Cognitive Behavioral Therapy

A Brief Introduction
Cognition Re-enters

- Behaviorism focused on observable behavior (J.B. Watson, B.F. Skinner)
- Albert Bandura re-opened the door to cognitions with modeling
- The Cognitive Revolution
Albert Ellis
Cognitive Therapy

- Rational Emotive therapy (Albert Ellis)
- Cognitive therapy (Aaron Beck)
Rational Emotive Therapy

- Emotions stem from our interpretations of events, not from the events themselves
  - We create our problems
- Need to modify our interpretations
  - If we don’t interpret things in a way that makes us feel bad, we won’t feel bad

Albert Ellis
A-B-C Theory of Personality

A → B → C

A (activating event) → B (belief) → C (consequence - emotional and behavioral)

D → E → F

D (disputing intervention) → E (effect - an effective philosophy is developed) → F (new feeling)
Evaluation

- **Strengths**
  - Brought cognition into the study of personality
    - How we think
    - How we perceive
  - Emphasis on person’s own interpretation

- **Weaknesses**
  - Important aspects of personality denied or neglected
  - Difficulty predicting behaviour
  - Many unanswered questions
Rational Emotive Therapy: Ellis

- A-B-C theory of dysfunctional behavior
Example Rationale Thinking

- 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 Irrational Thinking: leads to Emotional Disturbance

- A = Fail exam
- B = I’m stupid, I’ll never be able to pass this course and I will fail this course
- C = depression
Ellis’ List of Common Irrational Ideas

- I absolutely must have sincere love and approval almost all the time from all the significant people in my life.
- I must be thoroughly competent, adequate and achieving in all respects, or I must at least have real competence or talent at something important; otherwise I am worthless.
- People who harm me or who do a bad thing are uniformly bad or wicked individuals, and I should severely blame, damn, and punish them for their sins and misdeeds.
Ellis’ List of Common Irrational Ideas (continued)

- When things do not go the way I would like them to go, life is awful, terrible, horrible, or catastrophic
- Unhappiness is caused by external events over which I have almost no control. I also have little ability to control my feelings or rid myself of feelings of depression and hostility.
Rational Emotive Therapy

- Identify patient’s irrational beliefs
- Add “D” and “E” to A-B-C theory
- Teach the patient to dispute the beliefs and substitute logical and rational beliefs
- Evaluate the effects of disputing their irrational beliefs
Beck’s Cognitive Therapy

- Early observation of negative content of depressed people’s dreams
Models of Depression

Aaron Beck
Irrational Beliefs

- Everyone I meet should like me
- I should be perfect at everything I do
- Because something once affected my life, it will always affect it
- It is unbearable and horrible when things are not the way I want them to be
- I must perform important tasks competently and perfectly
- If I don’t get what I want, it’s terrible
- I must have love or approval from all the significant people in my life
Distorted Thinking

- All or Nothing Thinking
- Overgeneralization
- Mental Filter
- Disqualifying the Positive
- Jumping to Conclusions
- Emotional Reasoning
- Personalization
Beck’s Theory

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.
Depression and Negative Schemas

Negative schemas:
- Always present
- Unconscious
- Become activated with stressful events
Beck’s Cognitive Therapy: First Sessions

- 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
Person with negative schema involving rejection will become depressed when a partner leaves him or her
Therapist as Collaborator

- Therapist and client work together to test the logic and consistency of each negative thought.
Behavioral Component

- Behavioral coping strategies (problem solving skills and assertiveness training)
Solidifying Gains and Prevention

- Solidify gains: broaden range of identified negative thoughts and strengthen more positive cognitions
- Anticipate future stressful life events that might trigger a future depression and role play more adaptive responses
Cognitive Behavioral Therapy: Efficacy/Effectiveness (old question)

- Identified as a well established treatment for the treatment of unipolar depression
- As effective (and sometimes more effective than) alternate forms of treatment for depression including antidepressant medication
- However (despite focus on prevention of relapse) 2/3 of patients who receive cognitive therapy have another episode of depression within two years
CBT Effective for which type of patients (new question)

- Outcome not predicted by level of intelligence
- Patient with lower levels of dysfunctional thinking benefit the most (paradoxically)
- Interpersonally avoidant patients do better in CBT (rather than interpersonal psychotherapy)
- Patients with more obsessional styles do better in Interpersonal Psychotherapy
CBT: Effective for Which Disorders?

Empirically supported treatment for
- Depression
- Generalized anxiety disorder
- Obsessive compulsive disorder
- Panic disorder