

Cognitive Therapy: Basics and Beyond

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The Beginnings of Cognitive Therapy

- Clinical observations: the internal monologue
- Self-observations
- Concept of automatic thoughts, beliefs, schemas

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- Abandonment of the psychoanalytic model
- Development of the cognitive model (1960-1963)
- Interchanges with Ellis (RET) and behavior therapists

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Influence of Behavior Therapy

Operationalize specific techniques

Structure the session

Measure change

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Outlined a new cognitive theory of depression

Introduced new concepts:

Automatic thoughts

Negative cognitive triad

Identifying and testing beliefs

Schemas

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Cognitive Therapy of the Emotional Disorders

- Cognitive specificity
 - Depression:** themes of pessimism, self-criticism, hopelessness
 - Anxiety:** themes of threat, danger, vulnerability
 - Anger:** themes of violation, hurt, and malevolence of others

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Definition of Cognitive Therapy

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Outcome Research in CBT (randomized controlled trials)

- Major depression
- Bipolar disorder
- Anxiety disorders: generalized anxiety disorder, panic disorder, agoraphobia, post-traumatic stress disorder, phobias, social anxiety disorder, obsessive-compulsive disorder
- Substance abuse
- Anger

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Outcome Research in CBT (randomized controlled trials)

- Eating disorders: bulimia, binge-eating disorder
- Somatoform disorders
- Marital discord
- Body Dysmorphic Disorder
- Borderline Personality Disorder
- Schizophrenia

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CBT Outcome Research for Medical Disorders/Problems (randomized controlled trials)

- Chronic pain: back pain, headaches, migraine headaches, rheumatic disease pain; jaw pain; vulvodynia
- Irritable-bowel syndrome
- Obesity
- Smoking cessation
- Erectile dysfunction
- Sleep disorders
- Chronic fatigue syndrome

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CBT Research for Children and Adolescents

- Depression
- Anxiety disorders (separation anxiety, avoidant disorder, overanxious disorder, obsessive compulsive disorder, phobias, post-traumatic stress disorder)
- Conduct disorder (oppositional defiant disorder)
- Distress due to medical procedures (mainly for cancer)
- Recurrent abdominal pain

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CBT Research (non-randomized controlled trials)

- Hypochondriasis
- Atypical sexual practices/sex offenders
- Suicide attempts
- Attention deficit disorder

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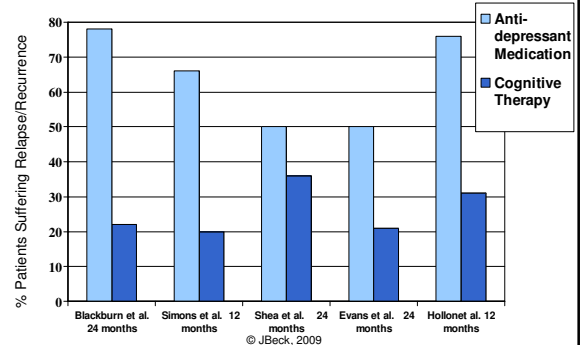
CBT Research for Medical Problems

(non-randomized controlled trials)

- Cancer pain
- Idiopathic pain
- Gulf War Syndrome
- Tinnitus

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Comparison of Relapse Rates



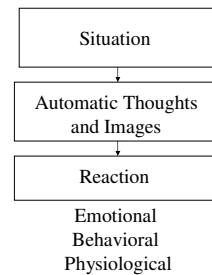
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Cognitive Therapy Checklist

1. Cognitive conceptualization
2. Strong therapeutic alliance
3. Agenda
4. Homework
5. Problem-solving orientation
6. Evaluation of thoughts and beliefs
7. Relapse prevention

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GENERAL COGNITIVE MODEL



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Characteristics of Automatic Thoughts

- They generally arise spontaneously.
- They often are unnoticed.
- The emotions or somatic sensations associated with them may be more readily recognized.
- They co-exist with a more manifest stream of thoughts.

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- They are associated with specific emotions, depending on their content and meaning.
- They are often brief and fleeting; sometimes in telegraphic form.
- Even when recognized, they are generally accepted as true, without reflection.
- They may be in verbal and/or imaginal form.

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Identifying Automatic Thoughts and Images

Key Question:

“WHAT WAS JUST GOING THROUGH YOUR MIND?”

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The situations that engender automatic thoughts can be:

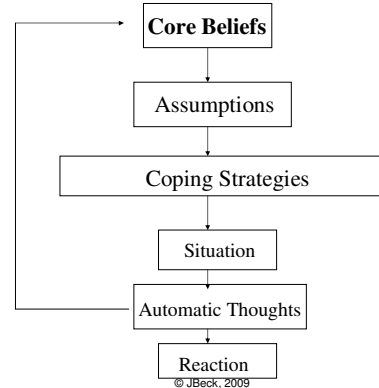
- Specific events
- Other thoughts, images, or memories
- Emotions
- Behavior
- Physiology

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Identifying Underlying Cognitions

- Patients' automatic thoughts express certain underlying themes
- Explore the *meaning* of automatic thoughts

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CORE BELIEFS

Helpless

Unlovable

Worthless/bad

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Cognitive Model of Depression

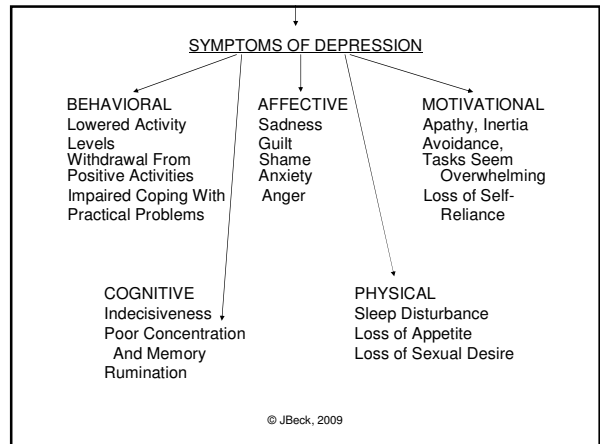
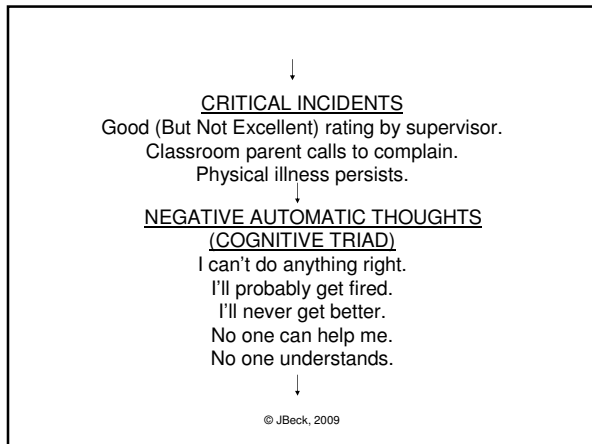
EARLY EXPERIENCE

Perfectionistic, critical parents
Highly achieving older siblings

FORMATION OF DYSFUNCTIONAL ASSUMPTIONS AND BELIEFS

I'm incompetent.
If I make a mistake, terrible things will happen.
If I do everything perfectly, I'll be okay.

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BUILDING THE THERAPEUTIC ALLIANCE WITH ALL PATIENTS

- Collaboration
- Monitor affect shifts in session
- Rationale for interventions
- Shared conceptualization and treatment plan

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- Accurate understanding, caring, competence
- Feedback (to therapist)
- Variation of style
- Solving problems/alleviating distress

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SETTING GOALS WITH PATIENTS

How would you like your life to be different as a result of therapy? What would you like to be doing differently?

- Make sure goals are behavioral
- Break larger goals into manageable ones
- Ensure goals are under patient's control

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If needed, question more specifically

“What would you like to be doing differently. . .

- at work/home/with family/with friends
- about your spiritual/cultural/intellectual side
- about your physical health
- about your leisure time?”

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TREATMENT PLANNING

1. Initial Stage

Establishing the therapeutic relationship

Providing psychoeducation

Setting goals

Socializing patient to cognitive model

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Socializing patient to process of therapy

Solving current problems/working toward goals

Eliciting, evaluating, responding to automatic thoughts

Modifying dysfunctional behavior

Teaching patient coping strategies

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2. MIDPHASE

Continue previous activities

Identify/conceptualize/modify dysfunctional assumptions/beliefs with patient

Identify/conceptualize/modify dysfunctional coping/compensatory strategies with patient

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3. Final Phase

Continue above activities

Prepare patient for termination

Problem-solving predicted difficulties

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Teach self-therapy

Identify early warning signs of relapse/recurrence

Develop plan for relapse/recurrence

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In-Session Treatment Planning Questions

- How can I help the patient feel better by the end of the session?
- How can I help the patient have a better week?
- How can I help the patient transfer learning from session to life?

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Structure of the Therapeutic Interview

Beginning of Session

1. Mood check
2. Setting agenda
3. Bridge from last session

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BECK DEPRESSION INVENTORY II

- | | |
|--|--|
| 1. Sadness | 2. Pessimism |
| 0 I do not feel sad | 0 I am not discouraged about my future |
| 1 I feel sad much of the time | 1 I feel more discouraged about my future than I used to be, |
| 2 I am sad all the time | 2 I do not expect things to work out for me. |
| 3 I am so sad or unhappy that I can't stand it | 3 I feel my future and will only get worse |

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BECK YOUTH INVENTORIES OF EMOTIONAL AND SOCIAL IMPAIRMENT

BECK DEPRESSION INVENTORY FOR YOUTH

	NEVER	SOMETIMES	OFTEN	ALWAYS
I think that my life is bad.				
I have trouble doing things.				
I feel that I am a bad person.				

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4. Discussion of problem #1

- Collect data
- Conceptualize according to cognitive model
- Plan a strategy
 - Problem solving
 - Responding to cognitions
 - Techniques to increase/decrease emotional and/or physiological arousal
 - Behavioral change/skills training
- Measure distress to evaluate effectiveness of strategy
- Summarize
- Homework

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5. Continue with other problem(s), if time
6. Overall summary and homework check
7. Feedback

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Skills and Assignments

1. Self-monitoring
2. Behavioral activation/activity scheduling*
3. Credit lists*
4. Graded tasks
5. Behavioral Experiments
6. Bibliotherapy

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7. Functional comparisons of self
8. Time management
9. Mindfulness, acceptance
10. Exposure hierarchies
11. Decision-making: advantages and disadvantages

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12. Relaxation/self-soothing activities
13. Distraction
14. Healthy living habits
 - Exercise
 - Reduction of alcohol, drugs, nicotine, caffeine
 - Strategies for insomnia
15. Interpersonal skills training
16. Image modification

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SKILLS TRAINING

Determine whether patients are lacking in needed skills or whether they have interfering beliefs:

- If I'm assertive with others, they'll get angry at me.
- If I try my new skills, I'll fail or get hurt.

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INCREASING HOMEWORK COMPLIANCE

1. Set homework collaboratively.
2. Insure that patient is capable of doing assignment.
3. Provide rationale (or ask client what rationale is).
4. Provide explicit instructions (including time, place, frequency, duration, etc., if applicable).
5. Start assignment in session, if applicable.

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6. Ask client how *likely* he/she is to do it.

If patient is less than 90% sure
 modify assignment or
 ask what might get in the way (practical obstacles or automatic thoughts) and solve the problem in session

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7. Do covert rehearsal
8. Help client set up system to remind self, if necessary.
9. Roleplay and reverse roleplay interfering thoughts.

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Identifying Automatic Thoughts and Images

Key Question:

“WHAT WAS JUST GOING THROUGH YOUR MIND?”

In the context of discussing distressing problem/situation

When patient displays affect shift in session

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Questions for patients to ask themselves

How am I feeling?
What just went through my mind?
What was I thinking?
What was I picturing?
Could I have been thinking about _____ or _____?
What was I predicting?

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- Was I thinking, “_____?” (supply opposite thought)
- What did this situation mean to me? about me?

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If patients can not identify thoughts

Focus on their emotions and/or physiological response initially

Facilitate re-experiencing of situation
-through imagery
-through roleplay

Ask about images

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EVALUATING AUTOMATIC THOUGHTS

Am I making a thinking error?

All-or-nothing thinking
Overgeneralization
Jumping to conclusions
Emotional reasoning
Catastrophizing
Magnification/minimization
Personalization
Mental Filter
Mindreading

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Socratic Questions

- What is the evidence that my thought is true?
What is the evidence that my thought is *not* true?
- What's an alternative explanation or viewpoint?
- What's the worst thing that could happen?
How could I cope with that?
What's the best that could happen?
What's the most likely outcome?

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- What is the effect of telling myself _____ [this thought]? What could be the effect of changing my thinking?
- What would I tell _____ [a specific friend/family member] if he/she viewed this situation in this way?
- What should I do now?

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Additional Techniques

- Provide alternative viewpoints (non-Socratically)
- Self-disclosure
- Imagery techniques

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RESPONDING TO AUTOMATIC THOUGHTS

Coping Card #1

Automatic Thought:
"I might lose my job."

Response: My evaluations are not perfect but they are probably good enough. If the economy stays bad and I get laid off, I can always get a construction job or unemployment insurance.

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COPING CARD #2

When I feel too upset [to respond to my automatic thoughts]:

- do controlled breathing
- listen to [specific music]
- call [specific friend]
- take a shower
- take a walk
- read coping cards

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DYSFUNCTIONAL THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" and as soon as possible jot down the thought or mental image in the Automatic Thought Column.

DATE/TIME	SITUATION	AUTOMATIC THOUGHT(S)	EMOTION(S)	ALTERNATIVE RESPONSE	OUTCOME
	1. What actual event or stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the emotion?	1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing.) 2. Use questions at bottom to compose a response to the automatic thought(s). 3. How much do you believe each response?	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do (or did you do)?

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DYSFUNCTIONAL THOUGHT RECORD (continued)

DATE/TIME	SITUATION	AUTOMATIC THOUGHT(S)	EMOTION(S)	ALTERNATIVE RESPONSE	OUTCOME
	Thinking about the phone bill I forgot to pay.	How could I forget? I'm so terrible.	Sad (75%)	I did forget to pay the phone bill, but this is the first time. Usually I am prompt. I forgot because I've been working late, not because I'm bad. Good people do make mistakes. The worst that'll happen is I'll keep forgetting to pay my bills. The best is I'll never forget again. The most realistic outcome is I'll occasionally forget. I should stop blaming myself and accept that it's human to make mistakes. If I realize it's really pretty minor, I'll feel better. I'd tell Joanne it's ridiculous to consider herself terrible for one mistake. 80%	1. A.T. = 50% 2. Sad = 50%

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen and how could I cope? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) If _____ (friend's name) was in the situation and had this thought, what would _____ (friend's name) do about it?
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Testing Your Thoughts

- What makes me think the thought is true?

- What makes me think the thought is not true or not completely true? _____

- What's another way to look at this? _____

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Testing Your Thoughts (cont.)

- What's the worst that could happen? _____

- What could I do then? _____

- What's the best that could happen? _____

- What will probably happen? _____

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Testing Your Thoughts (cont.)

- What will happen if I keep telling myself the same thing? _____
- What could happen if I changed my thinking? _____

- What would I tell my friend _____ if this happened to him or her? _____

- What should I do now? _____

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