Psychotherapy Guidebook

Cognitive Therapy

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e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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DEFINITION

Cognitive Therapy is an active, directive, time-limited, structured approach used to treat a variety of psychiatric disorders (for example, depression, anxiety, pain problems, phobias, etc.). It is based on an underlying theoretical rationale that an individual's affect (moods, emotions) and behavior are largely determined by the way in which he construes the world; that is, how a person thinks determines how he feels and reacts (Beck, 1967, 1976). His thoughts (cognitions) are verbal or pictorial mental events in his stream of consciousness. These cognitions are based on attitudes or assumptions (schemas) developed from early experience. For example, if a person is concerned about whether or not he is competent and adequate, he may be operating on the schema, "Unless I do everything perfectly, I'm a failure." Consequently, he may think about a situation in terms of adequacy even when the situation is unrelated to whether or not he is personally competent.

The symptoms of a disorder are related to the content of the patient's thinking. For example, people who develop depression have schemas concerned with self-deprecation; those developing anxiety states have schemas concerned with the anticipation of personal harm; paranoid patients

are controlled by thinking patterns relevant to unjustified abuse or persecution.

Cognitive Therapy techniques are designed to identify, reality-test, and correct maladaptive, distorted cognitions and the dysfunctional beliefs (schemas) underlying these cognitions. The patient learns to master problems and situations that he previously considered insuperable by reevaluating and correcting his thinking. The cognitive therapist teaches the patient to think more realistically and adaptively, thus reducing symptoms.

HISTORY

Freud, Adler, George Kelly, Albert Ellis, and others have emphasized the importance of cognitions in psychopathology. Aaron Beck specified the critical role of cognitions in neurotic disorders (cognitive theory of emotional disorders). He has enumerated techniques to change cognitions in treating anxiety, depression, and other outpatient disorders. The most well-refined and researched cognitive therapy methods are those used with depressed persons. A number of psychotherapy outcome studies have shown the effectiveness of cognitive therapy in treating depressed outpatients (Rush, et al., 1977).

TECHNIQUE

Cognitive techniques are aimed at delineating and testing the validity and reasonableness of the patient's specific misconceptions and maladaptive assumptions. Therapy involves highly specific learning experiences aimed to teach the patient how to do the following: a) monitor his negative, automatic thoughts (cognitions); b) recognize the connections between cognition, affect, and behavior; c) examine the evidence for and against his distorted negative cognitions; d) substitute more reality-oriented interpretations for his distorted negative cognitions; and e) learn to identify and alter the dysfunctional beliefs that predispose him to distort and negatively evaluate his experiences.

Behavioral assignments are used with more severely depressed patients not only to change behavior but also to elicit cognitions associated with specific behaviors. A sampling of these behavioral strategies include a Daily Activity Log, in which the patient logs his hourly activities; a Mastery and Pleasure Schedule, in which the patient rates the activities listed in his log; a Graded Task Assignment, in which the patient sequentially attempts various steps to accomplish a task that the patient believes is impossible. Furthermore, behavioral assignments are created to help the patient test out certain maladaptive cognitions.

Various verbal techniques are used to explore the logic behind, and basis for, specific cognitions and assumptions. The patient is given an initial

didactic explanation of the rationale for Cognitive Therapy. Next, he learns to recognize, monitor, and record the negative thoughts associated with incidents in which he felt particularly upset (sad, anxious, etc.). The cognitions and underlying assumptions are discussed and examined for logic, validity, adaptiveness, and enhancement of positive behavior versus maintenance of pathology. For example, the depressed person's tendency to feel responsible for negative outcomes while consistently failing to take credit for his own success is identified and discussed as a specific verbal technique. Therapy focuses at times on specific target symptoms (such as, suicidal impulses). The cognitions supporting these symptoms are identified (for example, "Life is worthless and I can't change it.") and then examined with logic and empirical methods.

APPLICATIONS

The therapist and patient work collaboratively to identify unrealistic cognitions and to test them out (by having the patient undertake, for example, certain homework assignments designed to check the validity of the thoughts and schemas). When unrealistic thoughts and beliefs are found, new, more realistic ones are substituted for the old ones. The patient is then asked to practice acting on these new thoughts and beliefs to see if they are realistic. Such use of homework assignments between treatment sessions not only maintains the patient's active participation but also provides an opportunity

in his daily life to use the techniques learned in treatment.