Cognitive Therapy of Depression

Thanks to Sona Dimidjian

Agenda

- Overview, cognitive model, and case conceptualization
- Sequence and structure of treatment
- Automatic thoughts
- Underlying assumptions and core beliefs
- Competence

Cognitive Therapy

- Cognitive therapy is a focused form of psychotherapy based on a model stipulating that psychological disorders involve dysfunctional thinking
- The way an individual feels and behaves is influenced by the way he/she structures his/her experiences (ABC model)

JS Beck 2003

Cognitive Therapy

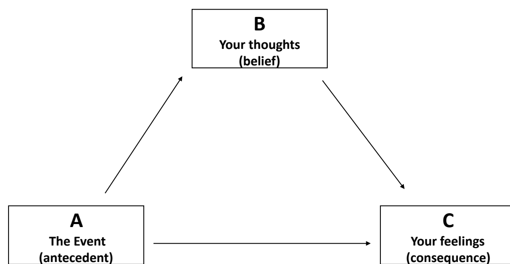
- Modifying dysfunctional thinking provides improvement in symptoms
- Modifying dysfunctional beliefs which underlie dysfunctional thinking leads to more durable improvement
- CT involves a cognitive conceptualization of the disorder and of the particular patient and uses a variety of techniques: cognitive, behavioral, experiential, etc.

JS Beck 2003

Characteristics of CT

- Requires a strong, positive therapeutic alliance
- Emphasizes collaboration and active participation
- Goal oriented and problem focused
- Structured
- Emphasis on "here and now"
- Time limited, with emphasis on relapse prevention
- Psychoeducational
- Preference for concrete, specific examples
- Reliance on "Socratic" Questioning
- Empirical approach to test beliefs

Cognitive Model (A-B-C)



Cognitive Triad

- Characteristic of depressed patients
- Negative View
  - Of self
  - Of the future
  - Of the world and others

Cognitive Distortions

- All or nothing thinking
- Catastrophizing/Fortune Telling
- Disqualifiying or discounting the positive
- Emotional reasoning
- Labeling
- Magnification/minimization
- Mental filter
- Mind reading
- Overgeneralization
- Personalization
- Should and must statements
- Tunnel Vision

JS Beck, 1995

Core Beliefs

Incompetent Core Beliefs

- I am helpless.
- I am powerless.
- I am out of control.
- I am weak.
- I am needy.
- I am trapped.
- I am inadequate.
- I am ineffective.
- I am incompetent.
- I am a failure.
- I am disrespected.
- I am not good enough (in terms of achievement).
- I am defective (i.e., I do not measure up to others).

Adapted from JS Beck (1995)

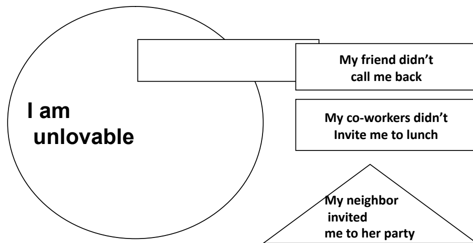
Core Beliefs

Unlovable Core Beliefs

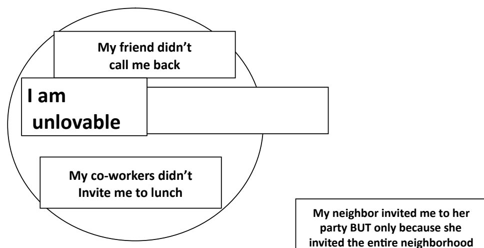
- I am unlovable.
- I am unlikable.
- I am undesirable.
- I am unattractive.
- I am unwanted.
- I am uncared for.
- I am bad.
- I am unworthy.
- I am different.
- I am bound to be rejected.
- I am bound to be alone.
- I am bound to be abandoned.
- I am defective (i.e., so others will not love me)

Adapted from JS Beck (1995)

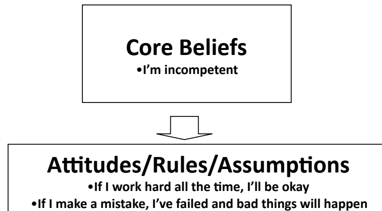
Cognitive Model



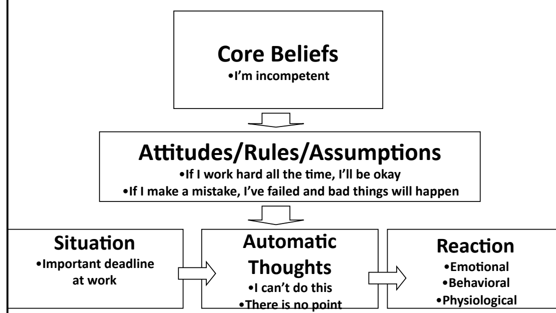
Cognitive Model



Cognitive Model

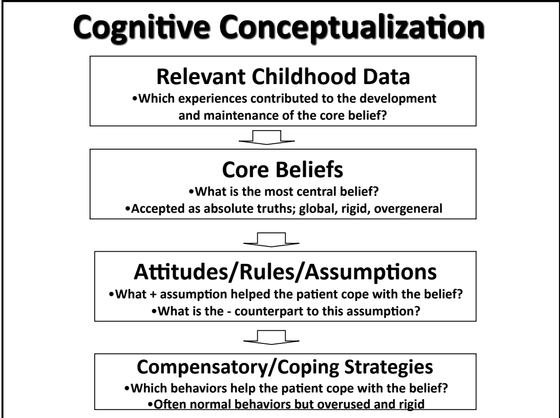


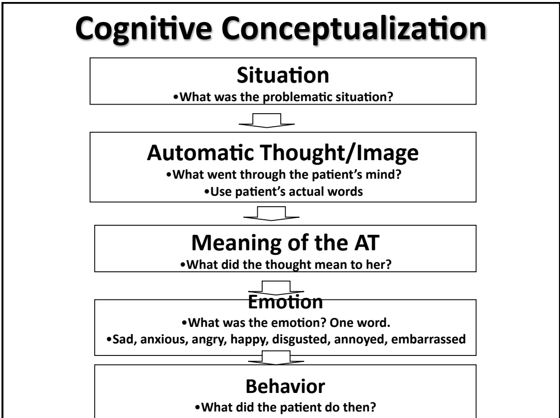
Cognitive Model



Case Conceptualization

- Cognitive map of patient's psychopathology
  - Organizes key information
  - Serves as a guide/road map for treatment
  - Shows blind spots
- Fluid, ongoing process; constantly revising and refining conceptualization





Stages of Treatment

- Orienting to treatment; providing rationale
- Behavioral activation strategies
- Training in self-monitoring
- Identifying and modifying situation specific thoughts and biases
- Identifying and changing core beliefs and underlying assumptions
- Relapse prevention
- Termination; becoming own therapist

Structure of Session

- Brief update and mood check
- Bridge from previous session
- Set collaborative agenda
- Homework review
- Discussion of agenda items, assigning homework, periodic summaries
- Final summary and feedback

Structure of First Session

- Set agenda (with rationale)
- Mood check
- Review presenting problem and update since evaluation
- Identify problems and goals
- Education patient about cognitive model
- Elicit expectations for therapy
- Educate patient about depression
- Assign homework
- Summarize session
- Ask for session feedback (including negative)

Basics of Behavioral Activation in CT

- Early in treatment and with more severe depression
- Activity Monitoring & Scheduling
  - Activity scheduling to get people more active, with focus on possible mastery and/or pleasure activities (e.g., what would you be doing this week if you were not depressed?)
  - Activity monitoring can be used to test thoughts (e.g., "I'm not doing anything" "nothing gives me pleasure")

Identifying automatic thoughts

- What is an automatic thought?
  - Actual words/images
  - Brief, automatic, pop into your mind
  - Often not aware of automatic thoughts
  - Logically connected to emotions
  - Frequently not valid (distorted) or not useful
- How to elicit automatic thoughts?

What was going through your mind just then?

Identifying automatic thought

- Ask this question when you notice a shift in (or intensification of) affect during a session
- Have the client describe a problematic situation or a time when they experienced a shift in affect and ask this question
- If needed, have the client to use imagery to describe the specific situation in detail as if it's happening right now and then ask this question
- If needed, have the client do a role play of a specific interaction with you and then ask this question
- Restate questions as statements
- Other questions to ask to elicit automatic thoughts
  - What do you guess you were thinking about?
  - Do you think you could have been thinking _____ or ________?
  - What did this situation mean to you?
  - Were you thinking ____________?
  - If I was in your situation, I might have been thinking __________ .

Evaluating automatic thoughts

- What is the evidence – pro and con? What is the evidence that supports this idea? What is the evidence against this idea?
- Is there another way to look at this situation?
- What is the worst that could happen? Could I live through it? What is the best that could happen? What is the most realistic outcome?
- What is the effect of my believing this thought? What could be the effect of changing my thinking?
- What should I do about it?
- If _____ (friend's name) was in this situation and had this thought, what would I tell him/her?
- What is a more reasonable way to view this situation?

Thought Record: 1st three columns

- Situation
  - Who, what, when, where
  - Specific and observable
- Automatic Thoughts
  - Get their actual words, images & rate degree of belief
  - Restate questions into statements
- Emotions
  - One word & rate intensity
- Be sure client doesn't confuse categories
- Make logical connections between thoughts and emotions
  - your task is to understand how the particular thought generates the particular emotion
  - use this to explicitly reinforce CT model (does it make sense that if you think ___, you would feel ___?; if you didn't believe __, do you think you would still feel ___?)
- Summarize!
- Guidelines for what thoughts to select for evaluation
  - Important ("hot"); typical; if teaching, pick one that seems distorted

Thought records: 4th and 5th columns

- Three Questions
  - What is the evidence for that belief?
  - Is there an alternative explanation for that event?
  - What are the real implications if true?
- Other Useful Questions
  - Is it useful for me to think about this right now?
  - What would I tell a friend in this same situation?

Socratic Questioning

- Examine, explore, evaluate vs. challenge!
- Why?
  - Patients with high affect experience narrowing of focus and awareness; in depression, focused on negatives
  - Socratic Qs can help to widen focus
  - Increase likelihood that solutions will fit with clients' values
  - Increase openness to new perspectives, reduce defensiveness
- How?
  - Ask informational questions
  - Listen empathically - both to what is being said and not said
  - Make frequent summaries – helps organize information and promotes likelihood that client will retain what you are discussing
  - Ask synthesizing and analytic questions – what do you make of this? how do you put this information together?

Adapted from Padesky,

Identifying assumptions

- Typically "if/then" quality (conditional)
- Rules and assumptions people live by
- Often manifest as "should" statements
- If not in if/then form, ask meaning questions to formulate as an assumption

Identifying core beliefs

- Absolute statements about self, other, world
- Look for themes across automatic thoughts
- Use "downward arrow" to explore meaning
  - If this thought were true, what's so bad about that?
  - If this thought were true, what's the worst part about it?
  - If this thought were true, what does that mean to you? About you?
  - If so, so what…?
- More central and abstract than automatic thoughts
- Often make better sense of affect
- Show clients sample list of beliefs if things get stuck
- Go for "hot cognitions" and link to specific affect

Modifying core beliefs and underlying assumptions

- Confirm that the belief is central, strongly held, and related to the patient's current distress
- Mentally formulate more functional belief
- Educate patients about beliefs
  - Range of beliefs possible; beliefs are learned; can be evaluated and changed; can be strongly held and "felt" to be true and still be mostly or entirely untrue; new beliefs can be learned
- Examine advantages and disadvantages of beliefs
- Concretize and Test Like Any Belief
  - Socratic questioning
  - Cognitive Conceptualization Diagram
  - Core Belief Worksheet
  - Behavioral experiments

Behavioral Experiments

- Use when you have alternative thoughts that you do not fully believe ("Every new action chips away at old beliefs")
- Design an experiment that will help you test the thought
- Start small and build on successes
- Do multiple experiments before expecting big changes
- When outcomes are not preferred, don't quit, problem solve!
- Write down what you noticed and learned