

# Cognitive Therapy



Cognitive therapy sees individuals as active participants in their environments, judging and evaluating stimuli, interpreting events and sensations, and judging their own responses.

“Man contemplates in his own way the stream of events upon which he finds himself so swiftly borne.” George Kelly (1963)



# THE COGNITIVE MODEL OF DEVELOPMENT

- As individuals develop, they think about their world and themselves in different ways.
- Their beliefs and assumptions about people, events, and themselves are cognitive schemas.
- Individuals have automatic thoughts that are derived from these beliefs that they are not aware of.
- How individuals shift from adaptive beliefs to distorted beliefs is referred to as cognitive shifts in Beck's system.

# COGNITIVE THEORY OF PERSONALITY

- Beck believes that psychological disorders are caused by a combination of biological, environmental, and social factors.
- Rarely is one of these a cause for a disorder. In understanding a disturbance, Beck uses a cognitive model of development that includes the impact of early childhood experiences on the development of cognitive schemas and automatic thoughts.
- Beliefs and schemas are subject to cognitive distortions, a key concept in cognitive therapy.

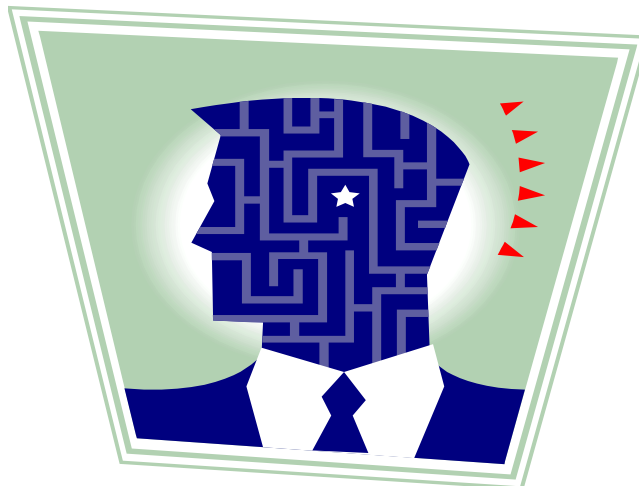
# *Schemas or cognitive schemas:*

- Ways of thinking that comprise a set of core beliefs and assumptions about how the world operates.



## *Automatic thoughts:*

- Notions or ideas that occur without effort or choice, that can be distorted, and lead to emotional responses. Automatic thoughts provide data about core beliefs.



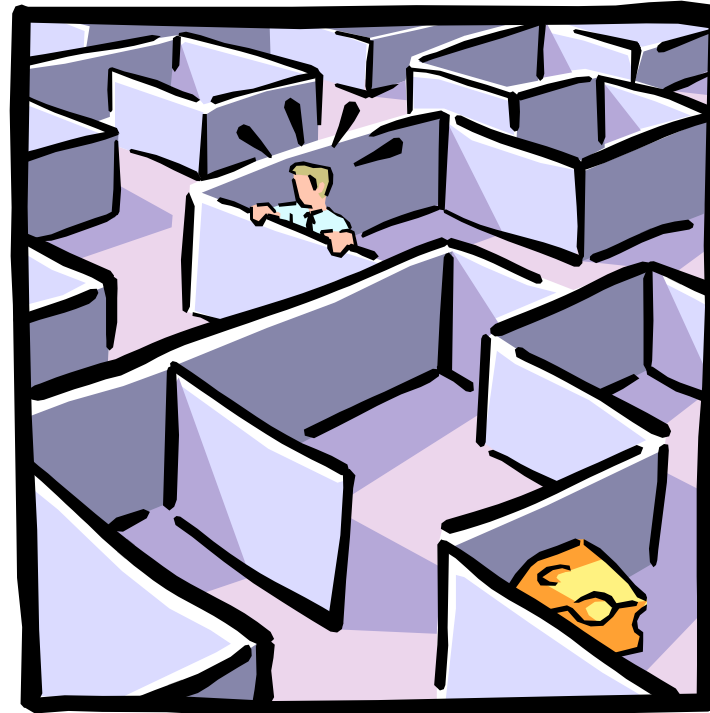
# *Cognitive shift:*

- Basically a biased interpretation of life experiences, occurring when individuals shift their focus from unbiased to more biased information about themselves or their world.



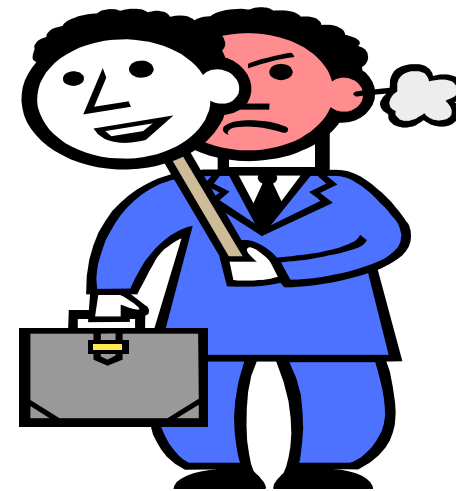
## *Negative cognitive shift:*

- A state in which interpretation of life experiences, occurring when individuals shift their focus from negative information about themselves.



## *Affective shift:*

- A shift in facial or bodily expressions of emotion or stress indicating that a cognitive shift has just taken place, often a negative cognitive shift. Often an indication of a hot cognition.





## *Hot cognition:*

- A strong or highly charged thought or idea that produces powerful emotional reactions.





# COGNITIVE DISTORTIONS

- Automatic thoughts are subject to cognitive distortions. Cognitive therapists have identified a variety of cognitive distortions that can be found in different psychological disorders.
- *Cognitive distortions:* Systematic errors in reasoning, often stemming from early childhood errors in reasoning; an indication of inaccurate or ineffective information processing.



*All-or-nothing thinking:*

- Engaging in black-or-white thinking.  
Thinking in extremes, such as all good or all bad, with nothing in the middle.

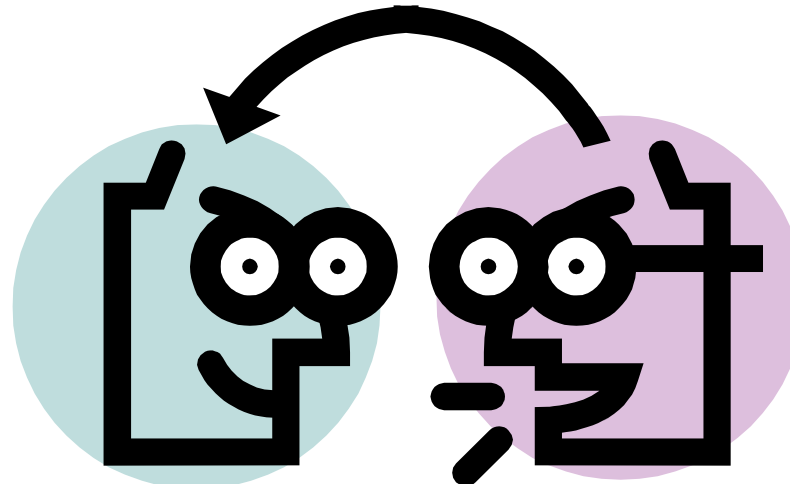


## *Selective abstraction:*

- Selecting one idea or fact from an event while ignoring other facts in order to support negative thinking.

## *Mind reading:*

- Believing that we know the thoughts in another person's mind.

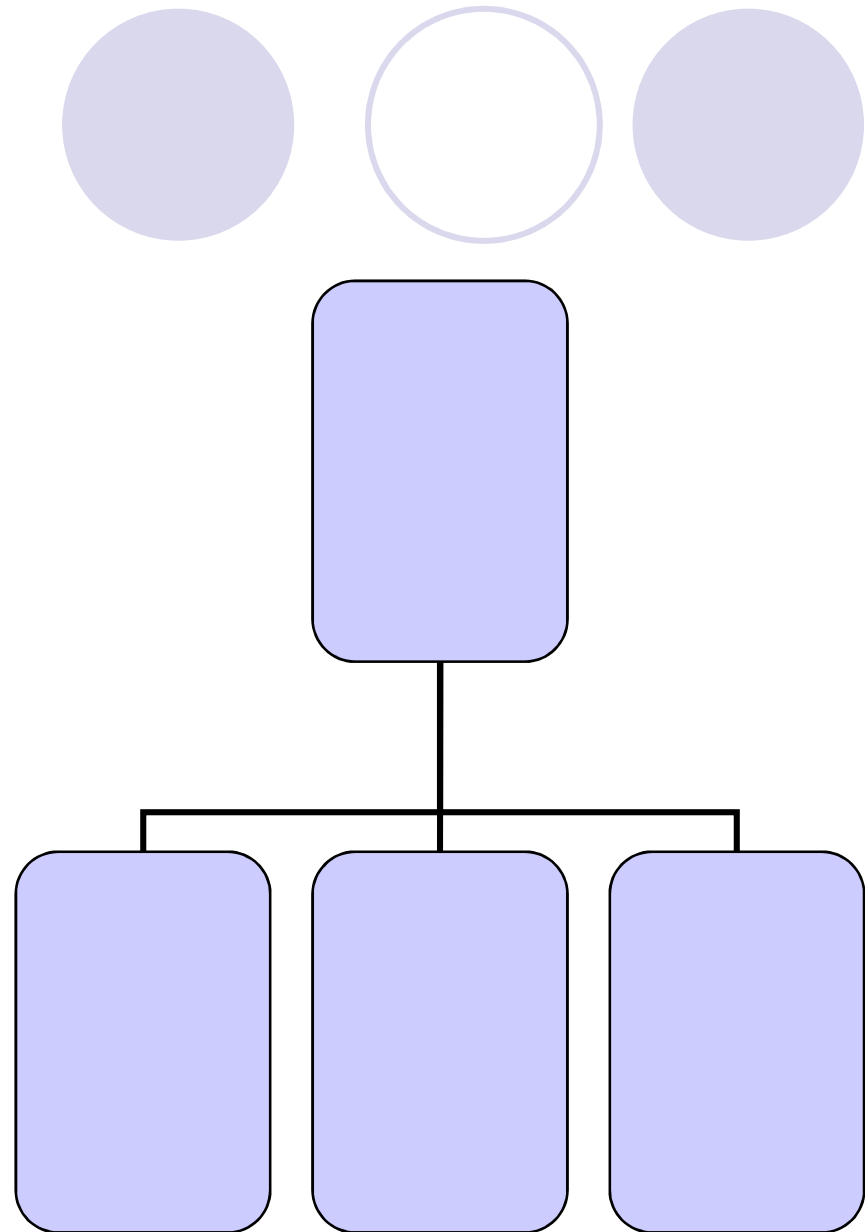


*Negative prediction:*

- Believing that something bad is going to happen even though there is no evidence to support this prediction.

# *Catastrophizing:*

- Exaggerating the potential or real consequences of an event and becoming fearful of the consequences.



## *Overgeneralization:*

- An example of distorted thinking that occurs when individuals make a rule based on a few negative or isolated events and then apply it broadly.



## *Labeling:*

- Creating a negative view of oneself based on errors or mistakes that one has made. It is a type of overgeneralizing which affects one's view of oneself.

# *Magnification:*

- A cognitive distortion in which an imperfection is exaggerated into something greater than it is.



*Minimization:*

- Making a positive event much less important than it really is.

## *Personalization:*

- A cognitive distortion in which an individual takes an event and relates it to himself or herself when there is no relationship. An example would be, “Whenever I want to go skiing, there is no snow.” Wanting to go skiing does not cause a lack of snow.



# THEORY OF COGNITIVE THERAPY

- In cognitive therapy, client and therapist combine to examine thinking patterns and behaviors and change them so that the client can function more effectively.
- The focus of therapy is often on distorted thinking. Assessment is quite detailed, more so than in REBT.
- Techniques challenge the clients distorted thoughts and replace them with more effective thinking.



# ASSESSMENT IN COGNITIVE THERAPY

- Attention to detail is a hallmark of cognitive therapy.
- In interviews, therapists ask many questions about the presenting problem, past problems, past traumatic experiences, and medical history.
- Questions elicit details to help therapists make assessments about distorted thinking.
- Scales and questionnaires, several developed by Aaron Beck, assess for depression, suicide, and other concerns.
- These may be administered to clients prior to each session. Another method is self monitoring that uses forms such as the Dysfunctional Thoughts Record.
- Still other methods are used for sampling thoughts.

## *Self-monitoring:*

- A method of assessing thoughts, emotions, or behaviors outside of therapy in which clients are asked to keep records of events, feelings, and/or thoughts.



## *Thought sampling:*

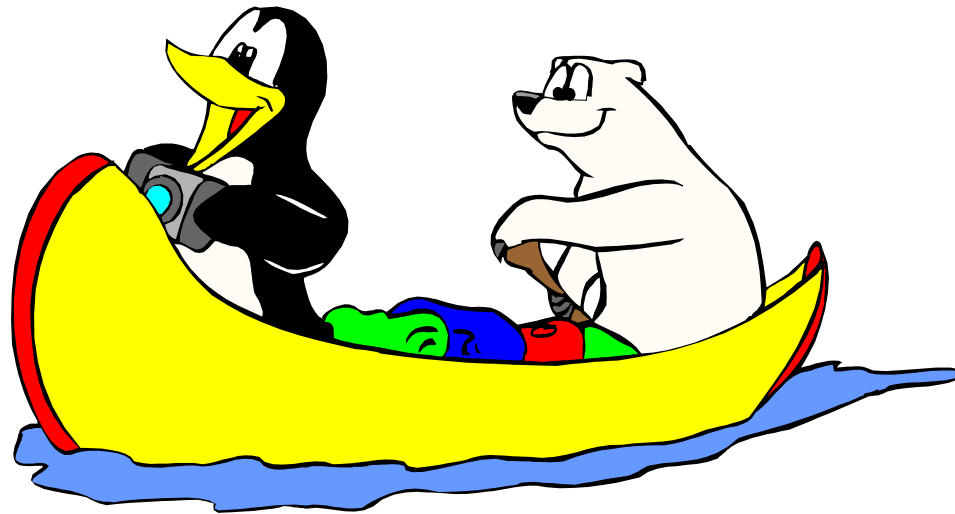
- A means of obtaining samples of thoughts outside of therapy by asking the client to record thoughts on tape or in a notebook at different intervals.





# ROLE OF COUNSELOR

- Client and counselor are in a collaborative partnership.



# THERAPEUTIC TECHNIQUES



- Cognitive therapy techniques are often challenging and specific.
- Socratic dialogue helps to challenge maladaptive beliefs and assumptions.
- Basically, it is a series of questions that help the client arrive at logical answers to and conclusions about a certain hypothesis.
- The three-question technique is a form of guided discovery.
- Clients are often asked to specify automatic thoughts by recording them on the Dysfunctional Thought Record or through thought sampling.
- The client can then bring material to therapy so that the client and therapist can challenge maladaptive assumptions or ineffective beliefs.
- Several different techniques are used for challenging different distorted beliefs.



## *Challenging absolutes:*

- Statements that include words such as “everyone”, “never”, and “always” are usually exaggerations which therapists point out to the client.


## *Reattribution:*

- Helping clients distribute responsibility for an event (such as an argument) so as to equally place responsibility for the event.

## *De-catastrophizing:*

- A “What if” technique, in which the clients are asked, “What if X happened, what would you do?” It is designed to explore actual rather than feared events.

## *Scaling:*

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- A technique of turning a dichotomy into a continuum so that individuals do not see things as “all or nothing.” It is used in challenging dichotomous thinking.
  - On a scale of 0 to 10, with 10 being the most disturbed, and 0 being not disturbed at all, where would you put yourself now?
  - 1 10

## *Cognitive rehearsal:*

- A means of using imagination to think about having a positive interaction or experience. For example, to imagine a positive interaction with one's future in-laws.



# How is REBT and cognitive therapy different from each other?

- Both approaches try to make changes in the clients' belief system.
- Ellis focuses on irrational beliefs and uses the A-B-C-D-E theory to challenge irrational beliefs of all types.
- Beck identifies types of cognitive distortions (a concept similar to irrational beliefs) and has developed different methods for challenging these distortions.
- Ellis applies his approach to all disorders.
- Beck has different suggestions and techniques for different disorders. In many ways, their approaches seem to be quite similar, but the language that they use is different.
- Beck uses different challenging methods for different disorders, whereas Ellis uses disputing, primarily, for most disorders.