NCLEX MENTAL HEALTH · 2026 TEST PLAN · PSYCHOSOCIAL INTEGRITY

Cognitive *Behavioral* Therapy *(CBT)*

- Evidence-Based Psychotherapy
- Structured · Time-Limited
- Aaron Beck, 1960s
- 12–20 sessions typical

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SECTION 01 · DEFINITION

Definition & Overview

- **Structured, goal-directed psychotherapy** that targets the relationship between *thoughts, feelings, and behaviors*.
- **Premise:** distorted thinking patterns drive maladaptive emotions and behaviors — change the thought, change the response.
- **Why it matters for NCLEX:** CBT is first-line, evidence-based treatment for depression, anxiety, PTSD, OCD, eating disorders, insomnia, and substance use.
- **Collaborative** (nurse + patient work as a team), **present-focused** (current problems, not deep childhood exploration), and **skill-based** (homework required).

At a Glance

CBT teaches patients to identify automatic negative thoughts, evaluate the evidence, and replace them with balanced, realistic alternatives.

12–20 SESSIONS	**60min** TYPICAL SESSION
1st LINE FOR MDD/GAD	**A. Beck** FOUNDER

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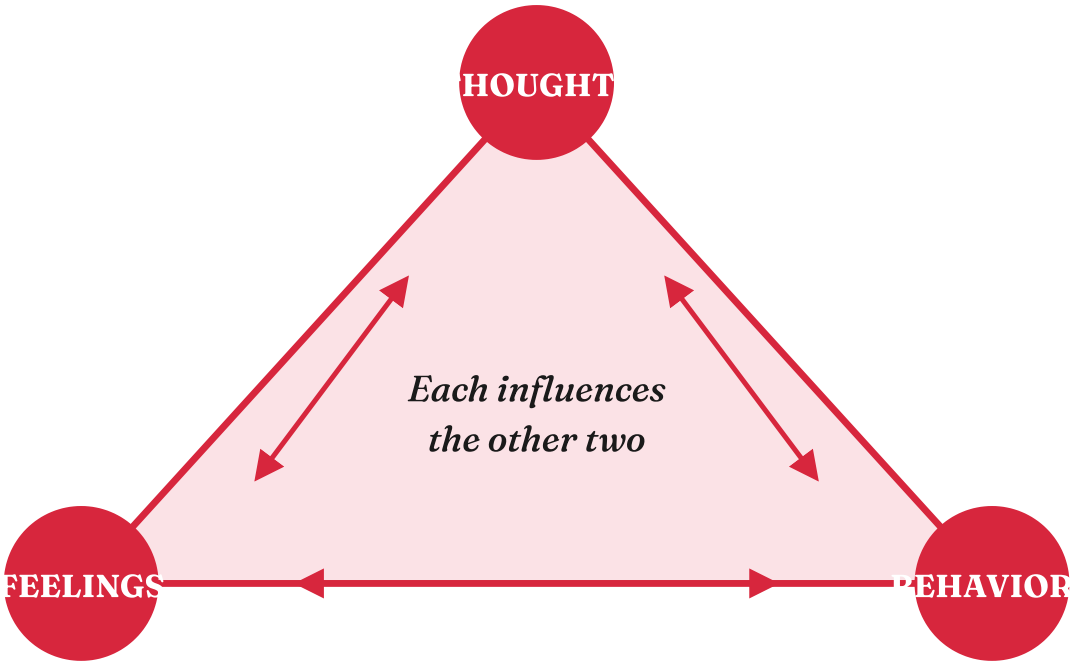
SECTION 02 · MECHANISM

How CBT Works (Cognitive Triangle)



- **Automatic negative thoughts (ANTs):** rapid, often unconscious thoughts triggered by situations.
- **Core beliefs & schemas:** deep-seated assumptions about self, others, world (e.g., "I am unlovable").
- **Cognitive restructuring:** identifying distortions → testing the evidence → replacing with balanced thoughts.
- **Behavioral activation:** engaging in valued activities improves mood and reinforces new thinking patterns.
- **Neuroplasticity:** repeated practice creates new neural pathways — change becomes durable.

`Situation` → `Automatic Thought` → `Emotion` → `Behavior` → `Consequence`

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SECTION 03 · WHAT TO IDENTIFY

Common Cognitive Distortions

These are the maladaptive thinking patterns CBT targets. NCLEX expects you to *recognize* them in patient statements.

All-or-Nothing Thinking
Black-and-white; no middle ground.
"If I'm not perfect, I'm a total failure."

Overgeneralization
One bad event = forever pattern.
"I failed one quiz — I'll fail nursing school."

Catastrophizing
Assuming the worst possible outcome.
"My headache must mean I have a tumor."

Mental Filter
Focusing only on negatives, ignoring positives.
"My boss criticized one thing — the whole review was bad."

Mind Reading
Assuming you know what others think.
"She didn't smile — she must hate me."

Fortune Telling
Predicting negative outcomes as fact.
"I just know I'll fail the NCLEX."

Personalization
Blaming yourself for things outside control.
"My child is struggling — it's all my fault."

Should Statements
Rigid rules; guilt and resentment follow.
"I should never feel angry."

Labeling
Defining self/others by one trait or event.
"I made a mistake — I'm such an idiot."

Emotional Reasoning
"I feel it, so it must be true."
"I feel guilty, so I must have done something wrong."

🚨 RED FLAGS — When CBT Alone Is Not Enough

Active suicidal ideation with plan/intent · Acute psychosis · Severe mania · Acute intoxication · Severe cognitive impairment. These patients need stabilization, safety planning, hospitalization, or medication FIRST. CBT can resume once stable.

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SECTION 04 · PRIORITY ACTIONS

Priority Nursing Interventions

ASSESS	Baseline cognition, motivation, readiness to engage, and **suicide/self-harm risk** before initiating and at every session.
ESTABLISH	Therapeutic rapport with empathy, unconditional positive regard, and a collaborative tone — trust is the foundation.
COLLABORATE	Set **SMART goals** together (Specific, Measurable, Achievable, Relevant, Time-bound). The patient is the expert on their life.
TEACH	The cognitive triangle, the ABC model, and how to keep a **thought record** (situation → thought → emotion → evidence → balanced thought).
USE	**Socratic questioning** ("What's the evidence for that thought? What would you tell a friend?") — guide insight, never lecture.
ASSIGN	Homework: thought records, behavioral experiments, activity scheduling, exposure tasks. *Homework is non-negotiable.*
REINFORCE	Positive coping behaviors, small wins, and patient self-efficacy. Avoid rescuing — let them solve.
MONITOR	Mood, sleep, suicidality, medication adherence, and progress toward goals each session.
DOCUMENT	Objective data, patient quotes, interventions used, and patient response. Re-evaluate plan if no progress in 4–6 weeks.

Priority order: A irway → B reathing → C irculation → SAFETY → therapeutic intervention. Always assess suicide risk before cognitive work.

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SECTION 05 · ADJUNCT PHARMACOLOGY

Medications Combined with CBT

CBT is often combined with medication. The nurse monitors for therapeutic effect, side effects, and adherence.

CLASS / DRUG	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
SSRIs sertraline · fluoxetine · escitalopram	↑ Serotonin in synapse (block reuptake)	GI upset, sexual dysfunction, insomnia, ↑ suicidality in <25 y/o (black box)	First-line for MDD/GAD. 4–6 wk to full effect. Monitor for serotonin syndrome.
SNRIs venlafaxine · duloxetine	↑ Serotonin & norepinephrine	BP elevation, sweating, nausea, withdrawal if abrupt stop	Check BP at each visit. Taper — never abrupt discontinuation.
Benzodiazepines lorazepam · alprazolam	↑ GABA inhibition (CNS depressant)	Sedation, dependence, respiratory depression, paradoxical agitation in elderly	Short-term only. High abuse potential. Avoid with alcohol/opioids.
Buspirone	Partial 5-HT1A agonist (non-benzo anxiolytic)	Dizziness, nausea, headache	Non-addictive. 2–4 wk for full effect. Pairs well with CBT for GAD.
Atypical Antipsychotics quetiapine · aripiprazole	Modulate dopamine & serotonin	Weight gain, metabolic syndrome, sedation, EPS	Used as augmentation in severe MDD or PTSD. Monitor metabolic panel.

NCLEX pearl: The combination of *CBT + SSRI* is more effective than either alone for moderate-to-severe depression and anxiety. Medications reduce symptoms enough to make cognitive work possible; CBT prevents relapse after medication is tapered.

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SECTION 06 · COMMON CONFUSIONS

NCLEX Test Traps ⚠️

TRAP "Stop thinking that way." (Dismissive · invalidating)

CORRECT "Let's look at the evidence for that thought." (Socratic · collaborative)

TRAP CBT is appropriate for an actively psychotic, suicidal-with-plan patient.

CORRECT Stabilize first (safety, medication, hospitalization). CBT comes after.

TRAP Homework is optional — only for motivated patients.

CORRECT Homework is **essential** — practice between sessions is where change happens.

TRAP CBT focuses on exploring childhood trauma in depth.

CORRECT CBT is **present-focused**. That's *psychodynamic therapy*.

TRAP The nurse decides the goals and tells the patient what to do.

CORRECT CBT is **collaborative** — patient and nurse set goals *together*.

TRAP Cognitive distortions = delusions.

CORRECT Distortions are **exaggerated/inaccurate** thoughts; delusions are **fixed false beliefs** (psychosis). Different conditions.

TRAP CBT works immediately after one session.

CORRECT Typically **12–20 sessions**; meaningful change in 4–6 weeks of consistent practice.

TRAP CBT = DBT.

CORRECT DBT is a CBT variant adding *mindfulness + distress tolerance + emotion regulation + interpersonal effectiveness*. First-line for BPD & chronic suicidality.

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SECTION 07 · PATIENT TEACHING

Patient Education

Keep a thought record
Write situation → thought → feeling → evidence → balanced thought. Daily practice.

Complete homework
Between-session practice is where the real change happens. Be honest if you skip it.

Name the distortion
When you catch a negative thought, identify which distortion it fits. Naming it weakens it.

Be patient with progress
Change takes 12–20 sessions. Setbacks are part of learning — not failure.

Take medications as prescribed
If on an SSRI/SNRI, give it 4–6 weeks for full effect. Don't stop abruptly.

CBT is a skill, not a cure
Keep using the tools after therapy ends — they're for life.

Crisis plan
Call 988 (Suicide & Crisis Lifeline) or go to ED if thoughts of self-harm escalate. Tell your therapist.

You're the expert on you
The therapist guides; you do the work. Speak up if a strategy doesn't fit.

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SECTION 08 · MNEMONICS

Memory Boosters

The ABC Model — CBT's Core Framework

A	B	C
ACTIVATING EVENT	BELIEF / THOUGHT	CONSEQUENCE

*"It's not **A** that causes **C** — it's **B**."* Change the belief, change the consequence.

CATCH IT

3-STEP COGNITIVE RESTRUCTURING

- **CATCH** the negative thought
- **CHECK** the evidence for & against it
- **CHANGE** it to a balanced thought

SMART

GOAL SETTING IN CBT

- **S** — Specific
- **M** — Measurable
- **A** — Achievable
- **R** — Relevant
- **T** — Time-bound

5 COLUMNS

THOUGHT RECORD FORMAT

1. — Situation
2. — Emotion (rate 0–100%)
3. — Automatic thought
4. — Evidence for / against
5. — Balanced thought

CBT vs DBT

DON'T CONFUSE THEM

- **CBT** — Change Behaviors & Thoughts (depression, anxiety, PTSD, OCD)
- **DBT** — Dialectical = CBT + mindfulness + distress tolerance (BPD, chronic SI)
- **CPT** — Cognitive Processing Therapy (CBT variant for PTSD)

CBT in 1 sentence

MEMORIZE THIS FOR THE EXAM

*"CBT is a **structured, collaborative, present-focused, skill-building** therapy that changes **maladaptive thoughts** to change **feelings and behaviors** — homework is required."*