Cognitive-Behavioural Theory

ABC Model

The three main assumptions of CBT are: -

1. Emotions and Behaviour are determined by thinking

2 Emotional disorders result from negative unrealistic thinking

3 By altering this thinking emotional disturbance can be reduced.

For example, a man walking down the street sees a work college, who walks past him. The man thinks he has ignored him on purpose, he must hate me. This leads him to avoid the work college totally. The rational man would have thought about the reason the work college had not spoken, did he not see him, was he deep in thought. Then at work would have gone and asked the college if everything was alright.

In 1977 Albert Ellis introduced the A.B.C model to explain this. Crooked thinking accompanied by should and musts Ellis believed caused emotional behaviour. The irrational beliefs that came from this caused “CATASTROPHISING”. This means to view things in an exaggerated or overstated manner, “the end of the world” scenario. This would cause anxiety and depression.

A – represents the Activating event – this could be a person’s actions or attitude or an actual physical event.

B – represents the Belief the person has about the event.

i. Inference (he ignored me he must be angry with me)
ii. Evaluation (how awful he must really hate me)

C – represents the Consequence of the event in terms of the

i. emotional (hurt upset that he didn’t acknowledge him)

ii behavioural (avoid him at work, ignore him)

A, the activating event in this theory, does not cause C, the consequence, but rather B the client’s belief which catastrophises the relationship between A and B

The main aim of CBT is to replace the irrational beliefs or negative thoughts with realistic self-accepting beliefs. With the counsellors help the client learns to monitor and gain control of how they think and behave.

Intervention techniques

These are methods used to accomplish behavioural objectives after the initial stages of explaining the treatment, agreeing the contract, and problem assessing

1. Challenging irrational beliefs

2 Reframing the issues, e.g. perceiving internal emotional states as excitement rather than fear.

3 Rehearsing the use of different self-statements in role plays with the counsellor
4 Experimenting with the use of different self-statements in real situations
5 Scaling feelings e.g. placing present feelings of anxiety or panic on a scale of 0 -10
6 Thought stopping. Rather than allowing anxious or obsessional thoughts to take over, the client learns to do something to interrupt them, such as snapping a rubber band their wrist *- interrupts thought process*
7 Systematic desensitisation. The replacement of anxiety or fear responses by a learned response. The counsellor takes the client through a graded hierarchy of fear eliciting situations. *Someone who fears spiders, starts off with a picture of a spiders let, get the client touch the picture, get the client to hold the picture… carry on in small steps to desensitise them of their fear.*
8 Assertiveness or social skills training - *learn the client to practice saying no / set i[a table as I would be in a fancy restaurant to help a client to conquer fear of cutlery mistakes)*
9 Homework assignments. Practicing new behaviours and cognitive strategies between Therapy sessions – *helps the client recognise what causing fear/anxiety e.g: with agoraphobic set smart goals of seeing if they can open front door and stand in doorway for 5minutes or walk to garden gate*
10 In vivo exposure. Being accompanied by the counsellor into highly fearful situations EG: visiting shops with an agoraphobic client. The role of the counsellor is to encourage the client to use cognitive behavioural techniques to cope with situations - *good for post-traumatic stress disorder – take the client through accident or trauma in steps*

An example of a structured stage by stage programme for CBT

- Establish rapport and create a working alliance between counsellor and client. Explain the rationale for treatment

Initial meeting with client, discuss contract, explain how therapy works

- Assess the problem. Identify and quantify the frequency, intensity and appropriateness of problem behaviours and cognitions

Explore the client's issues and concerns, how often panic attacks etc. occur,

- Set goals or targets for change. These should be selected by the client, and be clear, specific and attainable.

SMART GOALS – HAND OUT

- Apply Cognitive and behavioural techniques

Set in place appropriate coping strategies e.g. snapping rubber band on wrist, use of worry beads etc.

- Monitor progress, using ongoing assessment of target behaviours

On a scale of 1 to 10 etc. monitor how it decreases/increases

- Terminate and plan follow-up to reinforce generalisation of gains

Example: “So it’s been four weeks since your last session and you are managing to leave the house and walk to your sisters house a few streets away”. Encourage with the next goal, “Perhaps you could get on the bus and visit your brother“?

Adapted from: McLeod J. (2003) An Introduction to Counselling

Open University Press, Maidenhead.

Rational emotive behaviour therapy

In the mid-1950’s Dr Albert Ellis, a clinical psychologist trained in psychoanalysis, became disillusioned with the slow progress of his clients. He observed that they tended to get better when they changed their ways of thinking about themselves, their problems, and the world. Ellis reasoned that therapy would progress faster if the focus was directly on the client’s beliefs, and thus was born the method now known as Rational Emotive Behaviour Therapy. REBT was originally called ‘Rational Therapy’, this soon changed to ‘Rational-Emotive Therapy’ and again in the early 1990’s to ‘Rational Emotive Behaviour Therapy’. REBT is one of a number of ‘cognitive-behavioural’ therapies, which, although developed separately, have many similarities – such as Cognitive Therapy (CT), developed by Psychiatrist Aaron Beck in the 1960’s. REBT and CT together form the basis of the family of psychotherapies known as ‘Cognitive-Behaviour Therapy’.

Irrational beliefs

Albert Ellis, in his Rational Emotive Behaviour Therapy (REBT), identified a number of dysfunctional beliefs that people often hold.

Here are irrational beliefs that Ellis described:

- It is a dire necessity for adult humans to be loved or approved by virtually every significant other person in their community.
- One absolutely must be competent, adequate and achieving in all important respects or else one is an inadequate, worthless person.
- People absolutely must act considerately and fairly, and they are damnable villains if they do not. They *are* their bad acts.
- It is awful and terrible when things are not the way one would very much like them to be.
- Emotional disturbance is mainly externally caused, and people have little or no ability to increase or decrease their dysfunctional feelings and behaviours.
- If something is or may be dangerous or fearsome, then one should be constantly and excessively concerned about it and should keep dwelling on the possibility of it occurring.
- One cannot and must not face life's responsibilities and difficulties and it is easier to avoid them.
- One must be quite dependent on others and need them and you cannot mainly run one's own life.

- One's past history is an all-important determiner of one's present behaviour and because something once strongly affected one's life, it should indefinitely have a similar effect.
- other people's disturbances are horrible, and one must feel upset about them.
- There is invariably a right, precise and perfect solution to human problems and it is awful if this perfect solution is not found.

Ellis's belief are deliberately extreme, to highlight that we often take unreasonably exaggerated viewpoints. He called this approach 'awfulising', as we tend to pessimistically generalise these things.

A way this can happen is that, if we have a strong need for certainty, we will tend to push perceptions towards the extremes when we actually should be considering them along a variable spectrum. Thus, we create stereotypes of ourselves.

Negative automatic thought

Beck believed that depression prone individuals develop a negative self-schema. They possess a set of beliefs and expectations about themselves that are essentially negative and pessimistic.

Beck claimed that negative schemas may be acquired in childhood as a result of a traumatic event. Experiences that might contribute to negative schemas include:

- Death of a parent or sibling.
- Parental rejection, criticism, overprotection, neglect or abuse.
- Bullying at school or exclusion from peer group.

People with negative self-schemas become prone to making logical errors in their thinking and they tend to focus selectively on certain aspects of a situation while ignoring equally relevant information.

Socratic questioning

A critical way of examining an issue through a series of questions

You make assumptions to come to your conclusion

A + B = C

a) Only dogs bark
b) This thing is barking
c) Therefore, this thing is a dog

If you don’t actually think that the thing in front of you is a dog, you need to challenge your assumptions. Is it true that only dogs bark? Is it true that this thing is barking? Through examining your assumptions, you can get to the truth.

a) Rich educated women don’t need support in pregnancy
b) This woman is rich and educated
c) She doesn’t need help

Socratic questioning is disciplined questioning that can be used to pursue thought in many directions and for many purposes, including: to explore complex ideas, to get to the truth of things, to open up issues and problems, to uncover assumptions, to analyse concepts, to distinguish what we know from what we don't know, to follow out logical implications of thought or to control the discussion. The key to distinguishing Socratic questioning from questioning *per se* is that Socratic questioning is systematic, disciplined, and deep and usually focuses on fundamental concepts, principles, theories, issues or problems.

The purpose of Socratic questioning in CBT counselling is to challenge accuracy and completeness of thinking in a way that acts to move people towards their ultimate goal.

Example: What do you think John meant by that? Why do you think he meant that? Could he have meant something totally different?

Coping self-statement

Positive coping statements encourage us and help us cope through distressing times. You only have to watch a tennis match to see the power of positive self-talk. The player who looks despondent and is probably criticising himself whilst making lots of mistakes and not playing very well. The other player may look very confident, using lots of positive self-talk to encourage and push themselves, and they play like a master. This process might swap from player to player during the match - but the one who is using and believing positive self-talk will be the better player at that time.

We can say these encouraging words to ourselves and be our own personal coach.

We have all survived some very distressing times, and we can use those experiences to encourage us through current difficulties.

Examples of coping statements:

Stop, and breathe, I can do this

This will pass

I can be anxious/angry/sad and still deal with this

I have done this before, and I can do it again

This feels bad, it is a normal body reaction. It will pass

This feels bad, and feelings are very often wrong

These are just feelings, they will go away

This won`t last forever

Short term pain for long term gain

I can feel bad and still choose to take a new and healthy direction

I don`t need to rush, I can take things slowly

I have survived before, I will survive now

I feel this way because of my past experiences, but I am safe right now

I'm stronger than I think

It`s okay to feel this way, it`s a normal reaction

Right now, I am not in danger. Right now, I`m safe

My mind is not always my friend

Thoughts are just thoughts. They are not necessarily true or factual

I will learn from this experience, even if it seems hard to understand right now

This is difficult and uncomfortable, but it is only temporary

I choose to see this challenge as an opportunity

I can use my coping skills and get through this

I can learn from this and it will be easier next time

Keep calm and carry on

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) can be used to treat people with a wide range of mental health problems.

CBT is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behavior) all interact together. Specifically, our thoughts determine our feelings and our behavior.

Therefore, negative and unrealistic thoughts can cause us distress and result in problems. When a person suffers with psychological distress, the way in which they interpret situations becomes skewed, which in turn has a negative impact on the actions they take.

CBT aims to help people become aware of when they make negative interpretations, and of behavioral patterns which reinforce the distorted thinking. Cognitive therapy helps people to develop alternative ways of thinking and behaving which aims to reduce their psychological distress.

Cognitive behavioral therapy is, in fact, an umbrella term for many different therapies that share some common elements. Two of the earliest forms of Cognitive behavioral Therapy were Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis in the 1950s, and Cognitive Behavior developed by Aaron T. Beck in the 1960s.

General CBT Assumptions:

• The cognitive approach believes that abnormalities stem from faulty cognitions about others, our world and us. This faulty thinking may be through cognitive deficiencies (lack of planning) or cognitive distortions (processing information inaccurately).

• These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad.

• We interact with the world through our mental representation of it. If our mental representations are inaccurate or our ways of reasoning are inadequate, then our emotions and behavior may become disordered.

The cognitive therapist teaches clients how to identify distorted cognitions through a process of evaluation. The clients learn to discriminate between their own thoughts and reality. They learn the influence that cognition has on their feelings, and they are taught to recognize observe and monitor their own thoughts.

The behavior part of the therapy involves setting homework for the client to do (e.g. keeping a diary of thoughts). The therapist gives the client tasks that will help them challenge their own irrational beliefs.

The idea is that the client identifies their own unhelpful beliefs and then proves them wrong. As a result, their beliefs begin to change. For example, someone who is anxious in social situations may be set a homework assignment to meet a friend at the pub for a drink.

Strengths of CBT

1. Model has great appeal because it focuses on human thought. Human cognitive abilities has been responsible for our many accomplishments so may also be responsible for our problems.

2. Cognitive theories lend themselves to testing. When experimental subjects are manipulated into adopting unpleasant assumptions or thought they became more anxious and depressed (Rimm & Litvak, 1969).

3. Many people with psychological disorders, particularly depressive, anxiety, and sexual disorders have been found to display maladaptive assumptions and thoughts (Beck et al., 1983).

4. Cognitive therapy has been very effective for treating depression (Holon & Beck, 1994), and moderately effective for anxiety problems (Beck, 1993).

Limitations of CBT

1. The precise role of cognitive processes is yet to be determined. It is not clear whether faulty cognitions are a cause of the psychopathology or a consequence of it.

Lewinsohn (1981) studied a group of participants before any of them became depressed and found that those who later became depressed were no more likely to have negative thoughts than those who did not develop depression. This suggests that hopeless and negative thinking may be the result of depression, rather than the cause of it.

2. The cognitive model is narrow in scope - thinking is just one part of human functioning, broader issues need to be addressed.

3. Ethical issues: RET is a directive therapy aimed at changing cognitions sometimes quite forcefully. For some, this may be considered an unethical approach.

References

Saul McLeod published 2008, updated 2015

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