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EXPERT MASTERCLASS

Turning Behavior Choice into a Skill: Cognitive Behavior Strategies that Help Teachers and Students

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Speaker

Dr. Naif Al-Mutawa, Professor of Clinical Psychology, Kuwait University's Faculty of Medicine and Founder, Soor Centre, Kuwait

Summary Paragraph/Key Points

Quoting the original Cognitive Behavioral Therapy (CBT) as developed in 1955 by Albert Ellis, Dr. Naif prefers to delve into the root of the problem and share tools with his clients and his audience, to help them self-analyze.

"We need to take responsibility for our own emotions," says Dr. Al-Mutawa. He references the "100% Test" which challenges whether 100 people would all feel the same way in the same situation. The answer is probably not. "So what are we adding to our experience to differentiate it from others?" he asks.

The only thing we ever have control over is our thoughts, so CBT is helpful for people to assess - realistically - what they can and cannot change. He defines this as a "self-educative approach" to help people put problems into perspective, through the teaching of emotional and behavioral control. By understanding the truth of the situation and learning to differentiate one's emotional response from the facts, CBT can actually help people "get better" rather than "feel better".

In his 20 years' of experience, Dr. Al-Mutawa defines "getting better" as not being about people avoiding a traumatic situation, but about **learning to respond in a healthier and less negative way to the same situation**.

"The empowering nature of CBT is about how to move from an unhealthy negative emotion to a healthy emotion ... you own your anxiety, you take responsibility for it and once you do this, it's much easier to change."





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Dr. Al-Mutawa puts forward an alphabetized classification of the methodology for teachers to use CBT in the classroom:

- A (Activating event). This should be assessed e.g. “That child is misbehaving in my class.”
- B (Rational or irrational beliefs held about the A) e.g. “That child is behaving that way on purpose.”
- C (Emotional and behavioral consequences) e.g. “I get angry with the child”. It is important to recognize that A does not lead directly to C, and that one identifies what Dr. Al-Mutawa terms as “irrational beliefs”. With the acceptance that “B” comprises “irrational beliefs, we must acknowledge that the “B” is something that we can control.
- D (Disputing and challenging of irrational beliefs). The theory posits that negative automatic thoughts are generated by irrational beliefs. This is where we need to ask ourselves whether this belief helps me. Where is the evidence for it? Is it logical? For example, we try to go from “being angry” to “being annoyed”. A typical core irrational belief is that a child may have behaved a certain way on purpose, and we can identify this by our use of “must” or “should”. When we find ourselves thinking “He shouldn’t have done that”, this is a level of what Dr. Al-Mutawa defines as “demandingness.” We need to reframe that “should” into a more positive and controllable term, for example “I would really like it if he didn’t do that.”
- E (Effective new thoughts). At this stage we need to determine how we can be in control to get the objective we want. This is about trying to be calm, and thinking of a more creative way to encourage the student to behave in the way that we would like them to. Ask oneself “Is this belief helping me? Who says he shouldn’t act this way? Is it logical that he shouldn’t act this way?”. He asks us to remember that our belief needs to be about the way we are thinking and feeling.
- F (Effective new feelings). Here we need to teach ourselves to reframe a negative situation as bad (or a “healthy negative emotion”) but not terrible, and try to move away from catastrophizing.

Dr. Al-Mutawa claims it is important to **find the emotional solution** to a problem that you may be facing. “Nobody knows you like you do, and when you have an unhealthy negative emotion, your reaction is binary. It’s fight or flight. You’re either going to fight or you’re going to withdraw,” he states. “To be able to deal with life’s challenges, we need to reframe them, and select healthy terminology instead of unhealthy. For example, you can change your definition of ‘depression’ to ‘sadness’; change ‘guilt’ to ‘remorse’.”

In summary, the key to reframing our thoughts and using CBT effectively in the classroom is to truly identify irrational thoughts. These are:

- **Demandingness** (given as a previous example, where we find ourselves using the words “must” and “should”)





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- **Global evaluation of human worth**, where we define ourselves rather than our behaviors. “We are too complex to give ourselves a global rating of ‘good’ or ‘bad’”, states Dr. Al-Mutawa. “We need to rate our behaviors, not our worth. For example, you may have failed at something but you are not a failure.”
- **Awfulizing / catastrophizing**, defined as “>100% bad”.
- **Frustration intolerance**: a belief in one’s intolerance to survive or stand discomfort, often phrased “I can’t stand it” or “I can’t take it any more”.

Core to the success of CBT, it is critical to learn how to dispute irrational beliefs. We do this by asking for evidence or proof of the belief, to ask ourselves how this belief is helping us and to determine how logical it is for us to think this way. It is critical to then progress to new rational beliefs to enable a calm assessment of the situation and to move forward with a positive action, rather than a reaction.

“There is nothing good or bad, but thinking makes it so.” Shakespeare.

MAIN TAKEAWAY: Cognitive Behavioral Therapy is essential to learn to differentiate one’s emotional response from the facts, and to respond to a traumatic situation in a healthier, more positive way.

