

Cognitive Behavior Therapy

← Complete

PRECHAPTER SELF-INVENTORY

Directions: Refer to page 43 for general directions. Use the following code:

- 5 = I *strongly agree* with this statement.
- 4 = I *agree*, in most respects, with this statement.
- 3 = I am *undecided* in my opinion about this statement.
- 2 = I *disagree*, in most respects, with this statement.
- 1 = I *strongly disagree* with this statement.

Note: Items 1–5 refer to Ellis's rational emotive behavior therapy.

- _____ 1. We contribute to our own psychological problems by the way we interpret events and situations.
- _____ 2. The main goal of therapy should be to reduce clients' self-defeating outlook and help them acquire a more rational philosophy of life.
- _____ 3. Central functions of the therapist include challenging clients' illogical ideas and teaching them how to think and evaluate in a rational way.
- _____ 4. It is appropriate for a therapist to persuade, to be highly directive, and to confront faulty thinking.
- _____ 5. A warm or deeply personal relationship between client and therapist is neither a necessary nor a sufficient condition for psychotherapy.

Note: Items 6–10 refer to Beck's cognitive therapy.

- _____ 6. The therapist's role is to help clients look for evidence that either supports or refutes their hypotheses and views.
- _____ 7. Therapy is best structured as a present-centered, problem-focused, brief, psychoeducational approach.
- _____ 8. Thinking plays a major role in depression.
- _____ 9. The most direct route to changing dysfunctional emotions and behaviors is to modify inaccurate and faulty thinking.
- _____ 10. Therapy should consist of a process of co-investigation, or collaborative empiricism, as a way to uncover and examine faulty interpretation.

Note: Items 11–15 refer to Padesky's strengths-based cognitive behavior therapy.

- _____ 11. Therapists need to be knowledgeable about evidence-based approaches pertaining to client issues discussed in therapy.

- _____ 12. Therapists should not take an "expert" stance, but instead serve as curious assistants or guides to the client's own discovery and growth.
- _____ 13. For therapy to be effective, therapists must be collaborative, active, here-and-now focused, and client centered.
- _____ 14. Therapists and clients need to collaborate in testing out beliefs and experimenting with new behaviors to see if they help achieve desired goals.
- _____ 15. Rather than focusing on pathology, therapy is best based on a client's resources, strengths, and resilience.

Note: Items 16–20 refer to Meichenbaum's cognitive behavior modification.

- _____ 16. Therapy involves helping clients become aware of their self-talk and the stories they tell about themselves.
- _____ 17. Much of the therapy process consists of teaching clients more effective coping skills in the sessions.
- _____ 18. In stress management training, it is essential for clients to understand how they contribute to their stress and to teach them specific coping strategies for effectively dealing with stress.
- _____ 19. If clients hope to change, it is imperative that they practice new self-statements and apply their new skills in real-life situations.
- _____ 20. It is important to provide a simple conceptual framework to clients outlining how they can interpret and react to stress differently.

OVERVIEW: RATIONAL EMOTIVE BEHAVIOR THERAPY AND COGNITIVE THERAPY

Key Figures and Major Focus

Founders: Albert Ellis is the founder of rational emotive behavior therapy (REBT) and is the grandfather of the other cognitive behavioral approaches. Aaron Beck is the founder of, and key spokesperson for, cognitive therapy (CT); Judith Beck has assumed a key role in the development of cognitive therapy and teaching of CT. Strengths-based cognitive behavior therapy (SB-CBT) is a variant of Aaron Beck's cognitive therapy that was developed by Christine Padesky and her colleague Kathleen Mooney. Donald Meichenbaum is a pioneer in cognitive behavior modification, and his cognitive behavioral approach combines some of the best elements of behavior therapy and cognitive therapy.

A highly didactic, cognitive behavior-oriented approach, REBT stresses the role of action and practice in combating irrational, self-indoctrinated ideas. It focuses on the role of thinking and belief systems as the roots of personal problems. Beck's CT shares with REBT the active, directive, time-limited, present-centered, structured approach used to treat various disorders such as depression, anxiety, and phobias. It is an insight-focused therapy that emphasizes recognizing and changing negative thoughts and maladaptive beliefs. The main idea of Padesky's SB-CBT is that active incorporation of client strengths encourages clients to engage more fully in therapy and often provides avenues for change that otherwise would be missed. One central addition of SB-CBT is an emphasis on identification and integration of client strengths at each phase of therapy. Meichenbaum's cognitive behavioral approach suggests that it may be easier and more effective to *behave* our way into a new way of thinking, than to *think* our way into a new way of behaving.

Originally called *behavior therapy*, the more contemporary term *cognitive behavior therapy* (CBT) was introduced in the mid-1970s as therapists began emphasizing the interaction among behavioral, cognitive, and affective dimensions. Contemporary CBT is a blend of cognitive and behavioral concepts and techniques.

teaching clients cognitive and behavioral strategies to cope with stressful situations. If you had a client who wanted to learn self-management techniques to reduce stress, what are some specific steps you would teach the client?

6. Think of situations in which you might encounter clients with culturally diverse backgrounds. What aspects of cognitive behavioral therapy do you think might work well in multicultural counseling? How might you have to modify some of your techniques so that they would be appropriate for the client's cultural background?
7. What are some ways to incorporate exploration of feelings in the cognitive behavioral approaches? Of the theories you've studied so far, what approaches might you want to blend with cognitive behavioral therapy? What are a few experiential techniques that you might want to add to the cognitive and behavioral techniques?

ISSUES AND QUESTIONS FOR PERSONAL APPLICATION

The following questions and some of the underlying issues can be applied personally to help you get a better grasp of cognitive behavior therapy. Bring the questions to class for discussion.

1. Are you aware of reindoctrinating yourself with certain beliefs and values that you originally accepted from your parents or from society? Make a list of some of your beliefs and values. Do you want to keep them? Do you want to modify them?
2. Are you able to accept yourself in spite of your limitations and imperfections? Do you blame yourself or others for your limitations?
3. Review Ellis's list of irrational ideas. How many can you identify with? How do you think your life is affected by your irrational beliefs? How do you determine *for yourself* whether your beliefs are rational or irrational? To help focus your thinking on the above issues, put a check mark (✓) before each of the following irrational beliefs that apply to you:
 - _____ a. "I must be thoroughly competent in everything I do."
 - _____ b. "Others must treat me fairly and in ways that I want them to."
 - _____ c. "I must have universal approval, and if I don't get this approval from everyone, it's horrible and I feel depressed."
 - _____ d. "Life must be the way I want it to be, and if it isn't, I can't tolerate it."
 - _____ e. "If I fail at something, the results will be catastrophic."
 - _____ f. "I should feel eternally guilty and rotten and continue to blame myself for all of my past mistakes."
 - _____ g. "Because all of my miseries are caused by others, I have no control over my life, and I can't change things unless *they* change."

List a few other statements you tend to make that might pinpoint your core irrational ideas:

4. Select one of your beliefs that causes you trouble. Then review the A-B-C model of personality and attempt to apply that method to changing your irrational belief. What is the experience like for you? Do you think the method holds promise for helping you lead a less troubled life?

Respond to
the circled
questions

5. REBT practitioners are highly active and directive, and they often give their own views without hesitation. Does that style fit you personally? Could you adopt it and feel comfortable? Why or why not?
6. The REBT practitioner acts as a model. What implications do you see for self-development of the client? Can the client grow to become his or her own person, or does he or she become a copy of the therapist?
7. If you were to be a client in counseling, which approach might you favor for yourself—Ellis's REBT, Beck's cognitive therapy, or Padesky's strengths-based CBT? What specific features of the cognitive behavioral approaches might be useful in helping you cope with your problems?
8. According to Meichenbaum's cognitive theory of behavior change, there are three relevant phases. Clients are asked to (1) observe and monitor their own behavior, identifying negative thoughts and feelings; (2) begin to create a new internal dialogue by substituting positive and constructive self-statements for negative ones; and (3) acquire more effective coping skills that they can practice both in the therapy session and in real-life situations. For at least one week, identify some behavior you would like to change and apply this three-phase process. Can you think of ways to use this strategy with your clients? In what counseling situations might you use Meichenbaum's cognitive restructuring techniques?
9. Assume that you are working with a small group of college students who have problems with test anxiety and fears relating to failure. If you were to employ *cognitive methods* to change their mental set and expectations, what are some things you might say to these students? In what ways might thoughts, self-talk, self-fulfilling prophecies, and attitudes of failure (all examples of cognitive processes) influence these students' behavior in test-taking situations?
 - a. How would you set up your program?
 - b. What cognitive techniques would you use? What other behavioral techniques would you employ to change these students' cognitive structures and their behavior?
 - c. What are some ways by which you might evaluate the effectiveness of your program?
10. Complete the REBT Self-Help Form on page 166 by making it a homework assignment for a week. After you complete the form, look for patterns in your thinking. What connections do you see between your beliefs and the way you feel? Focus especially on creating *disputing* statements.

PRACTICAL APPLICATIONS *Complete* ↘

The homework assignment method is one good way of assisting clients in putting new behavior into practice. The method encourages clients to actively attack the irrational beliefs at the roots of their problems. In this exercise, suggest what you consider might be an appropriate homework assignment for each situation described.

1. The client, a college sophomore, wants to overcome his shyness around women. He does not date and even does his best to keep away from women because he is afraid they will reject him. But he does want to change that pattern. What homework might you suggest? _____

2. The client says that because she feels depressed much of the time she tries to avoid facing life's difficulties or anything about her that might make her feel more depressed. She would like to feel happy, but she is afraid of doing much. What homework might you suggest? _____

3. The client feels that he must win everyone's approval. He has become a "super nice guy" who goes out of his way to please everyone. Rarely does he assert himself, for fear that he might displease someone who then would not like him. He says he would like to be less of a nice guy and more assertive. What homework might you suggest? _____

4. The client would like to take a course in creative writing, but she fears that she has no talent. She is afraid of failing, afraid of being told that she is dumb, and afraid to follow through with taking the course. What homework might you suggest? _____

5. The client continually accepts blame by telling himself how terrible he is because he does not give his wife enough attention. He feels totally to blame for the marital problems between him and his wife, and he says he cannot let go of his guilt. What homework might you suggest? _____

6. Each week the client comes to his sessions with a new excuse for why he has not succeeded in following through with his homework assignments. Either he forgets, gets too busy, gets scared, or puts it off—anything but actually *doing* something to change what he *says* he wants to change. Instead of really doing much of anything, he whines each week about how rotten he feels and how he so much would like to change but just doesn't know how. What homework might you suggest? _____