s and today has been called stress management and social training skills. 22. 20/07/18 22 9-SUCCESSFUL APPLICATIONS IN GREAT VARIETY OF9- SUCCESSFUL APPLICATIONS IN GREAT VARIETY OF DIFFERENT CONDITIONS:DIFFERENT CONDITIONS: 10. Depression (Hoberman, Levinson, Tilson 1988)Depression (Hoberman, Levinson, Tilson 1988) 11. General Anxiety (Emmekamp, Kuipers 1985)General Anxiety (Emmekamp, Kuipers 1985) 12. Agresivity (Edleson, Tolman, 1982)Aggressiveness (Edleson, Tolman, 1982) 13. Fatherhood Skills (Gammon, Rose1991)1991) 14. Adaptation to Divorce (Graff, Whitehead, LeCompte 1986)LeCompte 1986) 15. Management (Subramanian, Rose 1988) 16. Various complex paradigms for problems are intractable complex paradigms for specific problems in adults and children, specific to both adults and children. 23. 20/07/18 23 10-THEORIA BASICA OF THE GROUP TCC10-THEORIA BASICA OF THE GROUP TCC is the ability of the therapist to observe and for patients the opportunity to enyating for patients the opportunity to introduce new social skills into practice.practice new social skills. The group offers the opportunity to learn and group offers the opportunity to study and practice behavior and cognition. Patients provide feedback and advice to patients, give feedback and advice to each other, developing Leadership Development: Helping other patients learn to help themselves by helping other patients learn to help themselves more than when the therapy itself is mostly than when the therapy is mostly than. (Individual Irvine. Altruism is a healing factor. (Irvine Yalom 1985) Yal 1985) 24. 20/07/18 24 - The exclusive feature of the TCC isA group's unique feature is the ability to reinforce through the ability to back through peers. Here they learn to strengthen businessmen. Here they learn to strengthen others by increasing their affinity. Strengthening also increases affinity. Strengthening is a very useful skill in society, which is a very useful skill in society, which represents interaction in the family, work, friends, friends. The possibility of self-assessment by confrontation Positive self-esteem by confrontation with the group in relation to perception with the group in relation to distorted or defensive perceptions, more distortion or defensive accepted, is taken by more group than if it came from a therapist, a group than if it came from a therapist. 25. 20/07/18 25 The TCC Group makes available to the patient The TCC Group makes available to the patient a wide range of models, trainers, role models, trainers, role players for behavioral training for eplayers for behavioral training for control and companion for classes between couples. 26. 20/07/18 26 11- SOME LIMITATIONS OF TCC11- SOME LIMITATIONS OF GROUP TCC 12. A therapist should put a limit on the time a therapist should put a limit on the time spent on each person, as it may be that two or more participants raise their fingers or more participants raise the time of others, others. 13. There may be too much venturing into the topic Now may be too much venturing into irrelevant issues13. Some patients may feel very alibi patients may feel very alibi in their attempt to attract others to an alibi in their attempt to attract others. 27. 20.07.18 27 12- THERAPEUTIC FORMAT TKK12 - THERAPEUTIC FORMAT OF THE TSC GROUP (A. Maldonado 1990) (A. Maldonado 1990) 1- SPECIFICITY OF GROUPS:1- SPECIFICITY OF GROUPS: A-A- Group of Homogeneous Psychopathology, as these are groups of homogeneous psychopathology, as these are groups of homogeneous psychopathology, as it is about changing distortions and cognitive assumptions that alter similar cognitive distortions and assumptions. B-B- Formed by a group of 5 to 10 items, being el-Formed by a group of 5 to 10 subjects, being a perfect 9.ideal 9. C-C-They usually have a period of at least 15 sessions. They usually have a period of 15 At least. The average duration of sessions is usually 2 hours. The average duration of sessions is usually 2 hours. D-D- Weekly Sessions. Weekly sessions. 28. 20/07/18 28 2- GROUP WORK LEVELS2- GROUP WORK LEVELS A- There are two levels of work: A- Individual work. 3 problems 3 problems are selected from 3 patients and about 20 minutes are devoted to each of 3 patients and about 20 minutes dedicated to each patient; others listen if the therapist doesn't ask; others listen if the therapist asks for intervention. What would you do in this case, intervention. What would you do in this case, something like that happened to anyone? A2- Round jobs. A2- Round jobs. Progress is being reviewed, progress is being reviewed, individual self-inmates, homework is requested. Patients are asked to choose 1 or 2 situations to consider patients who choose 1 or 2 situations to consider their cognitive conductuasl cognitive behavioral coping. 29. 20/07/18 29 3- TYPICAL STRUCTURE OF THE SESSION3- TYPICAL STRUCTURE OF THE GROUP TCC Stage 1: Introduction of conceptual elements and introduction of conceptual and practical elements of therapy: Cognitive methods, therapies: Cognitive methods, behavioral methods, behavioral methods. Stage 2: Stage 2: Home Task Review. A review of household tasks. Round work, individual work on rounds, individual work of the 3rd stage:3rd stage: summary and task planning for resume and task planning at home. Individual Tasks, Task Force. Individual tasks, group tasks (general) (General) 30. 20/07/18 30 4- who has fundamental social skills. Possessing fundamental social skills. 31. To be sensitive and sensitive interlocutor can he be a sensitive and sensitive interlocutor 32. who is sensitive to discomfort he feels, that is sensitive to the discomfort that each particular patient experiences, every individual in particular. 33. you have to discover the characteristics of each discovery to discover the characteristics of your patient and how they affect the group task, the patient and how they affect the task of the group. 34. You need to be trained in cognitive techniquesAls should be trained in cognitive behavioral techniques typical of this approach.behavioral typical of this approach. 35. Avoid taking the session as a class, avoid taking the session as a class, take advantage of group interaction as you take advantage of group interaction as an internal therapy tool 13- TERAPEUTA13- TERAPEUTA 31. 20/07/18 31 14- NINE ACTIVITIES14- NINE ACTIVITIES GROUP THERAPIST TCC THERAPIST TCC 1.1. Organizing the group. 2.2. Guide Orientation 3.3. Building group cohesionConstruction of group cohesion 4.4. Diagnostic assessmentDiagnostic score 5.5. Control controls 6.6. Periodic score of 7.7. Therapy PlanningPlanning Therapy 8.8. Social Skills Training Training Social Skills 9.9. Cognitive Restructuring Cognitive Restructuring 32. 20.07.18 32 15. SUMMARY OF ACTIVITIES:15 - SUMMARY OF ACTIVITIES: 1.1. Group Organization Organization-Group Organization-Type., - group type, duration, no. Therapists, fees, places, no. Therapists, fees, meeting place, schedule, type of problems, schedule, type of problems that need to be treated, etc. 2.2. Patient Information - Patient information of goals, responsibilities, contract of goals, responsibilities, written contract, if the patient can be accepted into therit, if the patient can be accepted into the group according to its characteristics, the group according to its characteristics. 3.3. Cohesion.-Cohesion.- Increase the attractiveness of the inner attraction of the group to each other, to the therapist and the content, to the group with each other, to the therapist and the content. 33. 20/07/18 33 4.4. Diagnostic assessment. Diagnostic Assessment.-- Group activity for group activities to determine behaviors and cognitions that need to be changed, determine behavior and cognition that needs to be changed, begins in the initial interview and stays all the time in the initial interview and is supported all the time therapy. 55. ControlControls.-- Certain behavior is observed Determined behavior is systematically observed by the same patient and sometimes systematically by the same patient, and sometimes by others, before applying modification methods to others before applying modification techniques. 6.6. EvaluationEvaluation.- The therapist evaluates the effectiveness of methods, appointments and course of therapy, methods, appointments and course of therapy. 7.7. Planning TherapyPlanning Therapy - Individual Design Plan - Individual design plan with therapist and group support. (relaxation, feedback, with the support of a therapist and a group. (relaxation, feedback, playing a role, and automatic cognitive analysis,playing role, and self-cognitive analysis. 34. 20/07/18 34 8.8. Learning social skillsPreparation in social skills-- in the ability to interact with others in empathy with others socially accepted for individually accepted benefits for individual and group benefits, and groups. 9.9. Cognitive Restructuring Cognitive Restructuring.- Eliminate Beliefs - distorted beliefs, the process of identification and testability, the process of identifying and assessing the learning itself, recognizing the harmful effects of re-ritification of the harmful effects of false knowledge and replacing them with non-adaptive ignitions and replacing them with more appropriate ones, others more appropriate. 35. 20/07/18 35 END OF PRESENTATIONFIN PRESENTATION terapia grupal cognitivo conductual.pdf. tecnicas terapia grupal cognitivo conductual. terapia grupal con enfoque cognitivo-conductual. terapia grupal cognitivo conductual en adicciones. terapia grupal cognitivo conductual en el tratamiento de la obesidad infantojuvenil

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