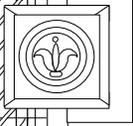


Psychology 460 Counseling & Interviewing



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Cognitive-Behavior Therapy (Chapter 10)

- Albert Ellis' Rational Emotive Behavior Therapy (REBT)
- Aaron Beck's Cognitive Therapy
- Donald Meichenbaum's Cognitive Behavior Modification

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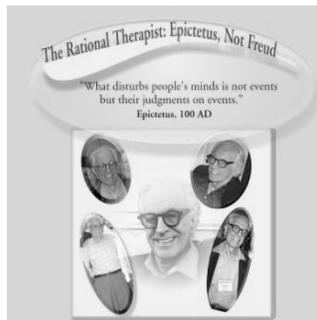
- Collaborative relationship between client and therapist
- Premise that psychological distress is largely a function of disturbances in cognitive process
- Focus on changing cognitions to produce desired changes in affect and behavior
- Generally time-limited & educational treatment focus on specific and structured target problems
 - (a) **Beliefs** - is that our emotions stem from our beliefs, evaluations, interpretation, and reactions to life situations
 - (b) **Clients** - learn skills that give them tools to identify irrational beliefs & learn to replace them with effective and rational cognitions; as a result they change their emotional reactions to situations
 - (c) **Working with thinking and acting**; therapy seen as a educational process

Rational Emotive Behavioral Therapy (REBT)

- Albert Ellis
 - Ellis was born in Pittsburgh in 1913 and raised in New York City. He made the best of a difficult childhood by using his head and becoming, in his words, "a stubborn and pronounced problem-solver." A serious kidney disorder turned his attention from sports to books, and the strife in his family (his parents were divorced when he was 12) led him to work at understanding others.

Rational Emotive Behavioral Therapy (REBT)

- Albert Ellis



Rational Emotive Behavioral Therapy (REBT)

- **Stresses thinking**, judging, deciding, analyzing, and doing
- **Assumes** that cognitions, emotions, and behaviors interact and have a reciprocal cause-and-effect relationship
- Is **highly didactic**, very directive, and concerned as much with thinking as with feeling
- **Teaches** that our *emotions stem mainly from our beliefs*, evaluations, interpretations, and reactions to life situations

The Therapeutic Process

- **Therapy is seen as an educational process**
- **Clients learn**
 - To identify & dispute *irrational beliefs* that are maintained by self-indoctrination
 - To replace ineffective ways of thinking with effective & rational cognitions
 - To stop absolutistic thinking, blaming, & repeating false beliefs

Key Concepts

- **View of Human Nature**
 - We are born with a potential for both rational and irrational thinking
 - We have the biological & cultural tendency to think crookedly & to needlessly disturb ourselves
 - We learn and invent disturbing beliefs and keep ourselves disturbed through our self-talk
 - We have the capacity to change our cognitive, emotive, and behavioral processes
 - Help people accept themselves as able to make mistakes & yet be at peace with themselves
 - Humans are self-talking, self-evaluating, self-sustaining
 - There is inborn tendency toward self-actualization, but its sabotaged by inborn tendency toward crooked thinking & self-defeating patterns that are learned

Key Concepts

- **View of Emotional Disturbance**
 - Our own repetition of early-indoctrinated irrational beliefs keeps dysfunctional attitudes operative within us
 - Blame is the core of most emotional disturbances
 - People develop difficulties when they mistake simple preferences (desires for love, approval, success) and make the mistake of thinking of them as dire needs
 - Absolutistic cognitions are the core of human misery "musts" & "shoulds"

Key Concepts

- **View of the world**
 - Most people conceptualize their world as A causes C.
 - I.e., that events/experiences cause them to feel a certain way
 - Also we subscribe to irrational beliefs

Key Concepts

- **Irrational Beliefs (Albert Ellis)**
 - 1. You must - yes, must - have sincere love and approval almost all the time from all the people you find significant
 - 2. You must prove yourself thoroughly competent, adequate and achieving, or you must at least have real competence or talent at something important
 - 3. You have to view life as awful, terrible, horrible, or catastrophic when things do not go the way you would like them to go
 - 4. People who harm you or commit misdeeds are generally bad, wicked, or villainous individuals and you should severely blame, damn, and punish them for their sins
 - 5. If something seems dangerous or fearsome, you must become terribly occupied with and upset about it

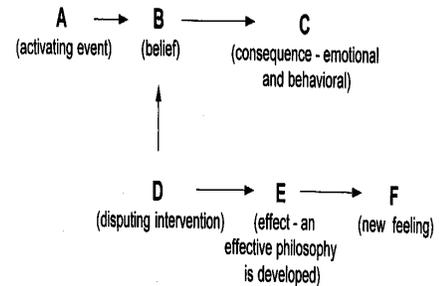
Key Concepts

- **Irrational Beliefs (Albert Ellis)**
 - 6. People and things should turn out better than they do and you have to view it as awful and horrible if you do not quickly find good solutions to life's hassles
 - 7. Emotional misery comes from external pressures and you have little ability to control your feelings or rid yourself of depression and hostility
 - 8. You will find it easier to avoid facing many of life's difficulties and self-responsibilities than to undertake more rewarding forms of self-discipline
 - 9. Your past remains all-important and because something once strongly influenced your life, it has to keep determining your feelings and behavior today
 - 10. You can achieve happiness by inertia and inaction or by passively and uncommittedly "enjoying yourself"

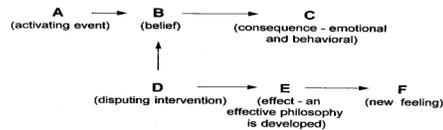
Key Concepts

- Irrational Beliefs (Arthur Lange) can be broken down to 4 categories:
 - a. People worry too much about what other people think
 - b. People have a fear of failure
 - c. People have a low frustration tolerance
 - d. People have a tendency to externalize blame
- Note: Clients do not typically do all four, more likely to have one core irrational belief

A-B-C Theory of Personality

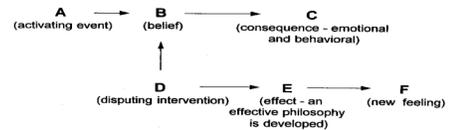


A-B-C Theory of Personality



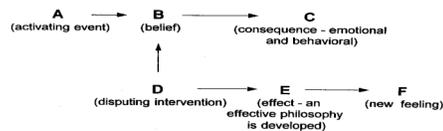
- At point **A** (an Activating Experience or Activating Event) something occurs. For example, you have a good job and get fired from it.

A-B-C Theory of Personality



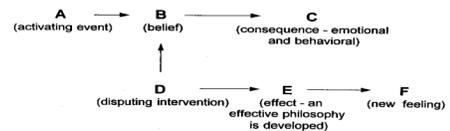
- At point **C**, an emotional and/or behavioral Consequence, clients react to the happening at point **A**, and, e.g., feel quite depressed about your job loss and tend to stay home much of the time and avoid going out to look for another equivalent, or perhaps even better, job.

A-B-C Theory of Personality



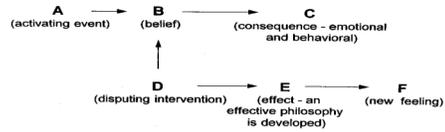
- Noting, now, that the emotional and behavioral Consequence (**C**) almost immediately and directly follows after the occurrence of the Activating experience (**A**), clients falsely tend to assume that **A** causes **C**.
- And they erroneously make conclusions like: "I lost this good job and that, my loss, has depressed me and made me avoid looking for another one."

A-B-C Theory of Personality



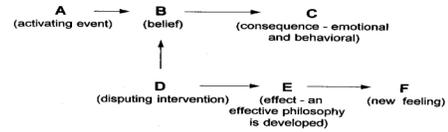
- REBT theory strongly posits, then, that Activating Experiences at **A**, like the loss of a job, do not make clients have emotional Consequences at **C**, such as feelings of depression, despair, and panic, and do *not* lead to behavioral Consequences such as inertia and avoidance.
- Rather, clients mainly cause their own consequences, at **C**, by strongly believing certain things at **B**--their innately predisposed *and* learned or acquired Belief System.

A-B-C Theory of Personality



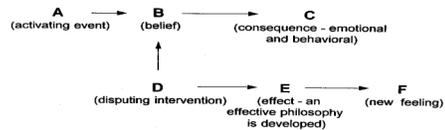
- So says the central theory of REBT (as Epictetus observed some 2000 years ago):
 - The things that occur do not upset you—but your view of those things does.
 - Or, in REBT terms, **A** (Activating Event) does not directly cause **C** (emotional and behavioral Consequences); **B** (clients' Beliefs about **A**) does.

A-B-C Theory of Personality



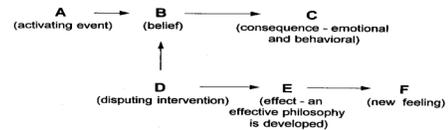
- And further:
 - Once clients accept the fact that external events (including early conditioning) significantly contribute to but do *not* actually cause their feelings, and that they largely feel the way they think, they enormously increase their power over their own emotions.
 - Although clients can hardly change them at will, they can appreciably make them subject to their decision processes.

A-B-C Theory of Personality



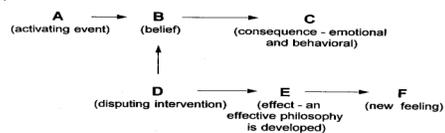
- And further:
 - They can, if they wish, decide to surrender to appropriate negative emotions, such as sorrow, regret, frustration, annoyance, and irritation, while refusing very often to give in to inappropriate and self-defeating feelings, such as anxiety, depression, hostility, and self-downing.
 - How?
 - By finishing the A-B-C's of REBT with the D and E

A-B-C Theory of Personality



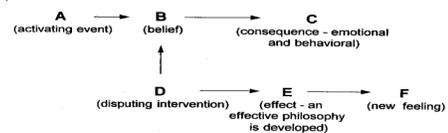
- Challenging any irrational or rationalized thinking
 - What's true about **Self**?
 - What's true about **Others**?
 - What's true about **Situation**?
 - Is this consequence inevitable?
 - Is it true that this should never happen? Who said?

A-B-C Theory of Personality



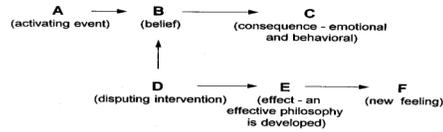
- Challenging any irrational or rationalized thinking
 - Where's the evidence?
 - Why is it important? (answer: because everyone must approve of me)
 - Where's the evidence?

A-B-C Theory of Personality



- Substitute specific rational thoughts that when thought, lead to less anxiety, anger, guilt or depression
- These thoughts must be true and be directly counter to the thoughts that were disruptive

A-B-C Theory of Personality



- Winding up with a New Effect or Philosophy
 - Replace with Rational Beliefs by Actively Disputing Irrational Beliefs and
 - Simultaneously identify what's the good stuff (i.e., reinforce what already exists or replace with new beliefs)
 - Along with this cognitive Effect (cE), or new philosophy, they will, if they truly believe in it and follow what they believe, have a new emotive Effect (eE) and behavioral (be) as well, e.g., "You will feel undepressed (though still sorry) and unanxious (though still concerned)"

The Therapeutic Process

- Clients experience in therapy
 - 1. Client is in role of a learner
 - 2. Emphasis on here and now experiences
 - 3. Three main levels of insight in REBT:
 - 1st we choose to disturb ourselves about events in our lives
 - 2nd we remain emotionally disturbed because we keep re-indoctrinating ourselves with absolutistic beliefs
 - 3rd there are no magical ways to change our personalities, we change only if we are willing to work and practice

A-B-C Theory of Personality

- The reaction (C) to an event (A) can be either appropriate or inappropriate;
- however A does not cause C, instead B - the person's belief about A causes C.
- D is application of scientific method to help clients challenge their irrational beliefs.
- Three components of disputing process:
 - 1. detecting- clients detect their irrational beliefs, especially absolutistic ones
 - 2. debating- clients debate dysfunctional beliefs by learning to empirically question them and argue themselves out of believing them
 - 3. discriminating- learn to discriminate rational from irrational beliefs

The Therapeutic Process

- Primary Therapeutic Goals
 - to leave clients, at the end of psychotherapeutic process, with a minimum of anxiety, guilt, depression (or self-blame), anger, and low frustration tolerance (or blame of others and the world around them); just as importantly,
 - to give them a method of self-observation and self-assessment that will ensure that, for the rest of their lives, they will continue to make themselves minimally anxious and hostile

The Therapeutic Process

- General Therapeutic Goals
 - 1. self-interest
 - 2. social interest
 - 3. self-direction
 - 4. tolerance
 - 5. flexibility
 - 6. acceptance of uncertainty
 - 7. commitment
 - 8. scientific thinking
 - 9. self-acceptance
 - 10. risk taking
 - 11. high tolerance of frustration
 - 12. self-responsibility for disturbance

The Therapeutic Process

- Therapist's Function and Role
 - 1. show clients they have many irrational "shoulds", "oughts", "musts" (musturbation)
 - 2. demonstrate to client that they are keeping their emotional disturbances active by continuing to think illogically and by repeating self-defeating meanings and philosophies
 - 3. help clients modify their thinking and irrational ideas
 - 4. challenge clients to devise a rational philosophy of life so that in the future, they can avoid becoming victims of irrational beliefs

The Therapeutic Process

- Relationship between therapist and client
 - 1. full acceptance/tolerance of client
 - 2. help clients avoid self-condemnation
 - 3. refuse to evaluate clients as persons, but rather point out ineffectual behavior
 - 4. does not emphasize personal warmth and empathy rather, model and teach unconditional full acceptance transference not encouraged

Application: The Practice of REBT

- Incorporate into therapy a forceful cognitive methodology
 - dispute irrational beliefs
 - cognitive homework
- client makes list of problems, look for absolutistic beliefs, and dispute these beliefs
- changing one's language; "oughts" and "shoulds" → preferences
- use of humor

Application: The Practice of REBT

- Emotive techniques
 - Rational emotive imagery
 - Role playing
 - Shame attacking exercises; exercises to help people reduce irrational shame over behaving in certain ways
 - Use of force and vigor- as a way to go from intellectual to emotional insight

Application: The Practice of REBT

- Applications of REBT can apply to :
 - Individual therapy
 - Group therapy
 - Brief therapy
 - Marital therapy
 - Application to family therapy

Irrational Ideas

- Irrational ideas lead to self-defeating behavior
- Some examples:
 - “I must have love or approval from all the significant people in my life.”
 - “I must perform important tasks competently and perfectly.”
 - “If I don't get what I want, it's terrible, and I can't stand it.”

Aaron Beck's Cognitive Therapy (CT)

- Beck & daughter
 - Dr. Judith Beck



Aaron Beck's Cognitive Therapy (CT)

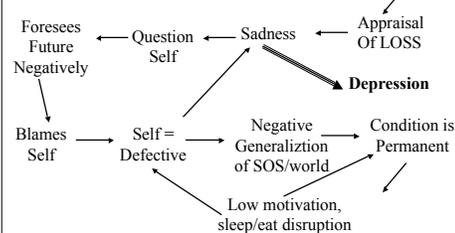
- Graduate of Brown University (1942) and Yale Medical School (1946)
- Developed cognitive therapy in early 1960s as a psychiatrist at the University of Pennsylvania
- Had previously studied and practiced psychoanalysis
- A researcher and scientist at heart, Dr. Beck designed & carried out a number of experiments to test psychoanalytic concepts of depression
- Fully expecting research would validate these fundamental precepts, he was surprised to find the opposite
- This research led him to begin to look for other ways of conceptualizing depression

Aaron Beck's Cognitive Therapy (CT)

- Working with depressed patients, he found that they experienced streams of negative thoughts that seemed to pop up spontaneously
- He termed these cognitions "automatic thoughts," & discovered that their content fell into three categories: negative ideas about themselves, the world and the future
- He began helping patients identify and evaluate these thoughts and found that by doing so, patients were able to think more realistically, which led them to feel better emotionally and behave more functionally

Aaron Beck's Cognitive Therapy (CT)

- Sensitizing even-->Indv. Is now-->Current event/situ (stressor early in life) "D-prone" impinges on sensitive area



Aaron Beck's Cognitive Therapy (CT)

- Vicious cycle intensifies as the sense of sadness is continually fed
- May reach the point where only means of escape evident to the depressive is suicide
- Key is to break the dysfunctional thought process

Aaron Beck's Cognitive Therapy (CT)

- Active, directive, time-limited, present-centered, structured approach
- Insight-focused therapy
- Emphasizes changing negative thoughts and maladaptive beliefs (schemata)
- Theoretical Assumptions
 - People's internal communication is accessible to introspection
 - Clients' beliefs have highly personal meanings
 - These meanings can be discovered by the client rather than being taught or interpreted by the therapist

Theory, Goals & Principles of CT

- Basic theory:
 - To understand the nature of an emotional episode or disturbance it is essential to focus on the cognitive content of an individual's reaction to the upsetting event or stream of thoughts
- Goals:
 - To change the way clients think by using their automatic thoughts to reach the core schemata and begin to introduce the idea of schema restructuring done by encouraging clients to gather & weigh the evidence in support of their beliefs
- Principles:
 - Automatic thoughts: personalized notions that are triggered by particular stimuli that lead to emotional responses

CT's Cognitive Distortions

- **Errors in reasoning that lead to cognitive distortions**
 - **Arbitrary inferences**
 - making conclusions w/o supporting & relevant evidence
 - E.g., fooled professors & somehow managed to get degree but now people will certainly see through you
 - **Selective abstraction**
 - Forming conclusions based on an isolated detail of an event
 - Other info. Is ignored & significance of total context ignored
 - E.g., as counselor might measure your worth by your errors & weaknesses, not by your successes

CT's Cognitive Distortions

- **Errors in reasoning that lead to cognitive distortions**
 - **Overgeneralization**
 - Process of holding extreme beliefs on basis of a single incident & applying them inappropriately to dissimilar events or setting
 - E.g., You might conclude that you will not be effective counseling adolescents; you might also conclude that you will not be effective working with any clients
 - **Magnification and minimization**
 - Perceiving a case or situation in a greater or lesser light than it truly deserves
 - E.g., By assuming that even minor mistakes in counseling a client could easily create a crisis for them and might result in psychological damage

CT's Cognitive Distortions

- **Errors in reasoning that lead to cognitive distortions**
 - **Personalization**
 - Tendency for individuals to relate external events to themselves, even when there is no basis for making this connection
 - E.g., client d/n return to 2nd session...so must be my fault they will never seek help again
 - **Labeling and mislabeling**
 - Portraying one's identity on the basis of imperfections & mistakes made in the past & allowing them to define one's true identity
 - E.g., if not able to live up to all client's expectations then might think 'totally worthless as therapist'

CT's Cognitive Distortions

- **Errors in reasoning that lead to cognitive distortions**
 - **Polarized thinking**
 - Thinking & interpreting in all-or-nothing terms, categorizing experiences in either-or extremes
 - Dichotomous thinking--events are labeled in black or white terms (e.g., competent counselor & always successful OR not fully competent and a total flop)
 - **Homework**
 - **Pleasure Sheet** [predict satisfaction before then list actual satisfaction after]
 - **Anti-procrastination Sheet** [predict difficulty & satisfaction, then list actual difficulty/satisfaction]
 - **Automatic Thought Sheet** [automatic thought (self-criticism), type of distortion, rational response (self-defense)]

CT's Cognitive Triad

- **Pattern that triggers depression:**
 1. Client holds negative view of themselves
 2. Selective abstraction: Client has tendency to interpret experiences in a negative manner
 3. Client has a gloomy vision and projections about the future

Beck's CT: Clinical Procedures

- Prepare client by providing cognitive rationale for treatment and demystify treatment
- Applying client to monitor thought that accompany distress
- Implementing behavioral and cognitive techniques
- Identifying and challenging cognitions
- Examining beliefs and assumptions by testing them in reality
- Preparing clients by teaching them coping skills that will work against relapse

Constructivism as a trend in cognitive therapy

- Stresses the client's reality without disputing whether its accurate or rational
- An advantage of less danger of therapist imposing their own views on client
- This approach provides a philosophical approach not really a set of techniques
- View of people as active agents who can derive meaning out of their experiential world

Differences between CT & REBT

- REBT is very directive, persuasive, confrontive
- CT however places more emphasis on helping clients discover their misconceptions for themselves
- CT puts more emphasis on the therapeutic relationship
 - therapist must have genuine warmth, accurate empathy, non judgmental acceptance
 - therapist functions as a catalyst and a guide who helps clients understand how their beliefs affect how they feel
 - there is a therapeutic collaboration between therapist and client

Donald Meichenbaum's Cognitive Behavior Modification (CBM)

- Dr. Meichenbaum is Professor of Psychology at the University of Waterloo in Ontario, Canada and a member of The American Academy of Experts in Traumatic Stress
- He was the innovator of Cognitive Behavior Modification (CBM) and at the forefront of the "Cognitive Revolution" in the field of psychology in the 1970s and 1980s
- He was voted one of the ten most influential psychotherapists of the century by North American clinicians in a survey reported in the American Psychologist, the official publication of the American Psychological Association

Donald Meichenbaum's Cognitive Behavior Modification (CBM)

- Self-instructional therapy, form of cognitive-restructuring
- Focus:
 - Client's self-verbalizations or self-statements
- Premise:
 - As a prerequisite to behavior change, clients must notice how they think, feel, and behave, and what impact they have on others
- Basic assumption:
 - Distressing emotions are typically the result of maladaptive thoughts

Meichenbaum's CBM

- Self-instructional therapy focus:
 - Trains clients to modify the instructions they give to themselves so that they can cope
 - Emphasis is on acquiring practical coping skills
- Cognitive structure:
 - The organizing aspect of thinking, which seems to monitor and direct the choice of thoughts
 - The "executive processor," which "holds the blueprints of thinking" that determine when to continue, interrupt, or change thinking

Behavior Change & Coping (CBM)

- Behavior change occurs through a sequence of mediating processes involving interaction of inner speech, cognitive structures, and behaviors and their resultant outcomes
- 3 Phases of Behavior Change
 1. Self-observation
 2. Starting a new internal dialogue
 3. Learning new skills

Behavior Change & Coping (CBM)

- **Coping skills programs – Stress inoculation training (3 phase model)**
 1. The conceptual phase
 2. Skills acquisition and rehearsal phase
 3. Application and follow-through phase

Coping skills programs

- **Rationale** is that we can acquire more effective strategies in dealing with stressful situations by learning how to modify our cognitive "set"
 - 1. expose clients to anxiety provoking situations by means of role playing and imagery
 - 2. require clients to evaluate their anxiety level
 - 3. teach clients to become aware of anxiety-provoking cognitions they have in stressful situations
 - 4. helping clients examine these thoughts by reevaluating their self-statements

Coping skills programs

- **Stress-Inoculation Training (SIT)**
 - Three stages
 - Conceptual phase: create a working relationship with clients
 - Skills-acquisition and rehearsal phase: giving clients a variety of behavioral and cognitive coping techniques to apply to stressful situations
 - Application and follow-through phase: focus transfer and maintenance of change from the therapeutic situation to real world