Introduction to Cognitive Behavior Therapy

Zsolt Unoka M.D., PhD
Semmelweis University
Department of Psychiatry and Psychotherapy
Founding figures of CBT

- Rational Emotive therapy (Albert Ellis)
- Cognitive therapy

Aaron Beck
Rational Emotive therapy: Albert Ellis

• A-B-C theory of dysfunctional behavior

Example A:
• A= fail a midterm examination
• B= It’s unfortunate that I failed- I did not study hard enough and I must make sure that I study harder for the final
• C= no consequences (emotional disturbance sequelae)

Example B:
• A= Fail exam
• B= I’m stupid, I’ll never be able to pass this course and I will fail this course
• C= depression
Rational Emotive therapy: Albert Ellis

• Identify patient’s irrational beliefs
• Teach the patient to dispute the beliefs and substitute logical and rational beliefs
• Evaluate the effects of disputing their irrational beliefs
A. T. Beck’s Cognitive Therapy: Early conceptions

• Early observation of negative content of depressed people’s dreams

Depressed people have a negative view of:
• Themselves
• The world
• The future

Depressed people have negative schemas or frames of reference through which they interpret all events and experiences
Definition of CBT

• Focused form of psychotherapy based on a model suggesting that psychiatric/psychological disorders involve dysfunctional thinking
• The way an individual feels and behaves is influenced by the way s/he structures his experiences
• Modifying dysfunctional thinking provides improvements in symptoms and modifying dysfunctional beliefs that underlie dysfunctional thinking leads to more durable improvement
• Therapy is driven by a cognitive conceptualization and uses a variety of strategies
### CBT=empirically supported

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Established efficacy</th>
<th>Questionable efficacy</th>
<th>No established efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD(A)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAD</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAD</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCD</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BN</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDE</td>
<td>X</td>
<td>X</td>
<td>(severe only)</td>
</tr>
</tbody>
</table>

For hoarders, slowness.

MDE (severe only)
The General Cognitive Model

Situation

↓

Automatic Thoughts And Images

↓

Reaction (Emotional, Behavioral and physiological)
The Cognitive Triad

- Negative view of the self (e.g., I’m unlovable, ineffective)
- Negative view of the future (e.g., nothing will work out)
- Negative view of the world (e.g., world is hostile)
Automatic Thoughts (ATs)

• Negative thoughts about yourself, your world, or your future

• ATs are not given the same consideration as other thoughts but rather they are assumed to be true
Examples of ATs

Catastrophizing - extreme consequences of events

All or nothing - seeing things in black and white - no grey areas

Emotional reasoning - if I feel it, it must be true
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.
Identifying Assumptions and Core Beliefs

• “If..., then...”

• Downward arrow
  - If this thought is true, what’s so bad about that?
  - What’s the worst part about that?
  - What does it mean to you? About you?
Unlovable Core Beliefs

• I am unlikable, unwanted, will be rejected or abandoned, always be alone
• I am undesirable, unattractive, ugly, boring, have nothing to offer
• I am different, defective, not good enough to be loved by other, a nerd
Worthless Core Beliefs

• I am bad, irresponsible, worthless

• I am dangerous, toxic, evil, inhuman.
The Cognitive Model

- Core Beliefs
  - Assumptions
    - Compensatory/coping strategies
      - Situation
        - Automatic thoughts/images
          - Reaction (emotional/behavioral physiological)
The basic goals of CBT

• To challenge the thoughts about a particular situation by identifying the cognitive traps
• help the patient to identify less threatening alternatives
• to test out these alternatives in the real world
• to challenge the assumptions that lead to the ATs
The basic tenets of CBT

• Cognitive specificity

• socratic dialogue

• collaborative empiricism
The importance of homework

• Much of the change occurs between sessions

• Exercise analogy

• Predictor of success
The process of CBT

• Identify and changing maladaptive thoughts
• First sessions: therapist explains cognitive theory of emotional disorders (negative cognitions contribute to distress)
• Middle Sessions: Client is taught to identify, evaluate and replace negative automatic thoughts were more positive cognitions
• Therapist is a collaborator (fellow scientists in therapy)
• Final Sessions: solidify gains, focus on prevention of recurrence
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:

• 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.