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)

A
The Event (antecedent)

B
Your thoughts (belief)

C
Your feelings (consequence)
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
- Disqualifying or discounting the positive
- Emotional reasoning
- Labeling
- Magnification/minimization
- Mental filter

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 disregarded.
- 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 unloved.
- I am unsavory.
- 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., no one will love me).

Adapted from JS Beck (1995)

Cognitive Model

I am unlovable

- My friend didn’t call me back
- My co-workers didn’t invite me to lunch
- My neighbor invited me to her party

My neighbor invited me to her party BUT only because she invited the entire neighborhood.

Cognitive Model

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Cognitive Model

Core Beliefs
• I’m incompetent

Attitudes/Rules/Assumptions
• If I work hard all the time, I’ll be okay
• If I make a mistake, I’ve failed and bad things will happen

Cognitive Model

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Situation
• Important deadline at work

Automatic Thoughts
• I can’t do this
• There is no point

Reaction
• Emotional
• Behavioral
• Physiological

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
Cognitive Conceptualization

Relevant Childhood Data
• Which experiences contributed to the development and maintenance of the core belief?

Core Beliefs
• What is the most central belief?
  • Accepted as absolute truths; global, rigid, overgeneral

Attitudes/Rules/Assumptions
• What assumption helped the patient cope with the belief?
  • What is the counterpart to this assumption?

Compensatory/Coping Strategies
• Which behaviors help the patient cope with the belief?
  • Often normal behaviors but overused and rigid

Cognitive Conceptualization

Situation
• What was the problematic situation?

Automatic Thought/Image
• What went through the patient’s mind?
  • Use patient’s actual words

Meaning of the AT
• What did the thought mean to her?

Emotion
• What was the emotion? One word.
  • Sad, anxious, angry, happy, disgusted, annoyed, embarrassed

Behavior
• What did the patient do then?

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 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 s/he tell him/her?
- What is a more reasonable way to view this situation?
### Thought Record: 1st three columns

- **Situation**: Who, what, when, where
- **Automatic Thoughts**: Get their actual words, images, and rate degree of belief
- **Emotions**: One word & rate intensity
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- **Emotions**: One word & rate intensity
- **Who, what, when, where**: Specific and observable
- **Situation**: Who, what, when, where
- **Automatic Thoughts**: Get their actual words, images & rate degree of belief
- **Emotions**: One word & rate intensity
- **Get their actual words, images & rate degree of belief**: Restate questions into statements.
- **Emotions**: One word & rate intensity
- **Specific and observable**: Who, what, when, where

### 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
    - Socrates Quiz 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 to both 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?
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