


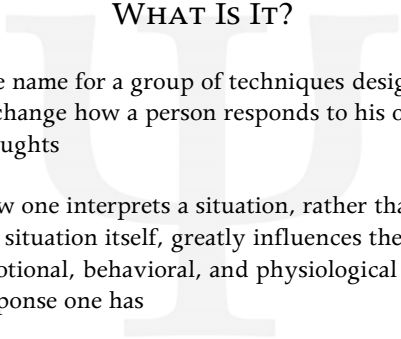
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COGNITIVE RESTRUCTURING

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WHAT IS IT?

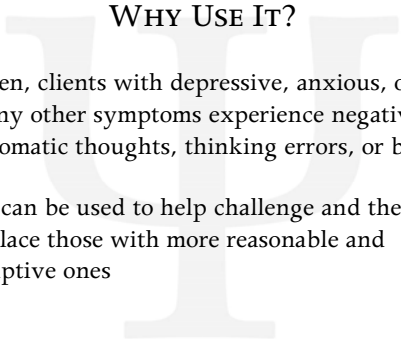
The name for a group of techniques designed to change how a person responds to his or her thoughts

How one interprets a situation, rather than the situation itself, greatly influences the emotional, behavioral, and physiological response one has

CR makes these interpretations more adaptive

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WHY USE IT?

Often, clients with depressive, anxious, or many other symptoms experience negative automatic thoughts, thinking errors, or both

CR can be used to help challenge and then replace those with more reasonable and adaptive ones

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LEVELS OF CR

In order, you work on identifying and modifying:

- Automatic thoughts
- Intermediate beliefs
- Core beliefs

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AUTOMATIC THOUGHTS

Non-deliberate, often very quick thoughts that just "pop in" to our heads,

Often cause strong feelings, which we are more aware of than the thought itself

Occurs to everyone, but most people will also do automatic challenging of them

Can be verbal, visual, or a combination

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AUTOMATIC THOUGHTS

To be clinically useful, a client must become adept at identifying automatic thoughts AND

- Identifying the problematic situation
- Differentiate them from emotions
- Differentiate them from interpretations
- Separating useful and less useful ATs

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THINKING ERRORS

Two broad types of errors people make when confronted with a potentially stressful situation:

Interpretation errors, where you misread the available information

Coping errors, where you misidentify things that protect you from a negative outcome

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ERRORS IN INTERPRETATION

Catastrophizing

The worst possible outcomes are predicted or imagining that basic needs (safety, self-esteem, sustenance, etc.) are threatened

“Everyone will think I’m an idiot.” or “I would die if ___ happened.”

Faulty Estimates

An inaccurately high probability of danger is estimated.

A car weaves slightly in the lane next to you and you think “That guy almost hit me!”

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ERRORS IN INTERPRETATION

Gross Generalizations

The danger perceived in one event is imagined to happen everywhere

You hear that there’s an accident on the same road a friend of yours sometimes go down and you worry that it might be that person in the accident.

Polarization

Aspects of danger associated with a person or situation are seen in absolute black-or-white terms.

Seeing things as either safe or dangerous, never in-between

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ERRORS IN INTERPRETATION

Minimization of safety factors
Facts that indicate protection or safety are minimized or ignored.
Even though you've studied for an exam, thinking that you don't know any of the material

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ERRORS RELATED TO COPING

Minimization of Coping Capability
Expression of a lack of control or helplessness are not in line with your capabilities
"I don't know what I would do if that happened"

Unrealistic expectation for outcome
Expectation for outcome is expressed in terms of perfection, certainty, or control
"I can never make any mistakes"

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THINKING ERRORS

Usually not necessary to have the client try and label what types of thinking errors they are making

Therapist can judge the client's errors and just discuss those ones they are evidencing

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TYPES OF CR

The type of symptoms, age / developmental level of the client, and situational characteristics all contribute to what type of CR may be most effective

Can divide these into *elegant* and *inelegant* forms of changing the thought process

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INELEGANT STRATEGIES

Not a bad thing, merely refers to a lower-level of rational processing used to change thought content

Often preferable early in therapy process

Very useful for

- Younger children
- Less verbal children or adults
- Less cognitively sophisticated individuals
- Those in extreme distress or immediate crisis

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ELEGANT STRATEGIES

Tap into more sophisticated reasoning processes to change thought process and content

Employed later during treatment, after the success of inelegant strategies

Used more with

- Older children
- Highly verbal or cognitively sophisticated people

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SELF-INSTRUCTIONAL TECHNIQUES

Emphasize changing thoughts without a deep rational analysis

Focus is on replacing maladaptive thoughts with productive ones

Goal is to develop new, more adaptive covert speech patterns

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SELF-INSTRUCTIONAL TECHNIQUES

Generally involve three phases:

Preparation

- Readies person for distressing situation
- Includes a calming, strategic statement
- Makes one focus on the task at hand, attending to those things necessary for negotiating the stressor

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SELF-INSTRUCTIONAL TECHNIQUES

Encounter

- Help client develop inner monologues that decrease distress in stressful situations

Self-reward

- After application of coping strategy, client will give him or herself covert congratulations

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RATIONAL ANALYSIS TECHNIQUES

Decatastrophizing

Helps modulation of dreadful predictions by readjusting probabilities for future events

"What's the worst / best / most likely thing that could happen?"

Can add a problem-solving component as well

"How will you cope with it if the worst thing happens?"

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RATIONAL ANALYSIS TECHNIQUES

Test of Evidence

Causes clients to evaluate the facts supporting or not supporting their beliefs

Useful for overgeneralizations and faulty conclusions or inferences

"What convinces you 100% that your thought is true?"

"What makes you doubt your conclusions?"

"What is another way of looking at _____?"

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RATIONAL ANALYSIS TECHNIQUES

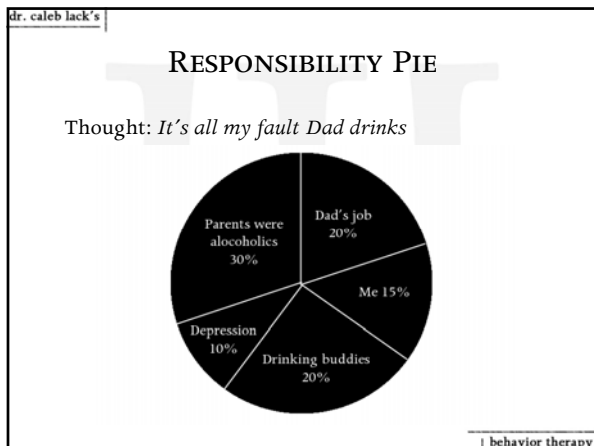
Reattribution

Promotes appreciation and consideration of alternative explanations

Useful when clients assume too much responsibility for things out of their control

"What's another way of looking at this?"

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QUESTIONS TO ASK

The next slides demonstrate a variety of questions to ask when performing different aspects of cognitive restructuring

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IDENTIFYING AUTOMATIC THOUGHTS

What was going through your mind?

Do you think you could have been thinking about _____ or _____ ?

What did this situation mean to you?

Were you thinking _____ ?

Therapist provides opposite of expected thought

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FOCUSING ON USEFUL ATs

How much do you believe this thought now?

How does this thought make you feel?

How strong is this emotion?

When did you have this thought?

What other thoughts/images did you have?

What did you do next?

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CHALLENGING THOUGHTS

Can I say that this statement is 100% true, without any exceptions?

What is the likelihood or probability of this happening?
Rate this twice, once emotionally and once objectively

Does this statement fit with all the available evidence?

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CHALLENGING THOUGHTS

Am I ignoring any safety factors?

Does this always apply? Are there conditions under which this might not apply?

Is there a gray area to this statement (not just a black and white thing)?

Is this based on fact or feeling? Have my feelings ever turned out to be wrong?

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CHALLENGING THOUGHTS

How much control do I actually have in this situation?

Am I taking responsibility for things over which I have no control?

Am I ignoring aspects of the situation that I can control?

Is my expectation for this outcome realistic or even possible?

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THE THOUGHT RECORD

This is a physical manifestation of the thought challenging process

Often used early in therapy to help client generalize CR skills outside of therapy

Should be customized for the age and/or developmental level of the client

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THOUGHT RECORD

Example of an adult thought record

Trigger: _____

Cognitions (images, thoughts, assumptions, and/or beliefs): _____

Strength of belief in cognitions (on a 1-7 scale): _____

Challenges to cognitions: _____

Types of thinking errors: _____

Alternative viewpoints:

- Worst outcome: _____
- Best outcome: _____
- Most realistic outcome: _____

What effect does this thought have on the way I feel? _____

Rational responses:

Even though I feel that _____ is true,
(thoughts or assumptions)

the reality is that _____
(answers to challenges and alternative viewpoints)

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THOUGHT RECORD

Example of a child thought record

What happened that made OCD pop up: _____

What OCD told me or wanted me to ask: _____

How much do you believe OCD? (1 = not at all, 10 = completely) _____

How does this make me feel? _____

What did you tell OCD to fight back? _____

What would be the....

- Worst outcome?: _____
(if OCD was right)
- Best outcome?: _____
(if OCD was wrong)
- Most likely outcome: _____

Wrap It Up!

Even though I feel that _____ is true,
(what OCD says)

the reality is that _____
(your arguments against OCD)

How do you feel now? _____

How much do you believe OCD now? (1 = not at all, 10 = completely) _____

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USING THE THOUGHT RECORD

When teaching clients, it is important to make sure that they are recognizing thoughts and emotions accurately

Practice in session with two-three records before clients do them on their own

Review the records they did as homework the next week and make corrections as needed

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MODIFIED THOUGHT CHALLENGING

Many clients may find it inconvenient to complete a TR at certain times of the day

E.g., at work or school

Mental completion is encouraged when one cannot do the written TR

Many clients respond well to a "mini-TR"

Printed small so that it fits into a pocket and can be concealed but is easily available

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MINI-THOUGHT RECORD

1. What happened that made anxiety pop up?
2. What anxiety told me or wanted me to ask?
3. How much do you believe anxiety?
4. How does this make me feel?
5. What did you tell anxiety to fight back?
6. What would be the.....
 - Worst outcome? (if anxiety was right)
 - Best outcome? (if anxiety was wrong)
 - Most likely outcome?

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INTERMEDIATE BELIEFS

Deeper, usually unarticulated ideas individuals have about themselves, others, and their world

These give rise to automatic thoughts

Rules, attitudes, and assumptions all fall in this category

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CORE BELIEFS

Give rise to intermediate beliefs

Absolutistic, rigid, global ideas about oneself and/or other people

The least malleable type of cognitions

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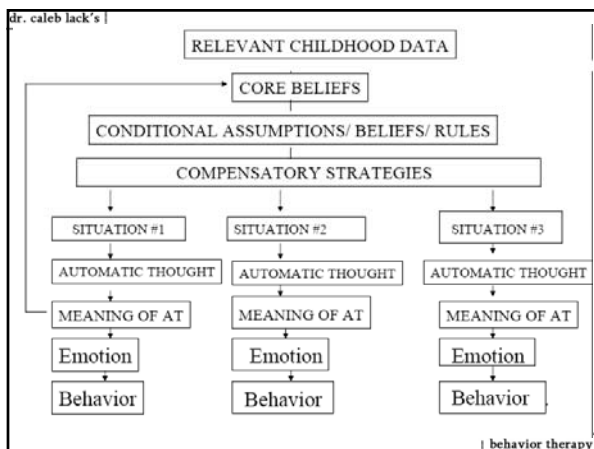
COGNITIVE CONCEPTUALIZATION

For full-blown out and out CT, you need to start working on this when you start therapy

Very similar to Nezu's Clinical Pathogenesis Map or Persons' Working Hypothesis

Allows therapist to see the "big picture" of the client and not get lost in the details

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IDENTIFYING IBs & CBs

Use a similar exploring style as when identifying automatic thoughts

The *downward arrow* technique helps with this

After identifying the AT, ask what that means *to* the client (intermediate belief) and then what it means *about* the client (core belief)

Use the same type of questioning style and challenges to modify IBs and CBs as you do with automatic thoughts

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