

# AOSW 2026



## Annual Conference

**June 10-12, 2026**

Portland Marriott Downtown Waterfront  
Portland, Oregon USA

**Pre-Conferences: June 9, 2026**

#AOSW2026





# **Lights, Camera, Action! Implementing Cognitive Behavioral Therapy Practices**

Presented by: Dawnica Mathis-Huff, LCSW, OSW-C, MBA, Diplomate



# Agenda

**Disclosures**

**Overview of CBT**

**Oncology Presentation from CBT Perspective**

**MiCBT**

**ACT**

**Internet/Phone CBT**



# Objectives

- **Increase understanding of cognitive behavioral therapy and its effectiveness for decreasing emotional distress, crisis management and improving quality of life for oncology patients and loved ones.**
- **Implement techniques of cognitive behavioral therapy and 3rd wave approaches for brief interventions with patients and loved ones experiencing emotional distress hopelessness, and chronic pain.**
- **Provide interactive learning of varied cognitive and behavioral based interventions including the use of internet based (AI) methods.**

A stage with several spotlights shining down, creating a bright area on the floor. There is a layer of white smoke or fog at the bottom of the frame. The background is dark.

# Lights

Making Cancer History®



# Overview of CBT

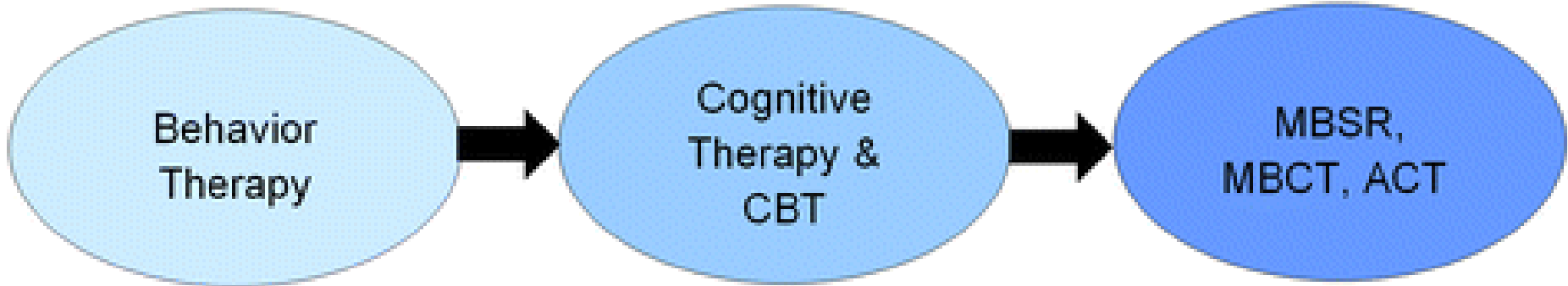
# What is CBT?



Behavior Therapy: focuses on direct modification of problematic behavior through operant conditioning and systemic desensitization



Cognitive Therapy: gain a rational perspective and implement behavioral change by identifying cognitive distortion and restructuring cognition



**First Wave**  
Behavior modifications  
based on conditioning

**Second Wave**  
Identify & challenge  
dysfunctional cognitions

**Third Wave**  
Metacognitive shifts,  
experiential change strategies

Overview CBT





# Typical CBT

**8-16 sessions**

**45-60 minutes**

**Weekly to biweekly over 3-4 months**

**Focused on one targeted area**

## **Session:**

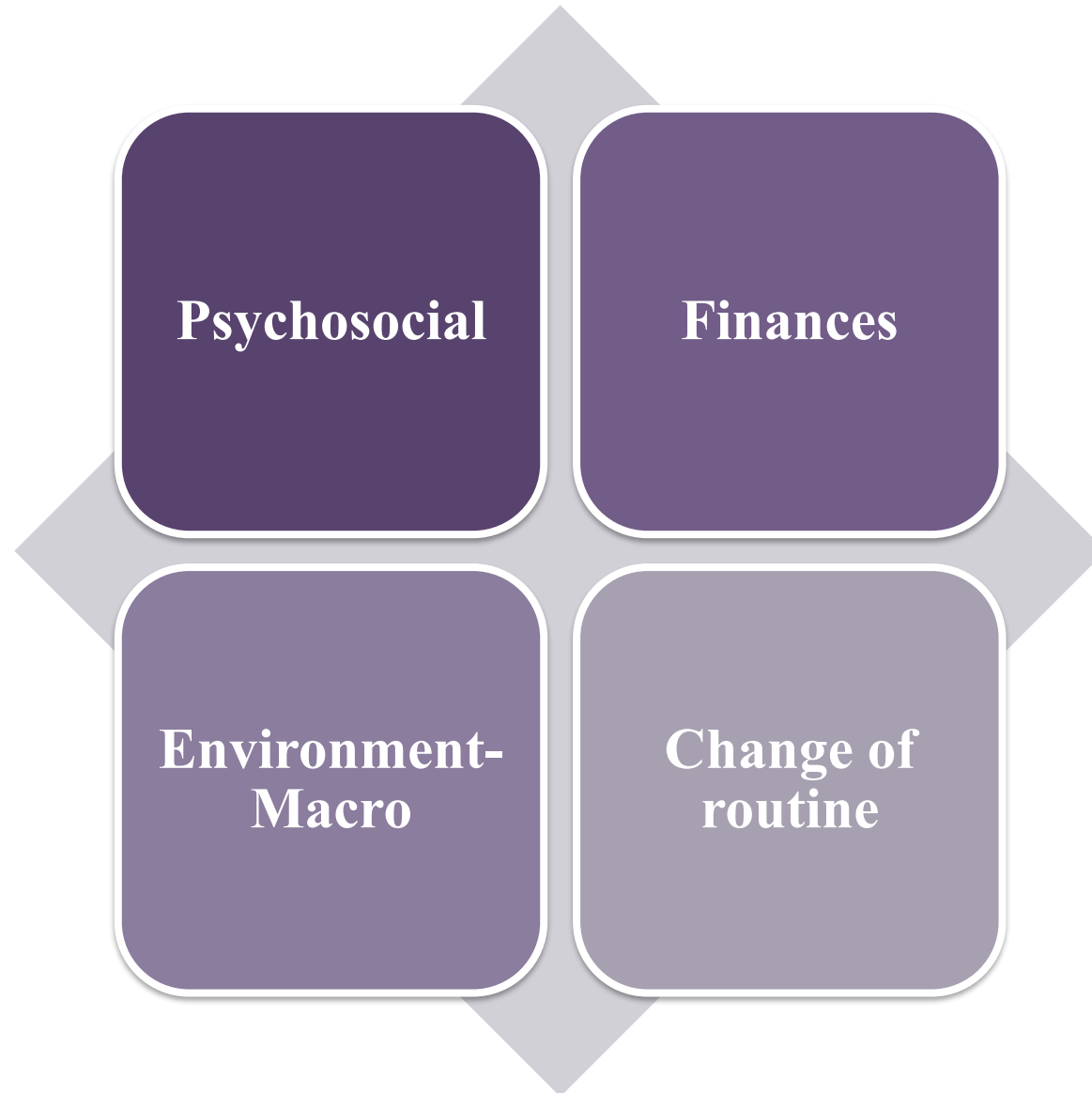
- Agenda
- Rate distress
- Review action plans
- Monitor stick to the agenda
- Set practice plan



# Camera

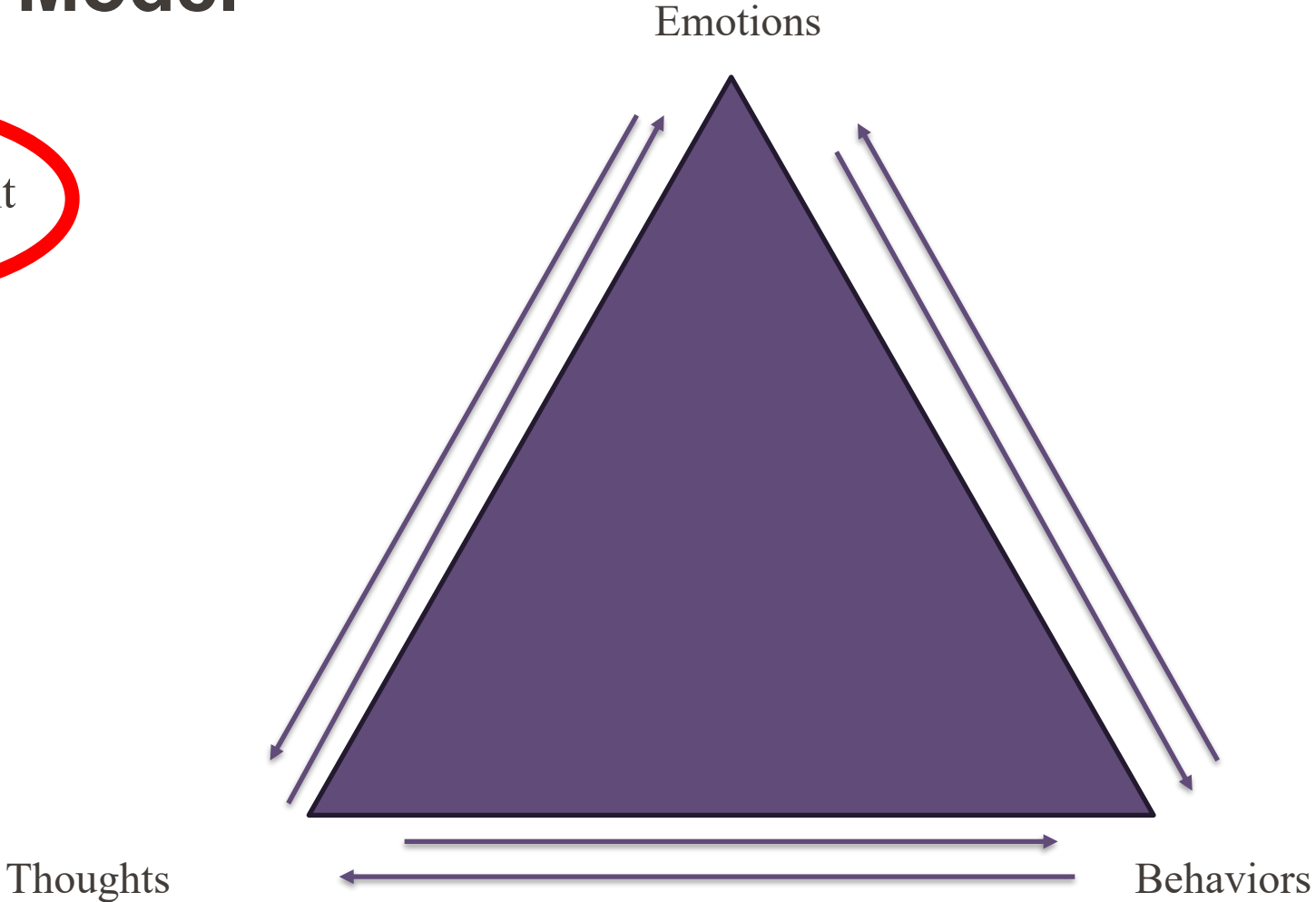


# Factors





# Cognitive Model





# Oncology Presentation- Situation/Activating Events

Initial  
Diagnosis

Disease  
Progression

Scanxiety

Pain

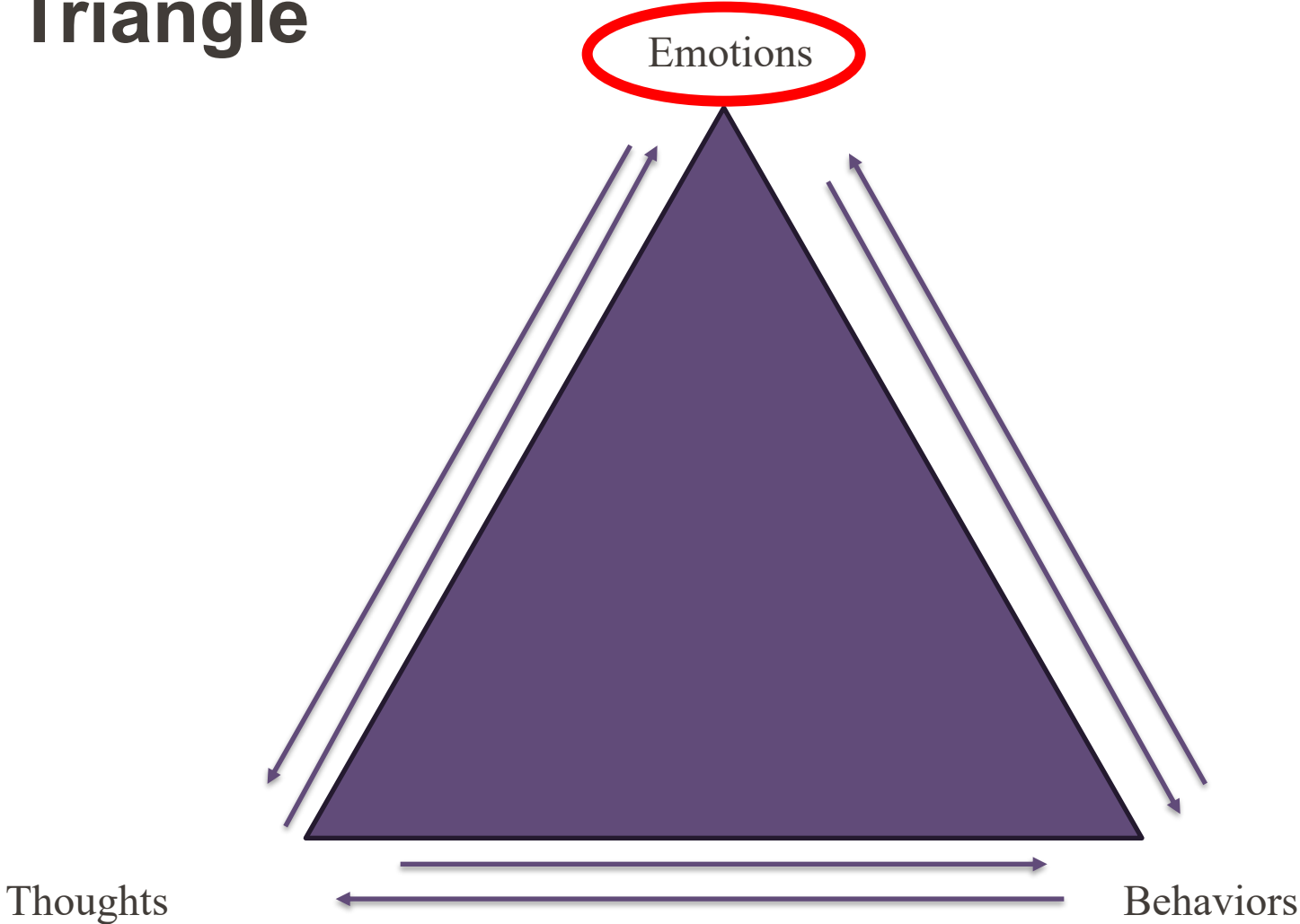
Survivorship

End of Life



# Cognitive Triangle

Activating Event





# Oncology Presentations Emotions

Anxious

Sad

Hopeless

Overwhelmed

Hopeful

Overly  
hopeful



# Cognitive Triangle

Activating Event





## Oncology Presentation- Behaviors

Frequent  
calling,  
showing up

Inconsistent  
follow  
through

Crying

Medication  
Overuse

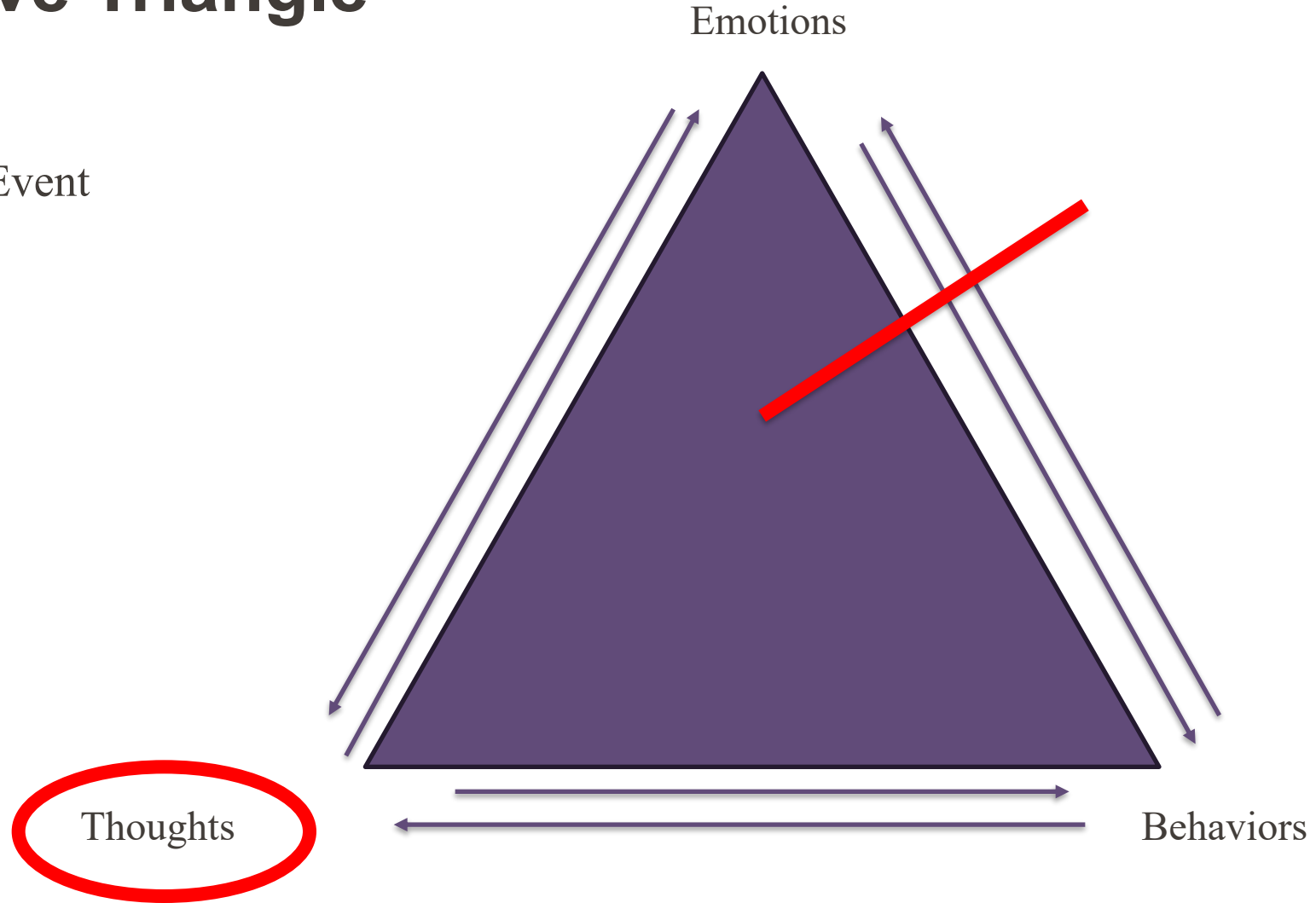
Isolating  
from  
activities

Suicide  
gestures

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# Cognitive Triangle

Activating Event





# Oncology Presentations: Beliefs

## I'm going to die

- My Loved one is going to die
- I don't know if I can make it through this treatment
- I'm going to suffer
- I'm not going to be able to do the things I enjoy doing anymore because of treatment
- I won't be able attend important events if am not feeling well
- I can't deal with this, My family won't be cared for if I am too sick



# Problematic Thinking Patterns/Thinking errors

## All or nothing thinking:

- If I'm not going to be cured, there's no point in doing treatment at all

## Overgeneralization:

- Bad things always happen to me

## Discounting the positive:

- I've finished treatment, I should be back to my old self

## Jumping to conclusions:

- Mind reading: No one wants to hear about my cancer

## Catastrophizing:

- The treatment isn't going to work and I'm going to die.

## Emotional Reasoning:

- I'm feeling uneasy, my cancer must be back

## Shoulds:

- I should be happy I'm receiving treatment, and my family and friends are supportive

Making Cancer History®



# CBT Interventions

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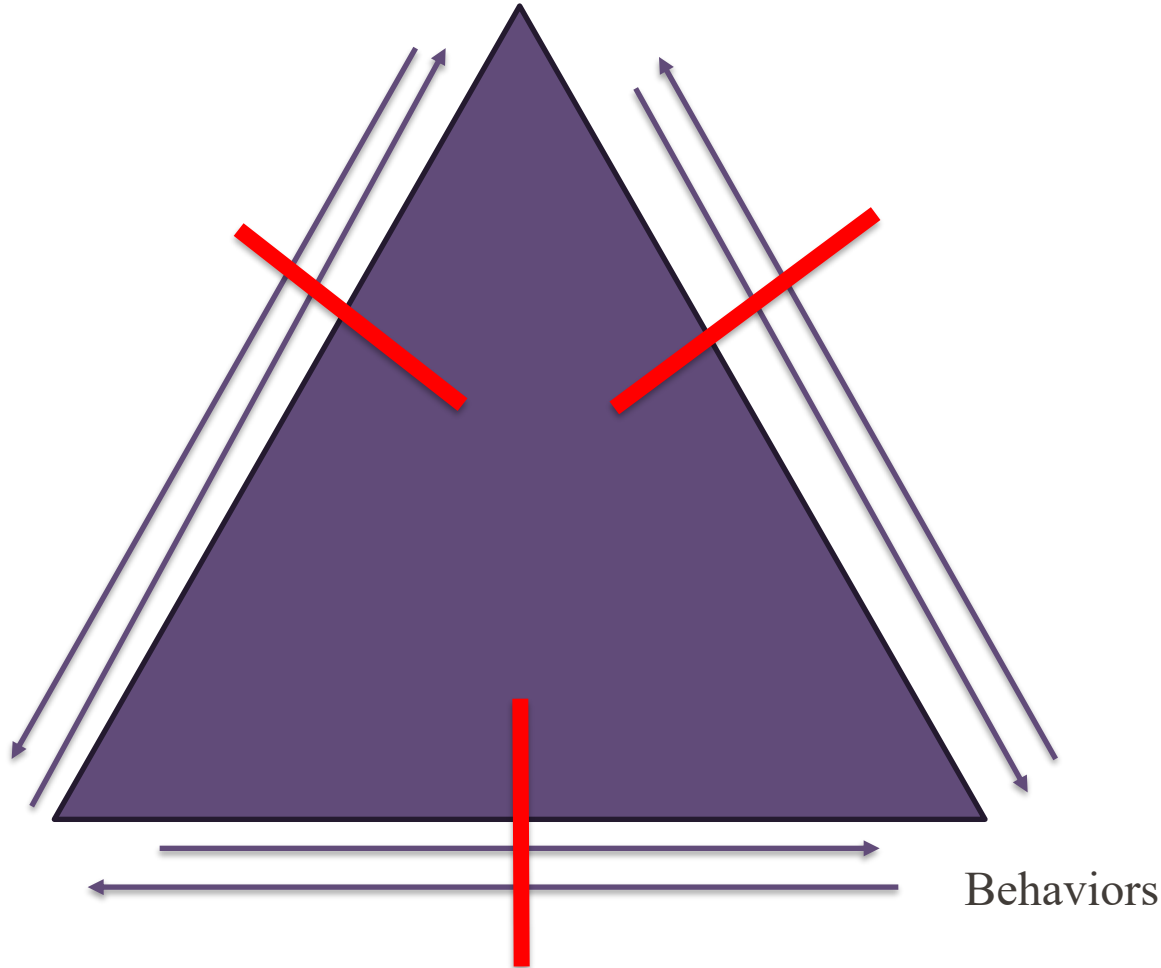
# Cognitive Triangle

Pain, Frustration, Anger,  
Sadness, Hopeless  
Emotions

Activating Event

I'm in a lot of pain. I  
can't keep doing this.

Thoughts



Insomnia, Prescription  
overuse, isolation,  
withdrawing



**Thought modification**



**Mindfulness**



**Guided Discovery**



**Thinking errors**



**Cost benefit analysis**



# STOPP

**S: Stop**

**T: Take a breath**

**O: Observe your emotions surroundings**

**P: Pull Back**

**P: Practice**





# Thought Record-ABC

A-Activating Event	Beliefs	Consequence (Emotions)
Initial diagnosis	I'm going to die	Fearful Worried Anxious



# Problematic Thinking Patterns/Thinking errors

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# Thought Record-ABC

A-Activating Event	Beliefs	Consequence (Emotions)	Dispute	Evaluate
Initial diagnosis	I'm going to die	Fearful Worried Anxious	Catastrophizing	I have cancer, and I am in treatment to prolong my life.



# Cost/Benefit Analysis

Cost	Benefit
<ul style="list-style-type: none"><li>• Quality of life</li><li>• Unable to do things enjoy prior to diagnosis</li><li>• Feeling unwell</li></ul>	<ul style="list-style-type: none"><li>• More time to spend with family</li></ul>



TITLE .

SCENE .

SILKROAD  
SSONAGI  
Design by korea / MADE IN CHINA

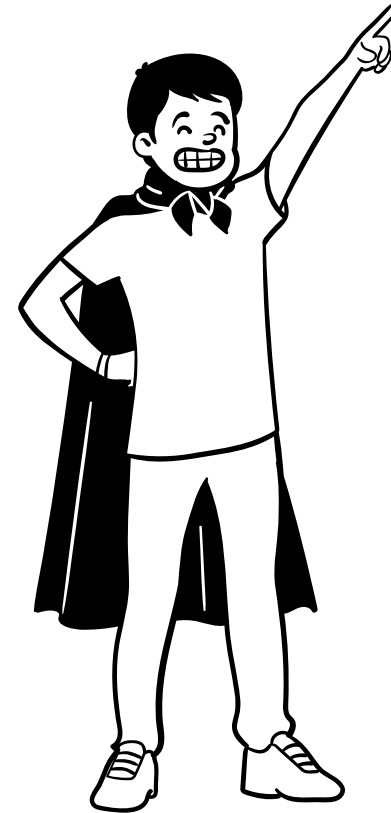
DATE .

MEMO .

**Action!**



## 2 Champions



**Therapist:** Hello, its nice meeting with you. I am with social work and want to discuss with you some distress you may be experiencing.

**Patient:** Oh, social work, Well yeah, I have distress I have cancer wouldn't you be distressed if you had cancer

**Social worker:** Yes it can create stress and my concern and role here is to provide some support as much as I can through this process. It wont change your diagnosis however I would like to take the opportunity to explore some of what you been experiencing and the goal is if maybe we can identify some of the specific areas of stress we can look into strategies to help improve the distress even just a little bit would that be something you would be willing to discuss with me?

**Patient:** Yes I am open to that but I'm travelling hours to get here for long appointment days, Im behind on my rent, and my family is depending on me. This couldn't have come at a worse time, unless you can help all that I don't see how my distress is going to improve.

**Social worker:** Yes, it sounds like you are experiencing a lot of pressure to maintain normalcy with your family demands while also trying to prioritize your health and getting the care the you need.

**Patient:** Yes, and I need to focus on what the doctor is saying what I need to do, its hard to focus on anything else

**Social worker:** focus can be difficult and hard when you think about the demands of family, work, and navigating your medical care. I'm wondering when you think about all those things what emotions do you find coming up for you?

**Patient:** I'm frustrated, angry, nervous about the future I question why is this even happening to me, I've been healthy I exercised and ate the rights foods most of the time, I go to all my appointments, this is affecting my sleep I don't have patience for my family or anyone

**Social worker:** Of all those pieces not sleeping, getting diagnosed after doing all the right things, anxious about the future, low tolerance for those around you, the anger and frustration which of these do you feel is causing you the most distress

**Patient:** I would say anxiety of not knowing what my future is going to look like, am I going to survive this?

**Social Worker:** Yes, it makes sense to have anxiety over not knowing what your future is going to look like or even bigger if you are going to survive. One of the things we do to process events and situations especially to better cope with them is looking at how we think about the events that are happening, what are we telling ourselves about them, identifying and naming the emotions we have about the events and to help improve we cope with them (which is our behavior to the event). For example, if you tell yourself i have cancer I'm going to die, you may feel anxious angry, overwhelmed, behavior: up all night thinking how am I going to do this. There are ways in how our thoughts can impact us and sometimes its good and sometimes not so helpful. When they are not helpful they are called problematic thinking, such as I should've stopped smoking or future telling potentially in this scenario if this is still your 2<sup>nd</sup> appointment, your team is still working on your treatment plan, you haven't received any prognosis at this time, so a few things to look at there are a few things to bring attention to one is Thinking errors: sometimes the way we think is helpful, sometimes its not.es the most common ones are shoulding, (I should've done more exercising, quit smoking ect. ) another one is catastrophizing- jumping to the worst thing possible such as....

**Patient:** Im going to die

**Social worker:** yes, so if you're able to one identify the emotion that's coming up ( I'm feeling anxious), recognize the situation I just received my diagnosis), bring attention to what you are telling yourself dispute the thought with ok maybe I'm jumping to conclusions, asking yourself is there another way I can think about this?

**Patient:** Yes, right now .....Im here, Im going to my appointments..... and I am doing the pieces I have control over, which makes me feel more hopeful, less tense, and a little relief to relax a little and stay in the moment



<b>A-Activating Event</b>	<b>Beliefs</b>	<b>Consequence (Emotions)</b>	<b>Dispute</b>	<b>Evaluate</b>



# Acceptance Commitment Therapy





# **Interventions-ACT**

**Approaches support through direct modification of challenging behaviors and cognitions**

**Cognitive Defusion: fusion between thought and behavior is loosened**



# Perspective Taking

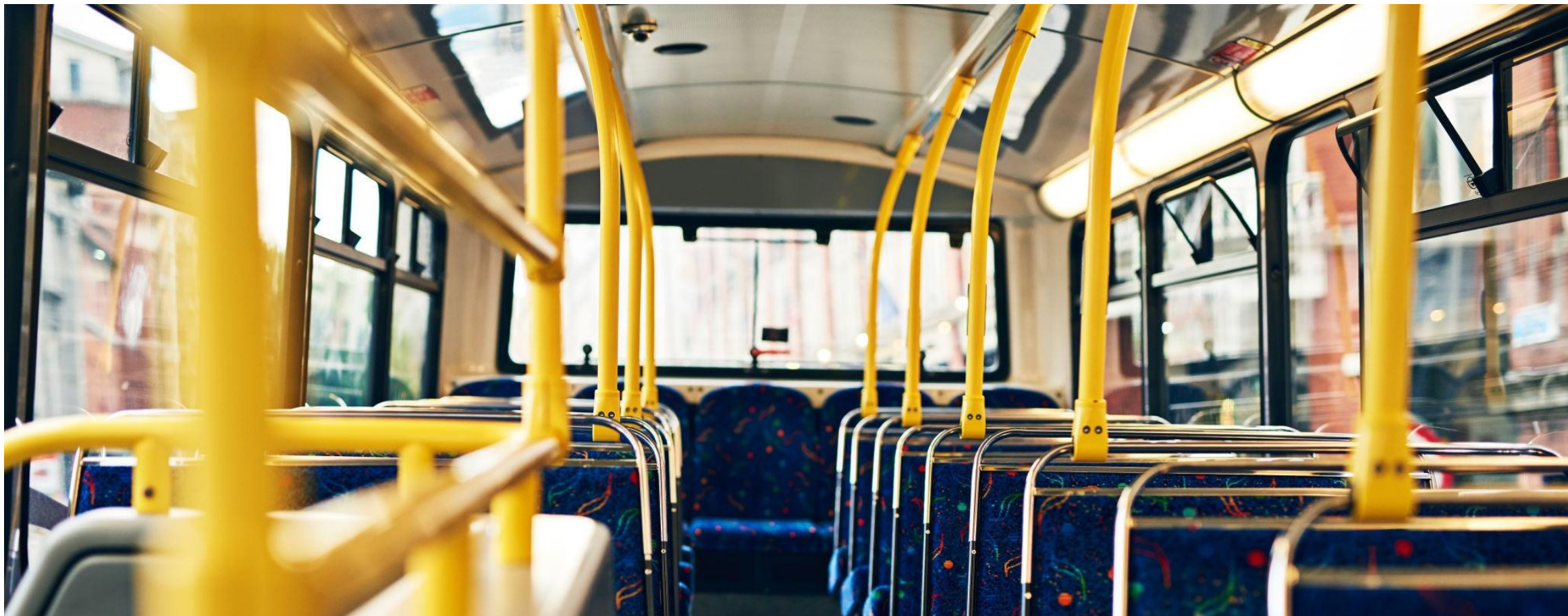


## TEMPORAL

**See if you can drop into the shoes of ‘you’ two weeks ago. What would that version of you want the ‘you of now’ to hold in mind?**

**What would a version of you, two years in the future, with two more years’ experience behind them, say about this time in your life right now? What advice would you give yourself?**

Passenger on bus



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# Mindfulness Based CBT



# Interventions-Mindfulness Based CBT

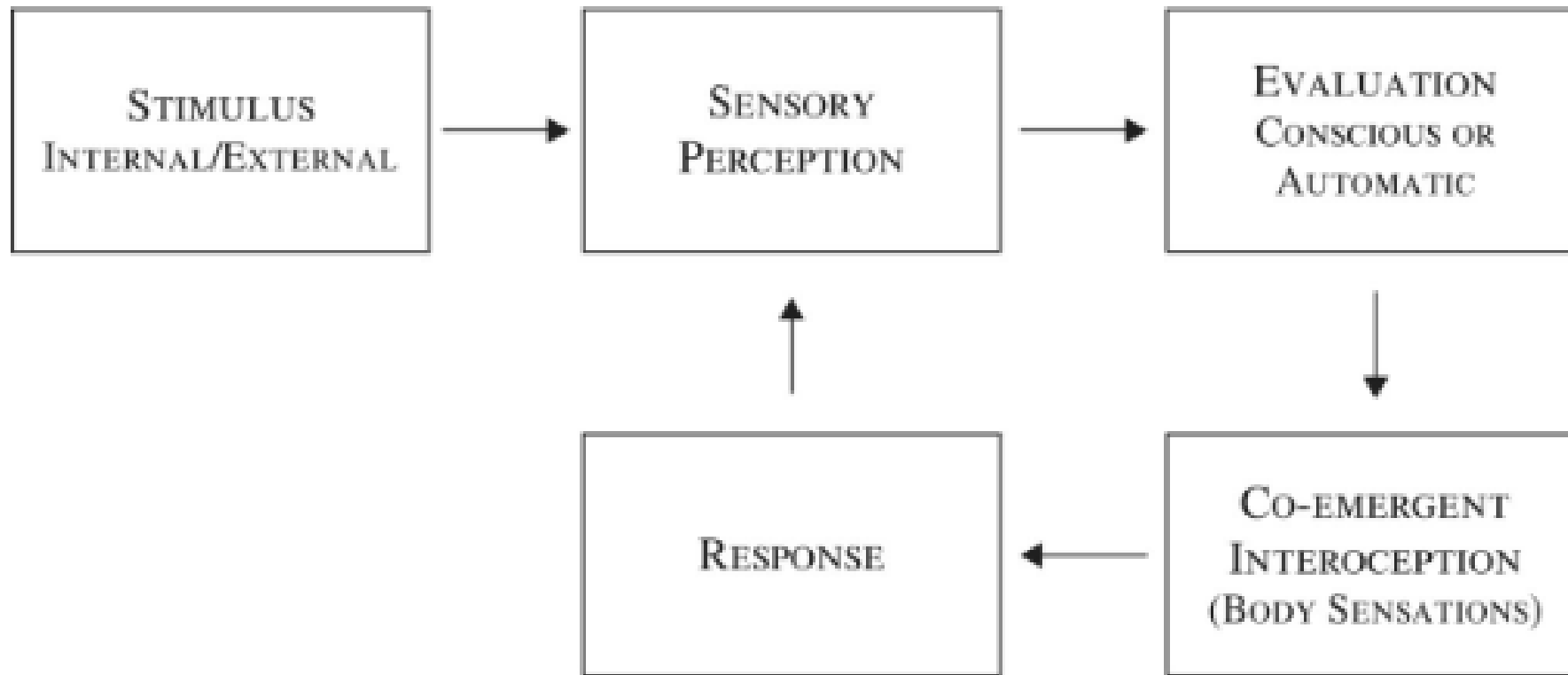


**Focus: Learned Relaxation**



**Identify coping patterns, unhelpful coping patterns**

# Co-Emergence Model of Reinforcement





# Why Mindfulness Based CBT



**Reduce Anxiety**



**Increase confidence**



**Promote Relaxation**



**Greater sense of control in the present**



# Interventions-Mindfulness Based CBT



Relaxation  
training



Diaphragmatic  
breathing



Guided  
imagery





# **Intervention: Mindfulness**

**Active state of notice**

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# Internet Based/Phone/AI CBT



# Interventions-Internet Based Cognitive Therapy Emerging

## Woebot

Uses conversational interface engaging CBT through relatability

## Youper

Focus on tracking emotional states through brief interactions to gain insight on emotions

## Wysa

Uses evidence based methods tailored to users need and encourages self help and emotional well being

## Whats Up?

Free app on IOS system



## Pros

- Available 24/7
- Doesn't require appointments
- Reduced stigma

## Limitations

- Quality of user interactions (complexity)
- Struggle with in-depth understanding and empathy
- Misses non verbal cues
- Users level of engagement
- Design of the chat bot



# Questions



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# Cancer<sup>®</sup>

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## UT MD Anderson

Presented by: Dawnica Mathis-Huff, LCSW, OSW-C, MBA, Diplomate

