Cognitive Therapy/Cognitive-Behavioral Therapy

Presented by:
Maricon Hernandez

MP – Industrial Psychology
Polytechnic University of the Philippines, Manila
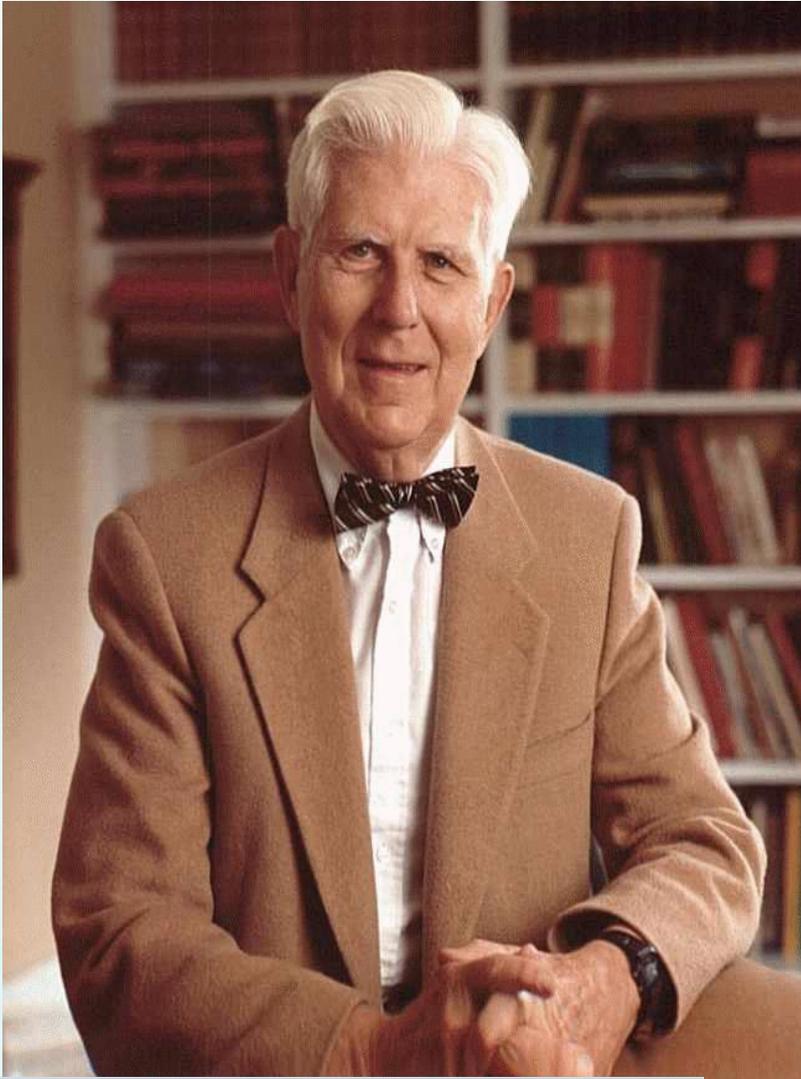
Aaron Beck

➢ Born on July 18, 1921
➢ Cognitive schema (underlying beliefs/patterns of thoughts)
➢ Automatic thoughts
➢ Cognitive distortions (inaccurate thoughts) (Neukrug, 2010)

Photo Source: uphs.upenn.edu

Example:
Several people are reading a basic text on cognitive therapy.

Reader A thinks: "This really makes sense. Finally, a book that will really teach me to be a good therapist!" Reader A feels mildly excited and keeps reading.

Reader B, on the other hand, thinks This approach is too simplistic. It will never work." Reader B feels disappointed and closes the book.

Example:
Several people are reading a basic text on cognitive therapy.

Reader C has the following thoughts: "This book isn't what I expected. What a waste of money." Reader C is disgusted and discards the book altogether."

Reader D thinks, "I really need to learn all this. What if I don't understand it? What if I never get good at it?" Reader D feels anxious and keeps reading the same few pages over and over.

Example:
Several people are reading a basic text on cognitive therapy.

Reader E has different thoughts: "This is just too hard. I'm so dumb. I'll never master this. I'll never make it as a therapist." Reader E feels sad and turns on the television.

Beliefs (core beliefs) – just the way things "are"; regarded by the person as absolute truths (Beck, 1987, Beck, 2011   ).

COGNITIVE BEHAVIOR THERAPY: BASICS AND BEYOND

I'm incompetent.

Difficulty with new computer skills

Difficulty applying for loan

+ Praise from boss

But I didn't deserve it

+ Chose health plan

But it took me a long time

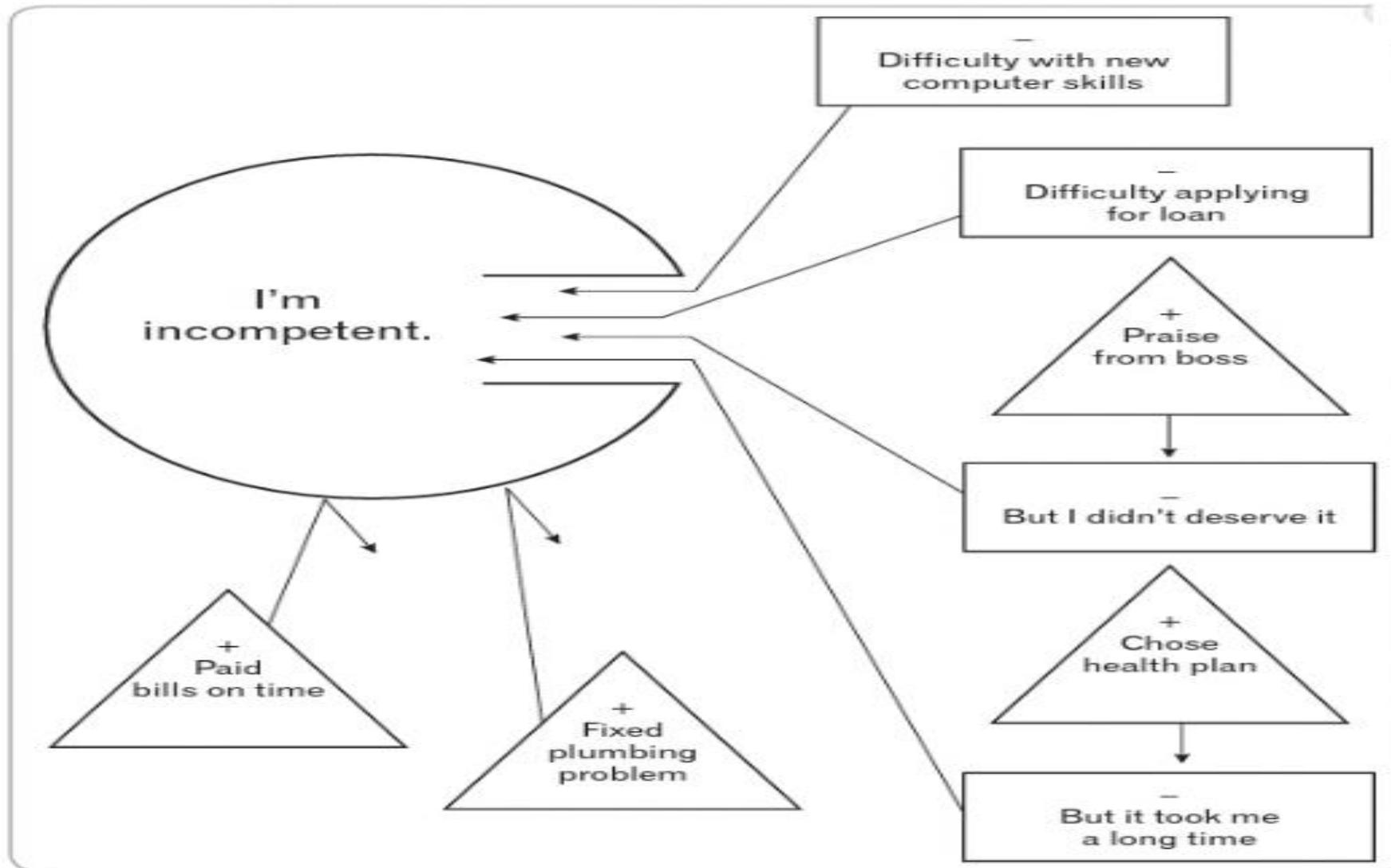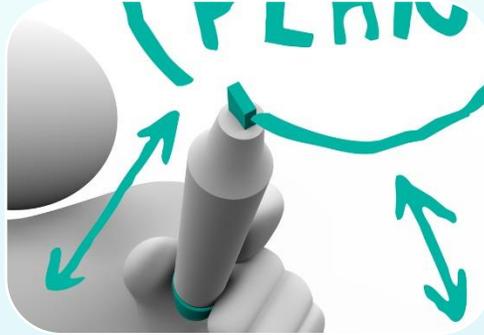+ Paid bills on time

+ Fixed plumbing problem

FIGURE 3.1. Information-processing model. This diagram demonstrates how negative data are immediately processed, strengthening the core belief, while positive data are discounted (changed into negative data) or unnoticed.

TREATMENT OVERVIEW

Developing therapeutic relationship

Planning treatment and structuring sessions

Identifying and responding to dysfuntional cognitions

Emphasizing the positve

Facilitating cognitive as well as behavioral change.

TREATMENT SESSIONS

Intake/Evaluation Session

- Greet the patient.
- Collaboratively decide with the patient whether a family member should attend all, part, or none of the session.
- Conduct the assessment.
- Set initial broader goals.
- Elicit feedback from the patient.

Between Evaluation and First Therapy Session

- Write up evaluation report/initial cognitive conceptualization plan and initial treatment plan.
- Hypothesize about the development of patient's disorder.
- Use conceptualization to develop braod treatment plan.

First Therapy Session

- **Initial Part of Session 1**: Set the agenda, do a mood check, obtain an update (since the evaluation), discuss patients' diagnosis & psychoeduaction

- **Middle Part of Session 1:** Identify problems and set goals, educate the patient about the cognitive model, discuss a problem

- **End of Session 1:** provide or elicit summary, review homework assignment, elicit feedback

Commonly-used Cognitive Therapy Techniques

1. **Thought Stopping**

2. **Imagery changing**

❖ **Following images to completion**

❖ **Jumping ahead of time**

❖ **Coping in the image**

❖ **Changing the image**

❖**Reality –testing the image**

❖**Repeating the image**

❖**Image stopping**

❖**Image Distracting**

3. Rational Emotive Role Play

4. Behavioral and Emotive Techniques

Session 2 and Beyond

- **Initial Part of Session**: Do a mood check, set the agenda, obtain an update review homework, prioritize the agenda

- **Middle Part of Session:** Work on specific problem and teach cognitive behavior therapy skills in that context, follow-up discussion w/ relevant, collaboratively homework assignments, work on a second problem.

- **End of Session:** provide or elicit summary, review homework assignment, elicit feedback

3. Termination

As the therapy continues, the therapist should expect client setbacks as the client struggles to work on his or her problems and as the hypotheses that were formed become slightly changed.

As the client nears the last session, the therapist should explore his or her thoughts about termination and help client develop a process in which he/she is conducting self-management sessions.

What is a therapy session like?
(Beck, 2011)

1. At the beginning of sessions, establish <u>therapeutic alliance</u>, check on <u>patient's mood symptoms</u>, and <u>experiences in the past week</u>, and ask them to <u>name</u> the <u>problems they most want help in solving</u>.

2. Review the self-help activities (homework or action plans) patients engaged in since the previous session.

3. Then in the context of discussing a specific problem patients have put on the agenda, you will collect data about the problem, cognitively conceptualize the patients' difficulties, and collaboratively plan a strategy.

Developing as a Cognitive Therapist

Stage 1: Learn the basic skills in conceptualizing a case in cognitive terms based on the intake evaluation and data collected in session.

Stage 2: Become more proficient in integrating conceptualization with knowledge of the techniques.

- Selecting

- Timing

- Implementing appropriate techniques

Stage 3: More automatically integrate new data into teh conceptualization

References:

Beck, J. (2011). Cognitive Behavior Therapy Basics and Beyond. New York. Guilford Press

Flanagan, J. & Flanagan, R. (2012). Counseling and Psychotherapy Theories: In Context and Practice New Jersey.John Wiley & Sons Inc.

Neukrug E. (2010). Counseling Theory and Practice. Virgina.Cenggage Learning

Thank you!