

## **Cognitive Therapy: Chapters 1-3**

**Using the information from Chapter 1 of Beck, write short answers to the following questions.**

**1. In CBT, what is it that the therapist seeks to do?**

The therapist seeks in a variety of ways to produce cognitive change, or, modify the patients' thinking and belief system to bring about lasting emotional and behavioral change.

**2. What are some important components of CBT for Depression?**

- Focus on helping patients solve problems
- Help patients become behaviorally activated
- Help patients identify, evaluate, and respond to their depressed thinking; especially negative thoughts about themselves, their worlds, and their future.

**3. What are the 5 elements in understanding a person in cognitive terms?**

- Current thinking
- Problematic behaviors
- Precipitating factors
- Developmental events
- Enduring patterns of interpreting

**4. What elements of basic interviewing are central to building a sound therapeutic alliance in CBT?**

Elements necessary to building a sound therapeutic alliance include warmth, empathy, caring, genuine regard, competence, listening closely and carefully, accurate summarization, and asking for feedback.

**5. Even though CBT is presently focused when is it better to explore the clients past?**

- When patients express a strong preference to do so, or when a failure to do so could endanger the therapeutic alliance
- When patients get "stuck" in their dysfunctional thinking and an understanding of the childhood root of their beliefs can potentially help them modify their rigid ideas

**6. What is the typical time involvement for CBT in patients with depression and anxiety disorders?**

Most patients are referred to CBT for 6-12 weeks.

**7. What are the therapist's goals during the sessions?**

Therapists goals are to provide symptom relief, facilitate a remission of the disorder, help patients resolve their most pressing problems, and teach them skills to avoid relapse.

**8. In what ways does the therapist engage in collaborative empiricism?**

Therapists use a technique called “guided discovery” that uses questioning to evaluate the patients’ thinking. Therapists also create experiences, called “behavioral experiments,” for patients to directly test their thinking. These are ways in which therapists engage in collaborative empiricism.

**9. What are the predictable stages of therapist development and what happens at each stage?**

- 1) The therapist learns basic skills of conceptualizing a case in cognitive terms based on an intake evaluation and data collected in session. The therapist also learns to structure the session, use their conceptualization of a patient a good common sense to place treatment, and help patients solve problems and view their dysfunctional thoughts in a different way.
- 2) The therapist becomes more proficient at integrating their conceptualization with their knowledge of techniques. They strengthen their ability to understand the flow of therapy. They become more easily able to identify critical goals of treatment and more skillful at conceptualizing patients, refining their conceptualization during the therapy session itself, and using the conceptualization to make decisions about interventions. They expand their repertoire of techniques and become more proficient in selecting, timing, and implementing appropriate techniques.
- 3) Therapists more automatically integrate new data into the conceptualization. They refine their ability to make hypotheses to confirm or revise their view of the patient. They vary the structure and techniques of basic CBT as appropriate.

**10. What is the cardinal question of CBT?**

“What was just going through my mind?”

**Using the information from Chapter 2 of Beck, write short answers to the following questions.**

**1. What are the steps in developing the therapeutic relationship?**

- Demonstrate good counseling skills and accurate understanding.
- Share your conceptualization and treatment plan.
- Collaboratively make decisions
- Seek feedback
- Vary your style
- Help patients solve their problems and alleviate their distress

**2. How does the therapist continuously demonstrate commitment to the patient?**

Through empathetic statements, choice of words, tone of voice, facial expressions, and body language. Treat them the way that you would want to be treated.

**3. Why is it important to elicit feedback from the patient?**

Because it can strengthen the therapeutic alliance. Patients feel honored that their opinions matter, so it is good for building a good relationship.

**4. As briefly as possible, discuss how the therapist structures the sessions starting from the moments before the client enters your office.**

Before the client enters the office, you will briefly review their chart, noting their goals for treatment, therapy notes, and homework assignments from previous sessions. The goal for the first part of a therapy session is to reestablish the therapeutic alliance and collect data so that you and the patients can collaboratively set the agenda. In the second part of a session, you will discuss the problems on the agenda. In the final part of the session, you will elicit from patients what they thought were the most important points of the session, ensuring that these ideas are written down, review the homework assignments, and respond to the client's feedback.

**5. After identifying the automatic thought, what are two ways in which the therapist helps the patient evaluate their thinking?**

- Engage in a process of “guided discovery” to help patients develop a more adaptive and reality-based perspective.
- Jointly design “behavioral experiments” to test patients’ predictions when possible.

**6. What are the goals of Guided Discovery?**

The goal of guided discovery is to help the client specify a problem that is important to them, identify and evaluate an associated dysfunctional idea, devise a realistic plan, and assess the effectiveness of the intervention

**7. Aside from discussing the validity of a patient’s thought, what is another strategy that a therapist can use to more profoundly motivate change in patient’s thinking?**

The change may be significantly more profound if the patient can have an experience that disconfirms its validity. In other words, a “behavioral experiment.”

**8. What are some ways that the therapists can help the patient focus on the positive?**

You will elicit patients’ strengths and point out the positive data from the preceding week. You will also orient sessions toward the positive, helping patients have a better week. You will use the therapeutic alliance to show that you view patients as valuable human beings.

**9. What are three ways in which the therapist can help set up patients to have a better week?**

- Help patients evaluate and respond to automatic thoughts that they are likely to experience between sessions.

- Help patients devise solutions to their problems to implement during the week.
- Teach patients new skills to practice during the week.

**Using information from chapter 3 of Beck, write short answers to the following questions.**

1. What are the key questions therapists ask themselves prior to a session?
  - What is the patient's diagnosis(es)?
  - What are their current problems? How did these problems develop and how are they maintained?
  - What dysfunctional thoughts and beliefs are associated with the problems? What reactions (emotional, physiological, and behavioral) are associated with his thinking
2. What creates emotion?

Emotions are influenced by an individual's perceptions of and automatic thoughts on the events around them. Emotions are the automatic thoughts that we have to the situations or events that we experience.

3. Compare and contrast core beliefs with automatic thoughts with an example.

Core beliefs are the most fundamental level of belief; located at such a deep level in cognition that they are often not articulated, even to one's self. Automatic thoughts, on the other hand, are the actual words or images that go through a person's mind. They are situational and may be considered the most superficial level of cognition.

Core belief: I'm incompetent

Automatic thought: I'll never be able to do this

4. How do intermediate beliefs relate to core assumptions and automatic thoughts?

Core beliefs influence the development of an intermediate class of beliefs, which consists of (often unspoken) attitudes, rules, and assumptions. These beliefs influence the person's view of a situation, which in turn influences how they think, feel, and behave (their automatic thoughts).

5. How are automatic thoughts related to emotional behavior and physiological responses?

Automatic thoughts influence one's emotional, behavioral, and physiological reactions. A person's attitudes, or beliefs, about an event or situation will change how they act and feel about it. Automatic thoughts will even effect the way a person's body reacts to these events and situations.