

# Cognitive Conceptualization & Intervention in Psychotherapy

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**Training in Unified Psychotherapy**

**TUP Level One / Part Two**

**July 2023**

**TUP**

## Disclosure



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# TUP Level One Webinars

## Working Interactively with Cognition, Emotion, & Behavior

- ▶ TUP 1-1. **Unified Framework** - June 9, 2023
- ▶ TUP 1-2. **Cognitive Focus** - July 21, 2023
- ▶ TUP 1-3. **Experiential & Emotional Focus** - August 4, 2023
- ▶ TUP 1-4. **Behavioral Focus** - September 8, 2023
- ▶ TUP 1-5. **Developmental Focus** - October 6, 2023
- ▶ TUP 1-6. **Unified Treatment Planning** - November 3, 2023

**TUP Level Two** will be offered in 2024:

**Working Contextually with External & Internal Influences**



# TUP Discussion Groups

There will be a free discussion group after each live webinar.

## ► TUP 1-2. **Cognitive Focus** – July 28, 2023

Discussion groups will encourage *application of skills* and concepts with clients.

Email Jeff to receive a Zoom invite to these discussion groups:

**[dr.jeff.e.harris@gmail.com](mailto:dr.jeff.e.harris@gmail.com)**



# Training in Unified Psychotherapy

TUP is trying to create an *interactive learning community* of psychotherapists who want to support one another as we learn to put integration into practice.

- ▶ Webinars are offered through **TZK Seminars**.
- ▶ **StratPsych** offers an online learning platform and TUP certification.
- ▶ **TUPdates** is a google group through which information will be shared.
- ▶ Additional learning resources will be available through **DropBox**.



# Training in Unified Psychotherapy

If you'd like to become a part of this *interactive learning community*, please send an email to:

[dr.jeff.e.harris@gmail.com](mailto:dr.jeff.e.harris@gmail.com)

and ask to be added to the **TUPdates** google group.



# Cognitive Webinar Outline

- ▶ Introduction
- ▶ Case Formulation
- ▶ Functional Analysis & Guided Discovery
- ▶ Foundational Skills w/ Video Demonstrations
  - break -
- ▶ Case Formulation (continued)
- ▶ Key Strategies
- ▶ Practice Conceptualization
- ▶ Discussion

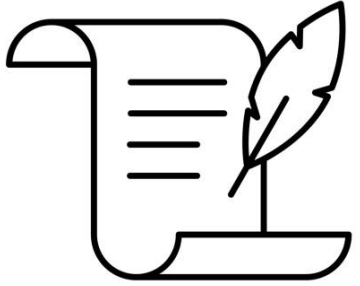


# Cognitive Themes in Psychotherapy

- **Cognitive Distortions**
- **Irrational Beliefs**
- **Cognitive Schemas**
- **Cognitive Fusion**
- **Narratives**
- **Meaning Making**
- **Mindfulness**
- **Imagery**
- **Memory Reconsolidation**

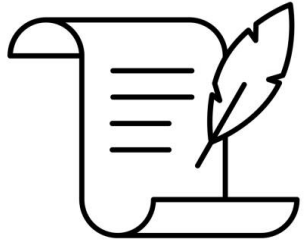






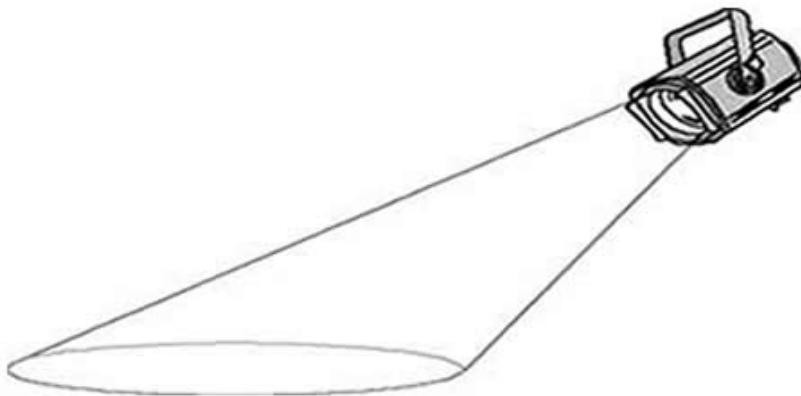
# Historical Context

- **Albert Ellis** published his first book describing *Rational Therapy* in 1962:
  - “Emotional or psychological disturbances are largely a result of...thinking illogically or irrationally” (p. 36)
- In 1967, **Aaron Beck** concluded that depression often occurs when an individual...
  - “automatically makes a negative interpretation of a situation even though more obvious and more plausible explanations exist” (p. 256)



## Historical Context (continued)

- Beck's book on ***Cognitive Therapy and the Emotional Disorders*** was published in 1976.
- Neither Ellis nor Beck considered themselves behaviorists and the integration of cognitive and behavioral approaches occurred later, in the 1970's.
- TUP considers cognitive therapy and behavior therapy as two *distinct* theories that are often integrated.



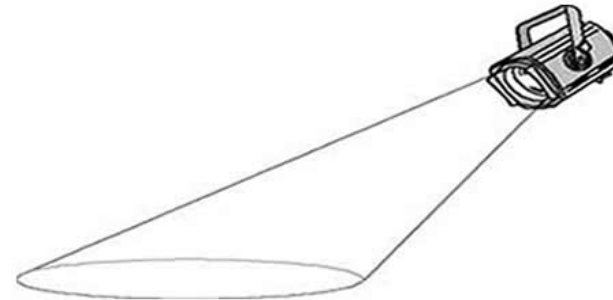
## Focusing on Cognition

- **Cognitive Therapy** encourages psychotherapists to rely on cognition as the primary leverage for therapeutic change.
- The principal of **Cognitive Primacy** suggests that all psychological processes (behavior, experience, emotion) are conveyed or organized through cognitive constructs.
- “Cognition alone provides meaning (or coherence) to the various other basic psychological processes.”

(Alford & Beck, 1997, p. 45)

# Focusing on Cognition

- In contrast, *Unified Psychotherapy* suggests that there are times when psychotherapy should focus on cognition and times that other dimensions of functioning should be emphasized.
- Cognition will be in the *spotlight* at times and in the *background* at other times.
- UP encourages psychotherapists to make intentional choices about *focal dimensions* that are targeted for each client or during different phases of treatment.

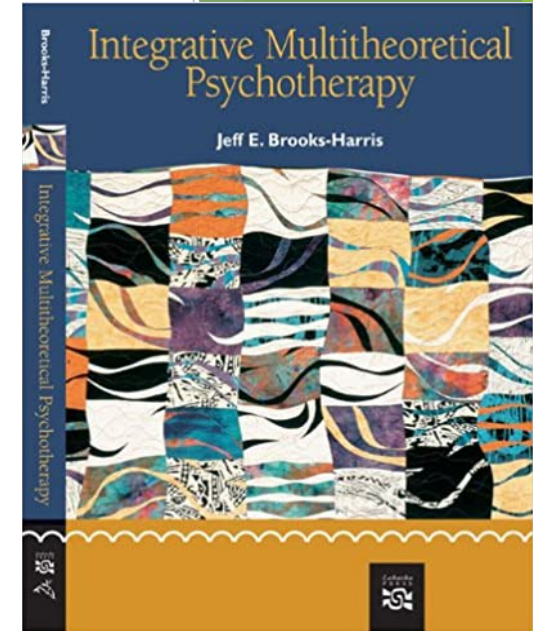


# Focusing on Cognition

## Markers for Focusing on Thoughts

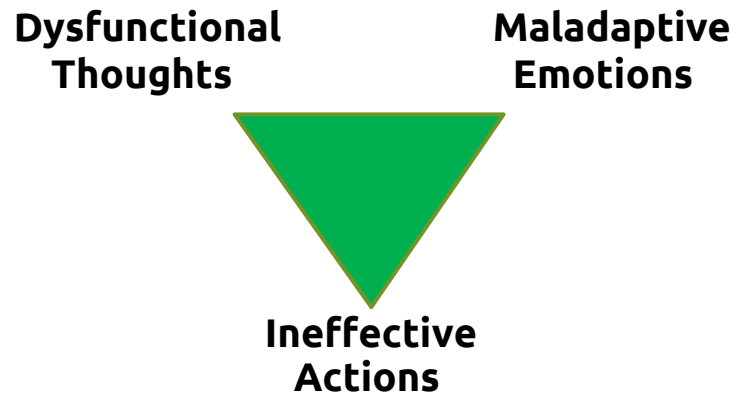
- Inaccurate Thoughts
- Pervasive Worries
- Unrealistic Expectations
- Distorted Perceptions
- Distress Related to Misinformation

(Brooks-Harris, 2008, p. 96)



# Multidimensional Survey

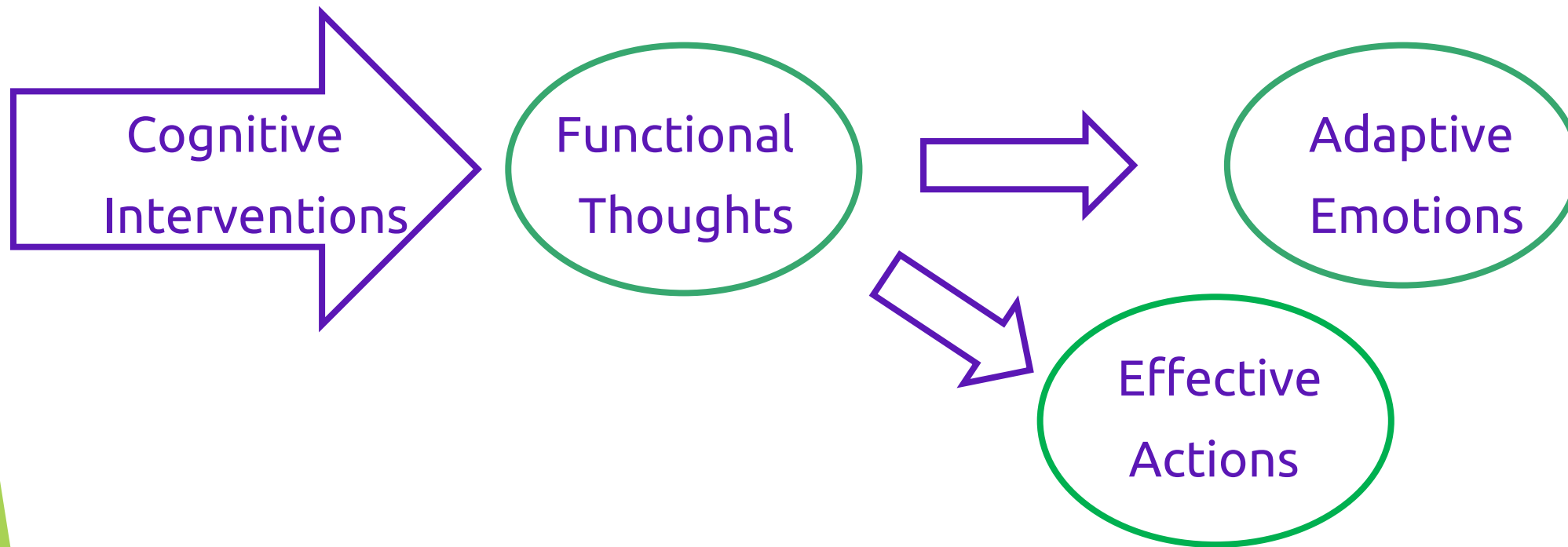
TUP encourages the use of a Multidimensional Survey as a part of *Unified Treatment Planning*.



After looking at the interaction between thoughts, feelings, and actions, some clients may identify thoughts as one *focal dimension* for exploration and change.

(Brooks-Harris, 2008, p. 94-102)

# Impact of Cognitive Interventions



Cognitive interventions are designed to have a **primary** impact on functional thinking and a **secondary** impact on emotions and actions.

# Reflecting on Practice

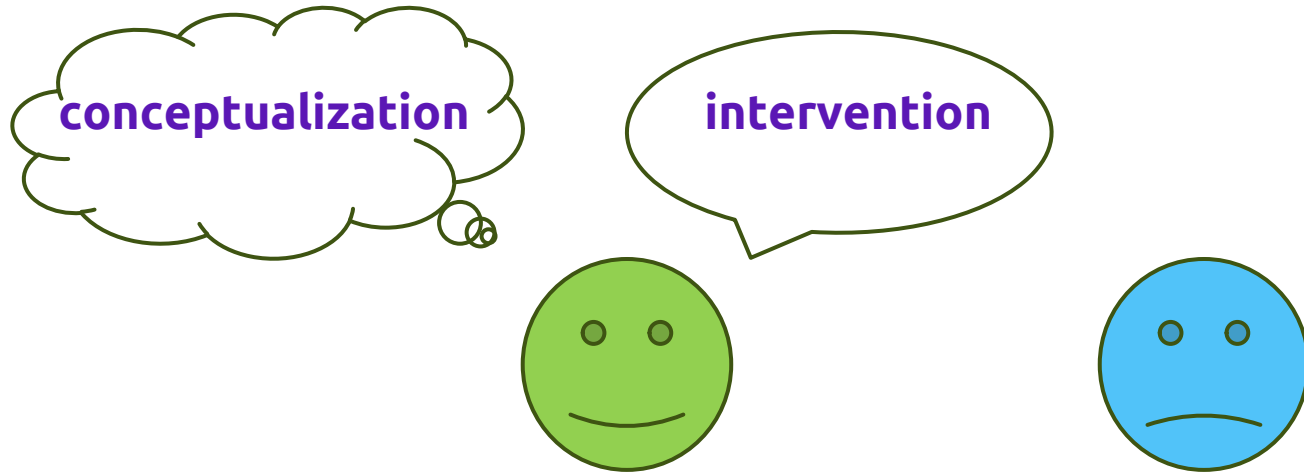
How often do you focus on cognition as a focal dimension for exploration and change?

- Almost every session with almost every client
- With most clients but not every session
- With some clients but not most
- Rarely or never

What psychotherapy interventions do you use most frequently to encourage adaptive cognitions?



# Conceptualization & Intervention



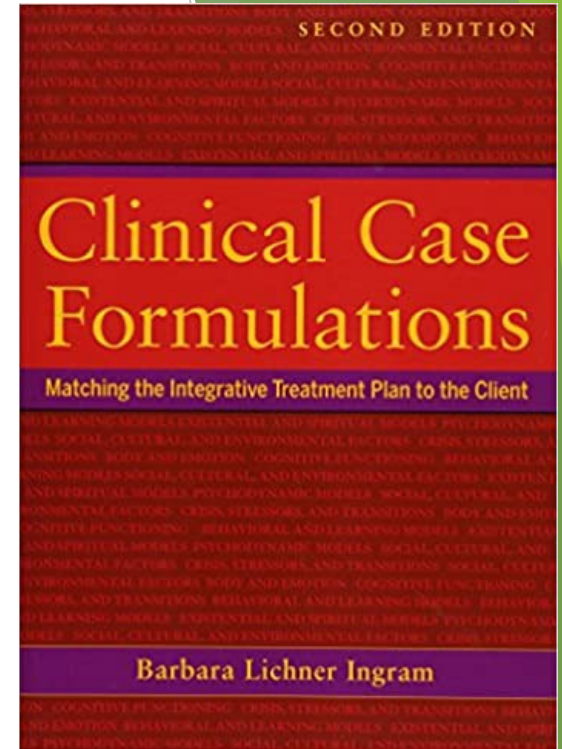
- ***Conceptualization*** involves using psychological theories to think about clients' problems and how we might help them.
- ***Interventions*** are things we say and do to help our clients.

# Cognitive Case Formulation

Barbara Ingram describes 4 *clinical hypotheses* related to cognition:

- **Dysfunctional Self-Talk**
- **Metacognitive Perspective**
- **Limitations of Cognitive Map**
- **Deficiencies in Cognitive Processing**

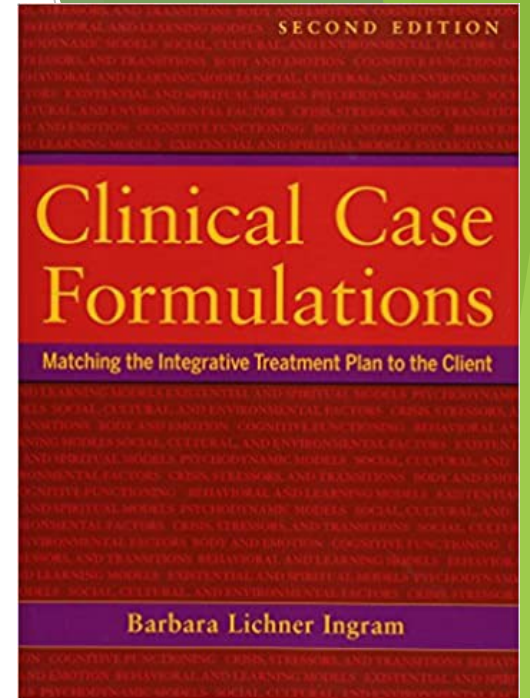
(Ingram, 2012)



# Cognitive Case Formulation

## 1. Dysfunctional Self-Talk

- “Dysfunctional self-talk causes painful feelings and maladaptive behavior. Sometimes the person is very aware of the self-talk; at other times, you need to probe to discover inner speech.”
- “Internal speech is treated as a behavior.”
- “Modification of internal speech is viewed as a coping skill.”  
(Ingram, 2012. p. 220)
- Beck’s *Cognitive Therapy* and Ellis’ *Rational Emotive Behavior Therapy* both focus on dysfunctional self-talk.



# A Simple Foundation for Unified Psychotherapy

Cognition	Emotion	Behavior
A D	A P T	I V E
M A L	A D A P	T I V E

# Adaptive or Maladaptive: An over-simplified place to start

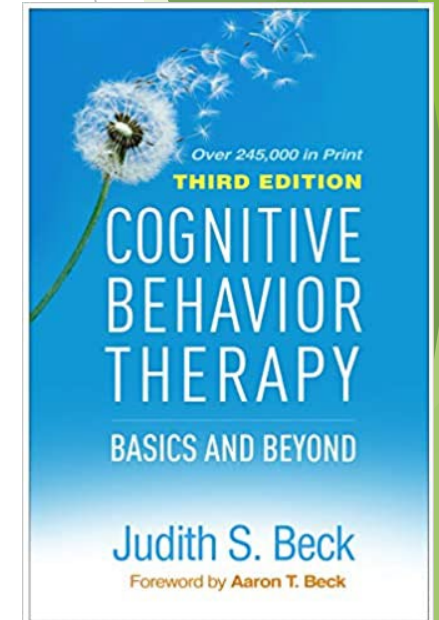
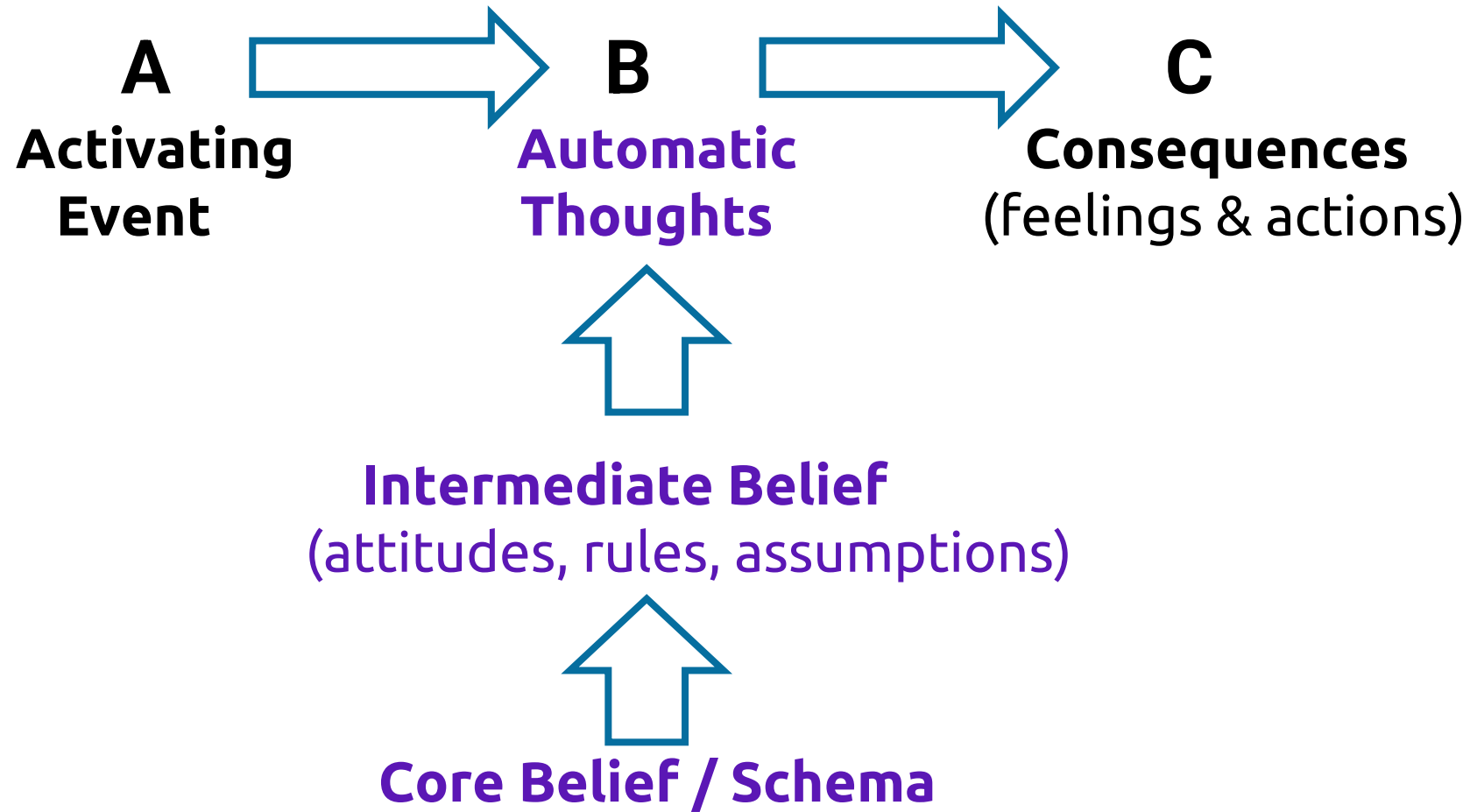


# Adaptive Function of Thoughts

- **Functional Thoughts** are accurate and rational, based on objective evidence, and serve a useful psychological function.
- **Dysfunctional Thoughts** are inaccurate or irrational, are not based on evidence, or do not serve a useful function.

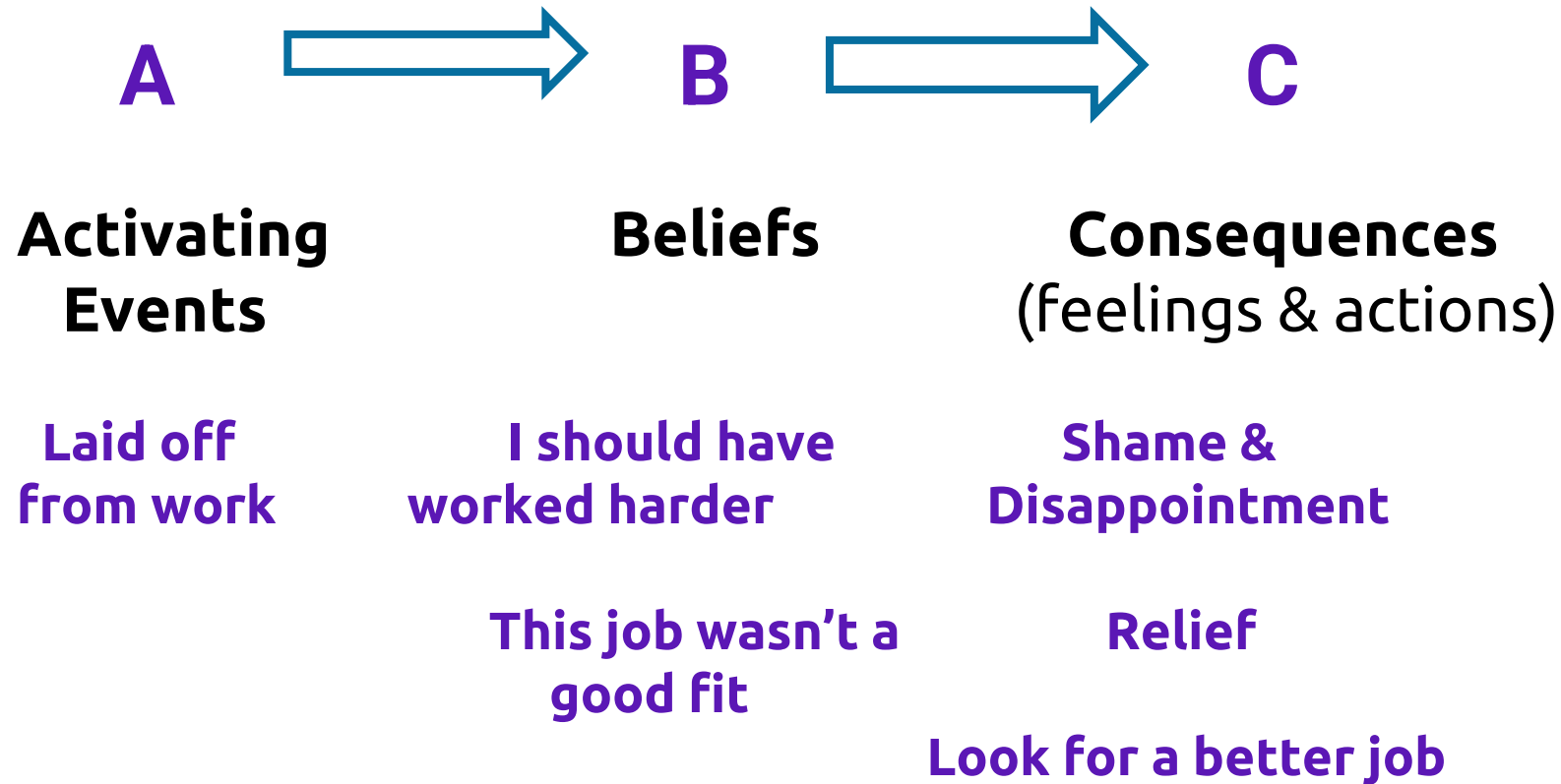
(Brooks-Harris, 2008, p. 82; Beck & Weishaar, 2000)

# Cognitive Conceptualization



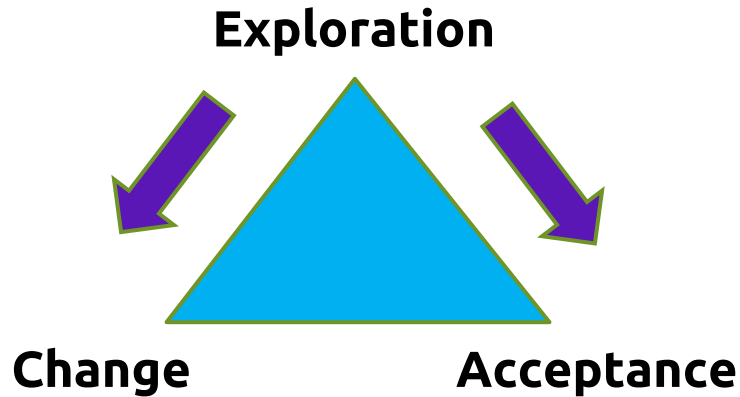
(Judith Beck, 2021)

# Cognitive Conceptualization Example





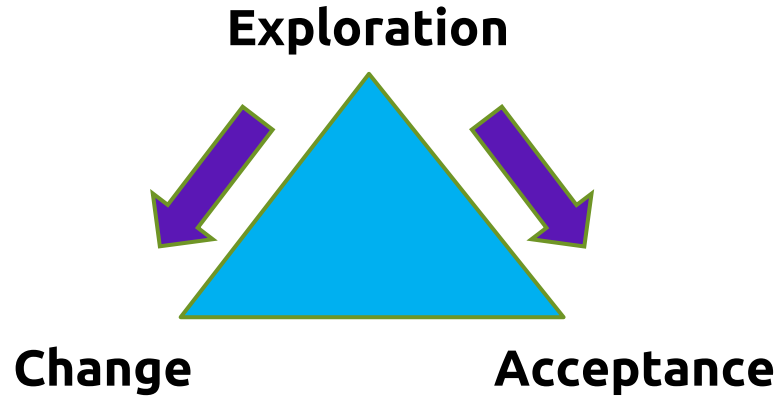
# Cognitive Exploration, Change, & Acceptance



## Exploring Thoughts

It is useful for psychotherapists to help clients explore cognitive processing and identify *specific thoughts* related to current distress. Once particular cognitions have been highlighted, their adaptive value can be explored in order to see if they are functional or dysfunctional and whether they can be changed or should be accepted.

# Cognitive Exploration, Change, & Acceptance



## Changing Thoughts

Some thoughts are dysfunctional and **cognitive change** may enhance functioning. **Cognitive Therapy** (CT) describes the way dysfunctional thoughts contribute to depression, anxiety, or other forms of distress. Dysfunctional thoughts may be inaccurate or may focus on aspects of the situation outside of one's control. Dysfunctional thinking often involves overgeneralization or paying attention only to negative aspects of a situation.

# Cognitive Exploration, Change, & Acceptance

## Accepting Thoughts

Some cognitions are accurate but difficult to accept. These thoughts may represent aspects of reality or experience people would like to avoid. **Accepting** these difficult truths may be helpful.

**Reality Therapy** (RT) suggests that people need to face **external** reality in order to fulfill their needs.

**Acceptance and Commitment Therapy** (ACT) emphasizes the importance of remaining open and receptive to **internal** experiences that may be distressing. ACT recognizes that some dysfunctional thoughts will continue to recur and that mindful observation is an alternative to change.

# Examples of Cognitive Change & Acceptance

	<b>Dysfunctional Thoughts that Can be Changed</b>	<b>Difficult Truths that Can be Accepted</b>
Break-up:	I can't live without Taylor. If I try hard enough, I can win them back.	Taylor doesn't want to be with me. It is time to move on.
Grief:	My mother was everything to me. I can't go on without her.	My mother was my most important source of support. This will be the most difficult loss I've faced so far.
Work:	My boss is a complete idiot. If I keep filing complaints, upper management will realize what's really going on.	This job is not working out. My boss will never support my goals. This company's values do not align with my own.

# Examples of Cognitive Change & Acceptance

	<b>Dysfunctional Thoughts that Can be Changed</b>	<b>Difficult Truths that Can be Accepted</b>
Addiction	The mistakes I made when I was drinking are unforgivable. My addiction has destroyed my life.	I have hurt the people I care most about. I have made mistakes that have left lasting damage.
Self Esteem	There's something wrong with me.	There are limitations to what I can do well and what I can accomplish.

# Collaborative Dialogue

- ▶ **Collaborative Dialogue** involves discussing treatment choices and options openly with clients and making decisions together (Brooks-Harris, 2008, p. 98).
- ▶ The decision between focusing on **changing** dysfunctional cognitions or **accepting** difficult truths provides an opportunity for collaborative dialogue.
- ▶ A psychotherapist can explain the difference between a change-oriented strategy (e.g., Cognitive Therapy) and an acceptance-based strategy (e.g., ACT) and make a collaborative decision about these complementary approaches.

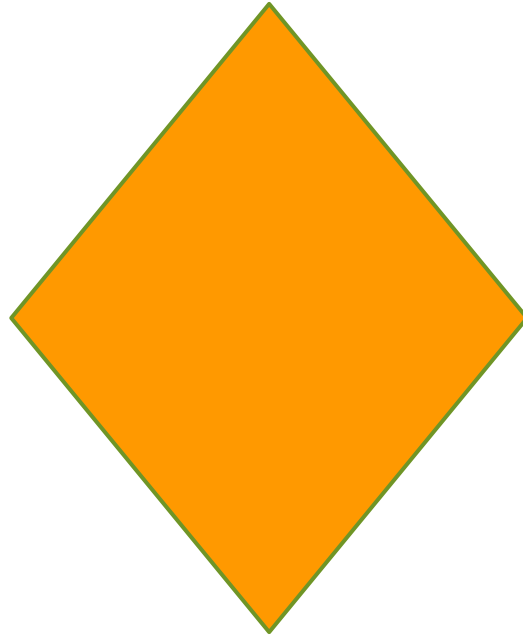
# Functional Analysis & Guided Discovery

- ▶ **Functional Analysis** was developed by Behavior Therapists to discern the value and function of specific actions.
- ▶ TUP expands the applicability of functional analysis and uses this process in a more **multidimensional** manner.
- ▶ An integrative psychotherapist can explore the functional value of emotions and cognitions; not just behaviors.
- ▶ Functional analysis can also be applied to developmental, interpersonal, systemic, cultural, and biological processes.
- ▶ For example, is your role in your family system still serving an adaptive purpose?



# Functional Analysis

**Explore Current  
Functioning**



**Support Adaptation**

(highlight strengths, solutions,  
accurate perceptions,  
adaptive emotions, etc.)

**Accept Reality and  
things that can't be changed**

(difficult truths,  
uncomfortable feelings,  
environmental limitations, etc.)

**Change Maladaptive  
Patterns**

(dysfunctional thoughts,  
maladaptive emotions,  
ineffective actions, unhealthy  
relationships, oppressive systems)



# Guided Discovery

- ▶ **Guided Discovery** and **Socratic Dialogue** are parts of Cognitive Therapy used to discover more functional ways of thinking.
- ▶ These processes can be used to uncover and encourage more adaptive emotions and more effective actions, not just cognitions.
- ▶ Embracing a **multidimensional** approach, guided discovery can also be used to explore more adaptive interpersonal interactions, social roles, and health practices.

# Foundation Skills – Three Levels

COGNITION	EMOTION	BEHAVIOR
<b>Exploration &amp; Functional Analysis of Current Patterns</b>		
<b>Guided Discovery to Uncover More Adaptive Functioning</b>		
<b>Enacting Adaptation Outside of Psychotherapy</b>		

# Foundational Cognitive Skills for UP

Exploration & Functional Analysis of Current Patterns	Guided Discovery to Uncover More Adaptive Functioning	Enacting Adaptation Outside of Psychotherapy
1- Focusing on Thoughts & Increasing Insight Into the Cognitive System  2- Understanding the Context & Impact of Specific Thoughts  3- Analyzing the Functional Value or Current Thinking  4- Exploring Core Beliefs that Generate Automatic Thoughts	5- Supporting Functional Thinking that is Already Occurring  6- Discovering More Functional Thoughts & Experimenting with Them  7- Restructuring Core Beliefs using Collaborative Empiricism  8- Living with Difficult Truths through Acceptance and Defusion	9- Applying Functional Thinking in Day-to-Day Life  10- Refining Thinking Over Time to Increase Functionality  11- Working Interactively and Contextually to Support Functional Thinking

# Demonstration: Anxious Eileen

## Thoughts

"I have to be perfect."  
"I can't make any mistakes."  
"I'm gong to get fired."

## Feelings

Fear of Failure  
Fear of Rejection  
Frustration with Self

## Actions

Avoid preparing/procrastinate  
Stay up late preparing/catching up  
Neglect Self Care  
Wasting time

# Demonstration: Anxious Eileen

COGNITION	EMOTION	BEHAVIOR
Exploration & Functional Analysis of Current Patterns		

# Exploration and Functional Analysis of Current Patterns

- COG-1:** Focusing on Thoughts and Increasing Insight into the Cognitive System
- COG-2:** Understanding the Context and Impact of Specific Thoughts
- COG-3:** Analyzing the Functional Value of Current Thinking
- COG-4:** Exploring Core Beliefs that Generate Automatic Thoughts

# COG-1:

## Focusing on Thoughts and Increasing Insight into the Cognitive System

- *Understanding the role of cognitions in the presenting concern.*
- *Psychoeducation regarding the cognitive model and common patterns in the client's presenting concern.*

## COG-2: Understanding the Context and Impact of Specific Thoughts

- *Highlighting automatic thoughts related to the presenting concern.*
- *Understanding specific thoughts in their emotional-behavioral context.*
- *Using the ABC model to help clients become aware of their automatic thoughts and their impact on emotion and behavior.*



## COG-3: Analyzing the Functional Value of Current Thinking

- *Examining evidence that disputes current thoughts.*
- *Distinguishing between functional and dysfunctional thoughts.*
- *Assessing the helpfulness and utility of an automatic thought.*
- *Using Socratic dialogue to explore unhelpful thoughts.*
- *Detecting potential cognitive biases.*

## COG-4: Exploring Core Beliefs that Generate Automatic Thoughts

- *Uncovering core beliefs or schemas that drive unhelpful automatic thoughts.*
- *Identifying systemic and cultural messages that have been internalized.*
- *Creating experiments that test core beliefs.*

# Demonstration Video A

## Exploring Thoughts

Amy will explore Eileen's thoughts that are associated with her anxiety and panic attacks.

Which of these skills do you see Amy using?

COG-1: **Focusing on Thoughts and Increasing Insight into the Cognitive System**

COG-2: **Understanding the Context and Impact of Specific Thoughts**

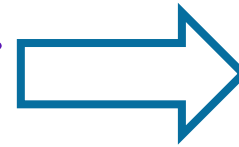
COG-3: **Analyzing the Functional Value of Current Thinking**

COG-4: **Exploring Core Beliefs that Generate Automatic Thoughts**

# Demonstration: Anxious Eileen

**Automatic Thoughts**

I'm going to screw it up.  
I'm going to get fired.



Anxious, Panicky  
Procrastination  
Staying up late



**Intermediate Belief**

If I'm not perfect,  
I'm going to get fired.



**Core Belief Schema**

I'm not capable.

# Foundational Skills

COGNITION	EMOTION	BEHAVIOR
Guided Discovery to Uncover More Adaptive Functioning		

# Guided Discovery to Uncover More Adaptive Functioning

- COG-5:** Supporting Functional Thinking that is Already Occurring
- COG-6:** Discovering More Functional Thoughts & Experimenting with them
- COG-7:** Restructuring Core Beliefs using Collaborative Empiricism
- COG-8:** Living with Difficult Truths through Acceptance and Defusion

COG-5:  
**Supporting Functional Thinking that  
is Already Occurring**

- *Selectively reinforcing realistic perceptions and functional thoughts.*

## COG-6: Discovering More Functional Thoughts and Experimenting with Them

- *Evaluating automatic thoughts to generate more helpful ways of thinking.*
- *Collaboratively exploring assumptions and distortions to uncover more adaptive thoughts.*
- *Using the ABCDE model to illuminate and practice more helpful perspectives*



## COG-7: Restructuring Core Beliefs using Collaborative Empiricism

- *Embracing healthier views of oneself that support psychological well-being.*
- *Applying skills learned to challenge core beliefs and develop healthier, more balanced perspectives.*

COG-8:

## Living with Difficult Truths through Acceptance and Defusion

- *Cultivating mindful awareness of thoughts as language/mental phenomenon versus truth.*
- *Developing willingness to sit with uncomfortable truths that one cannot change.*
- *Creating cognitive distance from difficult truths and thoughts that are difficult to change.*

# Video Demonstration B

## Transforming Thoughts

Amy will help Eileen explore the impact of and to challenge assumptions that lead to anxiety and panic.

Which of these skills do you see Amy using?

COG-5: **Supporting Functional Thinking that is Already Occurring**

COG-6: **Discovering More Functional Thoughts & Experimenting with them**

COG-7: **Restructuring Core Beliefs using Collaborative Empiricism**

COG-8: **Living with Difficult Truths through Acceptance and Defusion**

# Demonstration: Anxious Eileen

## Dysfunctional Thoughts

I'm going to screw it up.  
I'm going to get fired.



I'm not capable.

## Functional Thoughts

I've presented competently on  
this topic plenty of times.

My boss isn't the type to just fire  
someone.

Even if I do screw it up, there  
isn't that much riding on this.

I have a lot of experience and am  
confident.

# Foundational Skills

COGNITION	EMOTION	BEHAVIOR
Enacting Adaptation Outside of Psychotherapy		

# Enacting Adaptation Outside of Psychotherapy

- COG-9:** Applying Functional Thinking in Day-to-Day Life
- COG-10:** Refining Thinking Over Time to Increase Functionality
- COG-11:** Working Interactively & Contextually to Support Functional Thinking

## COG-9:

# Applying Functional Thinking in Day-to-Day Life

- *Putting new beliefs into practice*
- *Leveraging out of session activities to build evidence for new, more balanced beliefs.*
- *Practicing mindful observation of thoughts without “getting hooked” by them.*

## COG-10: Refining Thinking Over Time to Increase Functionality

- *Modifying thoughts and beliefs in light of new experiences*



## COG-11: Working Interactively and Contextually to Support Functional Thinking

- *Assessing cognitive change and multidimensional impact*

# Video Demonstration C

## Transforming Thoughts

Amy will help Eileen refine her cognitive practice by discussing efficacy of cognitive restructuring and considering alternatives.

Which of these skills do you see Amy using?

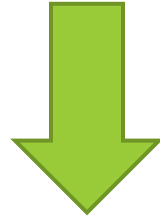
**COG-9:** Applying Functional Thinking in Day-to-Day Life

**COG-10:** Refining Thinking Over Time to Increase Functionality

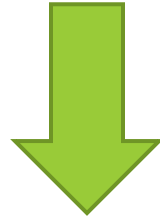
**COG-11:** Working Interactively & Contextually to Support Functional Thinking

# Demonstration: Anxious Eileen

“I could get downsized” = difficult truth to be accepted



Consideration of opportunities/avoiding getting hooked



Working towards putting value-centered action into practice

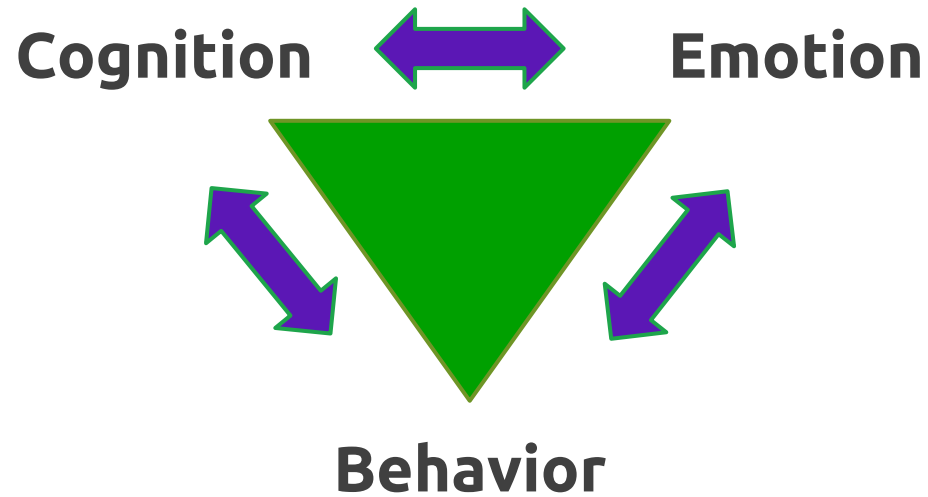
# Reflecting on Demonstration

- What did you think of these three demonstrations?
  - Exploring and Functional Analysis of Thoughts
  - Guided Discovery to Uncover More Adaptive Functioning
  - Enacting Adaptation Outside of Psychotherapy
- When you focus on cognitions with your clients, does it look like this or somewhat different?
- Does this seem like an effective way to introduce trainees to cognitive interventions?

# 10-minute Break

Is this a good time to take a break?

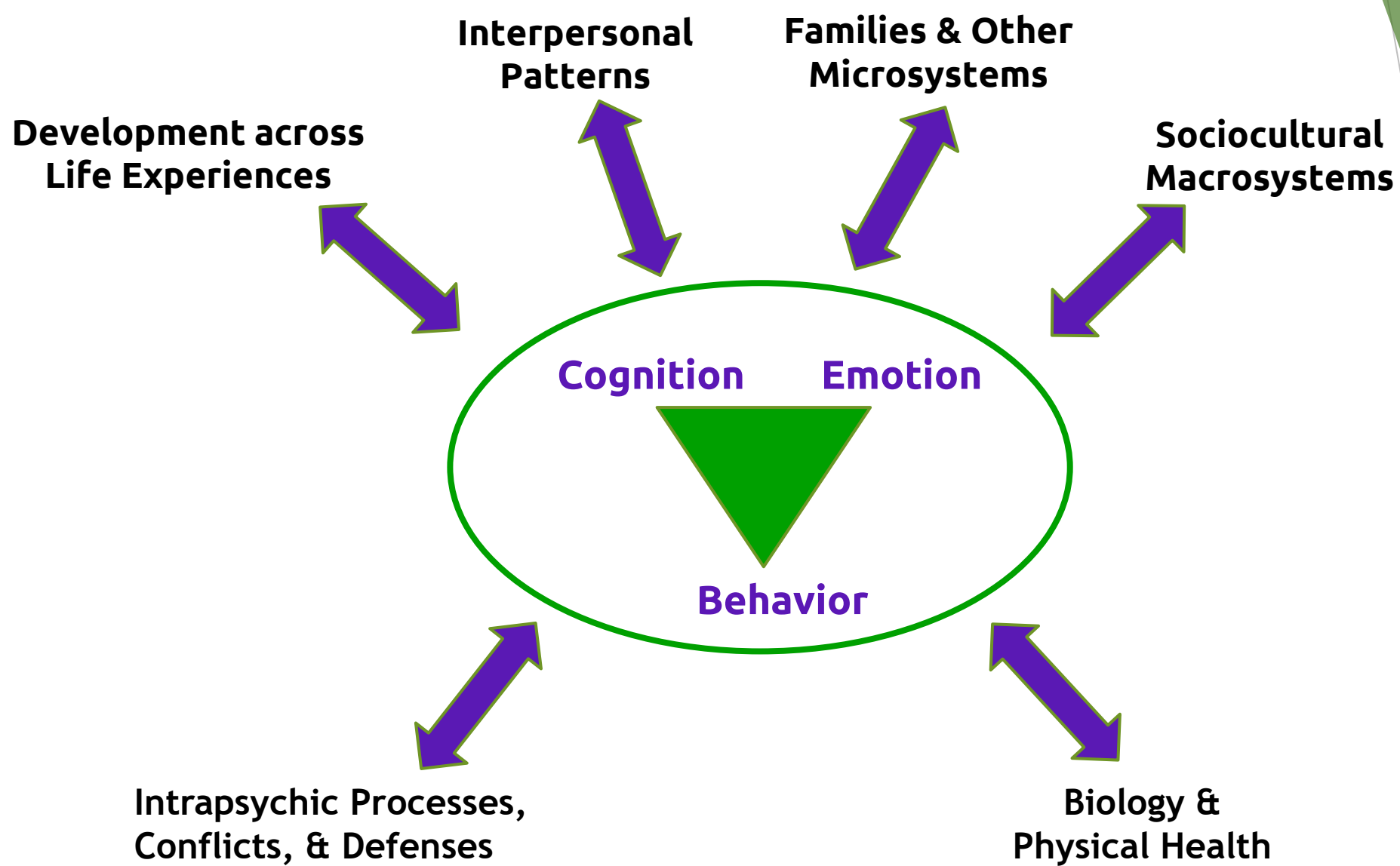
# Cognitions do not Exist in Isolation



- ▶ Humans are always thinking, feeling, and acting.
- ▶ These three dimensions are highly interactive.
- ▶ All three of these arrows are bidirectional.

# Where do dysfunctional cognitions come from?

- Thoughts and beliefs are shaped by *external and internal* influences.
- **Development across Life Experience** is an external influence that account for the way all of our experience are internalized in the form of cognitions, emotions, and behavior.
- For example, *trauma* can profoundly affect one's developing beliefs about self, others, and the world.
- Trauma can profoundly *change* or *reinforce* one's established beliefs about self, other, and the world.





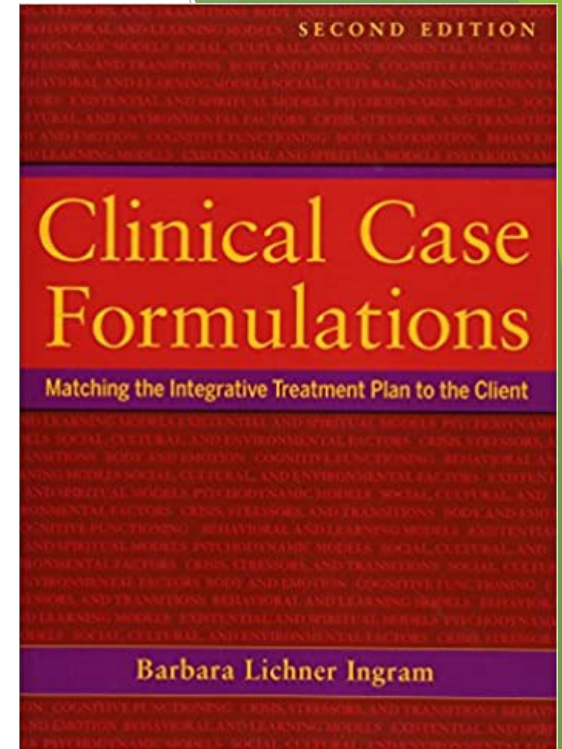
# Prochaska's Stages of Change: Example Cognitions

<b>Precontemplation</b>	I don't have a problem with alcohol. I don't drink any more than most of my friends.
<b>Contemplation</b>	I feel really wiped out the day after I go drinking with my friends. My girlfriend says she doesn't like hanging out with me when I get drunk.
<b>Preparation</b>	I think I might need to cut back on my drinking. I took an online quiz to see if I might have a drinking problem.
<b>Action</b>	I want to stop drinking for a month and see if I feel better. I felt awkward at my first AA meeting but I'm going to go back again on Thursday.
<b>Maintenance</b>	I haven't had a drink for 6 months. I am proud of the 12 step work I've done with my AA sponsor.

# Cognitive Case Formulation

- Dysfunctional Self-Talk
- Metacognitive Perspective
- Limitations of Cognitive Map
- Deficiencies in Cognitive Processing

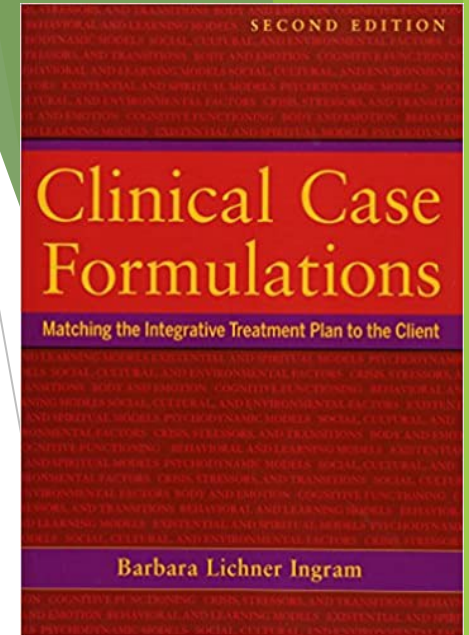
(Ingram, 2012)



# Cognitive Case Formulation

## 2. Metacognitive Perspective

- Metacognition means “thinking about thinking.”
- An individual has awareness of internal experience (feelings, thoughts, and sensations) without being compelled to react them.
- This hypothesis minimizes attention to the content of thoughts and focuses on awareness of and control over one's cognitive strategies. (Ingram, 2012, p. 199)
- **Mindfulness** is a prominent example of a metacognitive perspective utilized in **ACT**, **DBT**, and **MBCT**.



# Mindfulness

- *“Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally.” Jon Kabat-Zinn*
- Mindfulness practice has been shown to:
  - Reduce rumination
  - Boost working memory
  - Increase focus
  - Increase cognitive flexibility

*APA.org; positivepsychology.com*

# Mindfulness

- Several therapies explicitly include mindfulness practice as an essential component of change:
  - Acceptance and Commitment Therapy (ACT)
  - Dialectical Behavior Therapy (DBT)
  - Mindfulness-Based Cognitive Therapy (MBCT)

# Mindfulness in ACT

- Mindfulness as a core practice to cultivate ***experiential willingness*** and ***acceptance***.
- Suffering stems from experiential avoidance and struggling with unwanted thoughts and feelings.
- Clients learn and practice (in and outside of session) mindfulness strategies:
  - Guided meditations
  - Mindful engagement in daily activities
  - Metaphors

# Mindfulness in DBT

- DBT defines mindfulness as “intentionally living with awareness of the present moment, without judging or rejecting the moment, without attachment to the moment.”
- Goals:
  - Reduce suffering and increase happiness
  - Increase control of one’s mind
  - Experience reality as it is
- Core Skills:
  - “Wise Mind”
  - “What” Skills (observing, describing, participating)
  - “How” Skills (nonjudgmentally, one-mindfully, effectively)

# Mindfulness in MBCT

- Integrates mindfulness practice with traditional CBT strategies, particularly for recurrent depression.
- Goals:
  - Help client understand what depression is/how it is experienced
  - Help client discover what makes them vulnerable to worsening depression/getting stuck
  - Help client see the connection between depression and dysfunctional cognitions/behaviors



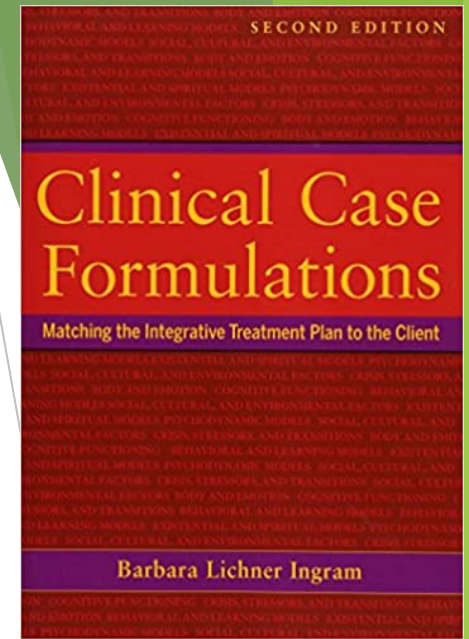
# Mindfulness Demonstration

## Video Demonstration D

# Cognitive Case Formulation

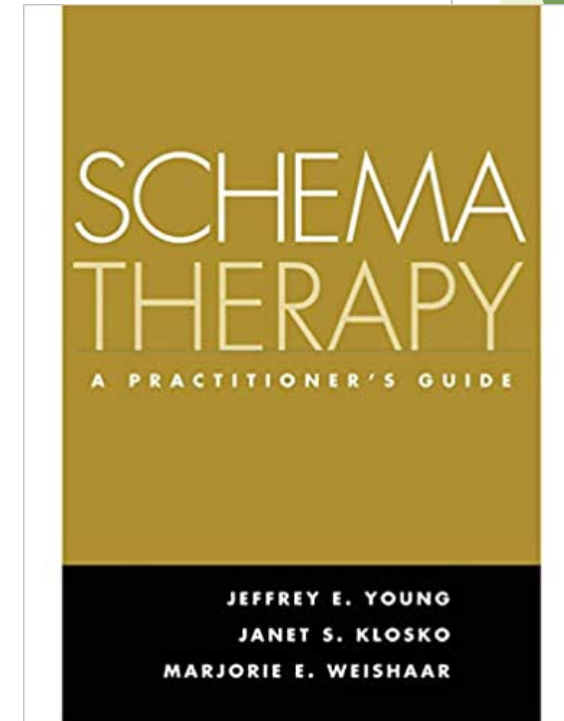
## 3. Limitations of Cognitive Map

- There are maladaptive **schemas**, assumptions, rules, beliefs, self-fulfilling prophecies, and personal **narratives** that need to be identified, evaluated, challenged, and revised.
- Elements of the cognitive map limit choices, create pain, and interfere with the client getting needs met, achieving goals, and enjoying life. (Ingram, 2012, p. 204)
- Jeffrey Young's **Schema Therapy** and Michael White's **Narrative Therapy** are based on recognizing and revising limitations of cognitive maps.



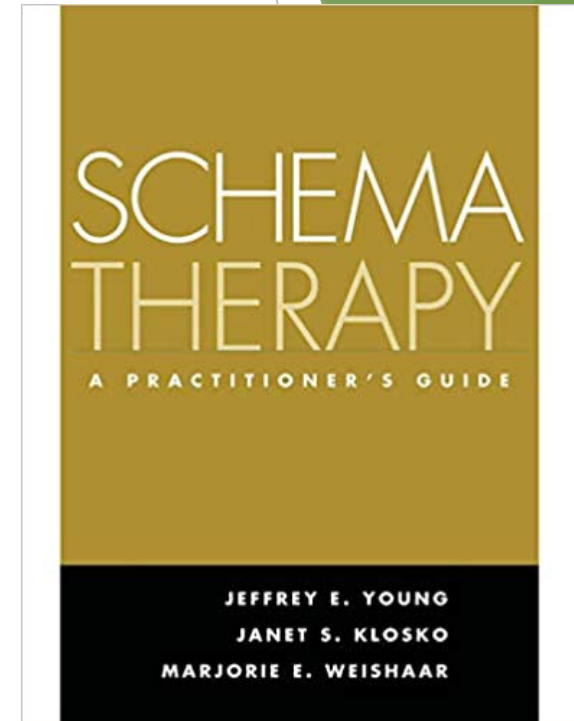
# Schema Therapy

- **Schema Therapy** identifies and modifies self-defeating patterns that sometimes underlie personality disorders.
- Jeffrey Young has identified 18 *early maladaptive schemas* that contribute to psychological distress:
  1. Emotional Deprivation
  2. Abandonment
  3. Mistrust
  4. Social Isolation / Alienation
  5. Defectiveness / Shame
  6. Failure



# Early Maladaptive Schemas (continued)

7. Incompetence / Dependence
8. Vulnerability to Harm or Illness
9. Enmeshment
10. Subjugation
11. Self-Sacrifice
12. Emotional Inhibition
13. Unrelenting Standards
14. Entitlement/Superiority
15. Insufficient Self-Control / Self-Discipline
16. Admiration/Recognition-Seeking
17. Pessimism/Worry
18. Self-Punitiveness



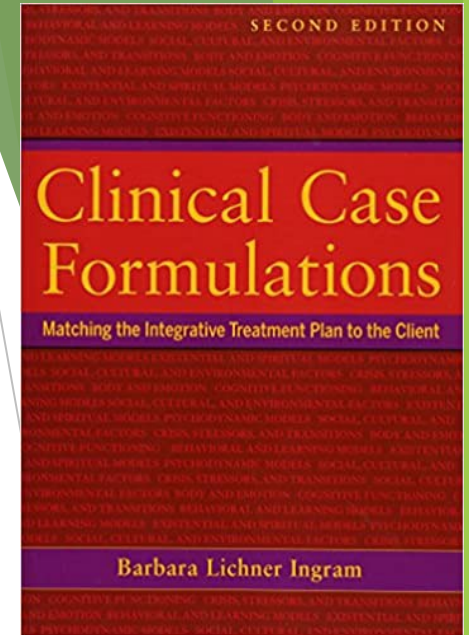
# Cognitive Case Formulation

## 4. Deficiencies in Cognitive Processing

- Deficiencies in Cognitive Processing involve faulty information processing, poor reality testing, and an inflexible cognitive style.
- Adaptive cognitive processing involves the ability to accurately perceive data and accommodate new experiences.

(Ingram, 2012, p. 214)

- Beck's *Errors in Thinking* provides a list of common deficiencies in cognitive processing.



# Errors in Thinking

Aaron Beck's *Cognitive Therapy* identifies 7 common errors:

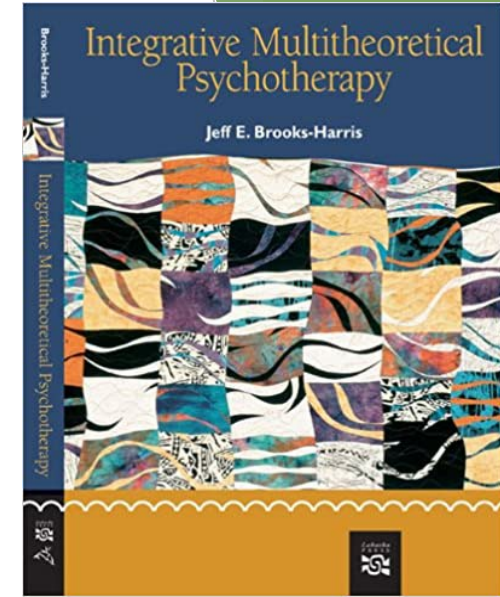
- Overgeneralization
- Personalization
- All-or-nothing Thinking
- Arbitrary Inference
- Selective Abstraction
- Mind Reading
- Emotional Reasoning

# Cognitive Key Strategies

Brooks-Harris (2008) described 15 cognitive strategies variety of theoretical sources:

- Identifying Thoughts
- Clarifying the Impact of Thoughts
- Challenging Irrational Thoughts
- Illuminating Core Beliefs
- Evaluating Evidence
- Testing Hypotheses
- Modifying Beliefs
- Reinforcing Adaptive Cognitions

(Brooks-Harris, 2008, Chapter 4)

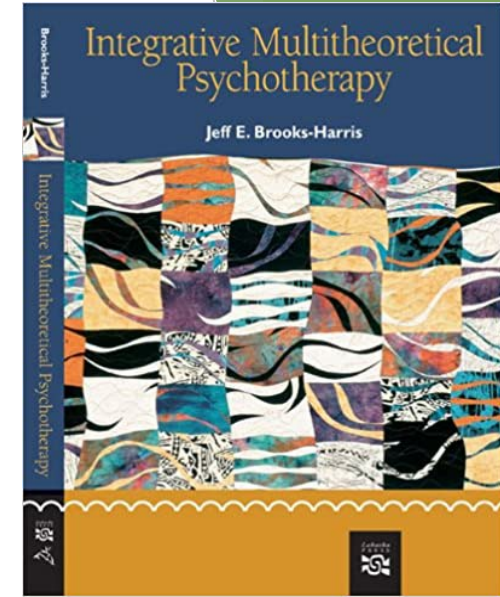




# Cognitive Key Strategies (continued)

- Encouraging Accurate Perceptions
- Supporting Dialectical Thinking
- Fostering Mindful Awareness
- Working with Imagery
- Brainstorming Solutions
- Providing Psychoeducation
- Supporting Bibliotherapy

(Brooks-Harris, 2008, Chapter 4)





# 1. Identifying Thoughts

**Identifying automatic thoughts, self-talk,  
and cognitive patterns**

**Source: Cognitive Therapy & REBT**

- Identifying self-talk is helpful when clients are unaware of their internal evaluations and how these perceptions of events may impact their emotions and the behavioral choices they make.
- To help clients begin to become more aware of automatic thoughts, it may be helpful to focus on a particular recent event so that specific cognitive appraisals can be identified.

(Brooks-Harris, 2008, p. 112-114)

## 2. Clarifying the Impact of Thoughts

**Clarifying the impact of thoughts on feelings, actions, and interpersonal relationships**

**Source: Cognitive Therapy & REBT**

- Clarifying the impact of thoughts is useful when clients are not aware of how their perceptions and evaluations impact other areas of functioning.
- Highlighting the impact of thoughts is a foundational skill for other cognitive interventions.

(Brooks-Harris, 2008, p. 114-116)

# 3. Challenging Irrational Thoughts

**Challenging and disputing irrational thoughts  
or inaccurate beliefs**

**Source: Rational Emotive Behavior Therapy**

- If clients display faulty logic or self-defeating thoughts, a psychotherapist may want to point out or challenge these cognitions in a direct manner.
- The key to this strategy is to look closely at the logic in clients' personal philosophies.

(Brooks-Harris, 2008, p. 116-119)

## 4. Illuminating Core Beliefs

**Illuminating core beliefs or schemas by exploring the meaning of thoughts and patterns**

**Source: Cognitive Therapy & Schema Therapy**

- It is useful to look for core beliefs after you have uncovered a pattern of inaccurate thoughts across different situations.
- Asking questions about the personal meaning of an automatic thought often leads to an identification of core beliefs.

(Brooks-Harris, 2008, p. 119-121)

# 5. Evaluating Evidence

**Evaluating evidence that may support or challenge  
Clients' cognitions.**

**Source: Beck's Cognitive Therapy**

- When a client is only looking at evidence supporting a dysfunctional thought, you can use a structured approach to encourage a more balanced view of both sides of the situation. This is called ***collaborative empiricism***.
- This data-gathering and data-evaluating process may stimulate change when clients realize that their conclusions are not well founded.

(Brooks-Harris, 2008, p. 122-124)

## 6. Testing Hypotheses

**Forming and testing hypotheses about clients' beliefs and perceptions.**

**Source: Beck's Cognitive Therapy**

- Using *collaborative empiricism*, it may be helpful to design experiments that create a direct test for beliefs.
- When choosing hypothesis –testing experiments, it is important to choose an experience that is likely to succeed and that will have a persuasive impact on the client.

(Brooks-Harris, 2008, p. 124-127)

# 7. Modifying Beliefs

**Modifying specific beliefs to be more functional and adaptive.**

**Source: Cognitive Therapy & REBT**

- Once clients have recognized the inaccuracy of their original thoughts, it is appropriate to identify new thoughts that will have a more positive impact on other areas of functioning.
- When identifying new thoughts, it is important to attend to accuracy as well as adaptive function.

(Brooks-Harris, 2008, p. 127-129)

# 8. Reinforcing Adaptive Cognitions

**Reinforcing adaptive cognitions and extinguishing dysfunctional ones.**

**Source: Cognitive Behavioral Therapy**

- If a client has identified new, more adaptive ways of thinking, the psychotherapist should reinforce these beliefs.
- Opportunities to put new cognitions into practice in day-to-day life should be identified.

(Brooks-Harris, 2008, p. 129-132)



## 9. Encouraging Accurate Perceptions

**Encouraging accurate perceptions of realistic constraints impacting clients lives.**

**Source: Glasser's Reality Therapy**

- When a client is focusing on unrealistic hopes that interfere with effective problem solving, it is appropriate to encourage accurate perceptions and proactive choices.
- Encouraging accurate perceptions focuses on the outside world to evaluation external situations.

(Brooks-Harris, 2008, p. 132-134)

# 10. Supporting Dialectical Thinking

**Supporting dialectical thinking and helping clients move toward synthesis rather than focusing on one mode of thought.**

**Source: Linehan's Dialectical Behavior Therapy**

- If clients are engaging in extreme or polarized thinking, then it may be helpful to support dialectical thinking that recognizes and embraces opposing ideas in the search for synthesis.
- Linehan (1993) referred to the synthesis of feeling and thinking as activating one's *wise mind*.

(Brooks-Harris, 2008, p. 134-135)

# 11. Fostering Mindful Awareness

**Fostering mindful observation and awareness to help clients live in the present rather than making judgments.**

**Source: MBCT, DBT, ACT**

- When clients are experiencing distress because their thinking is dominated by rigid judgments, then it may be helpful to foster mindful awareness.
- Asking a client to use mindful observation is a way of detaching from thoughts and feelings.

(Brooks-Harris, 2008, p. 137-140)

## 12. Working with Imagery

**Working with imagery , metaphors, or stories to reduce negative images and encourage clients to visualize adaptive images and embrace positive metaphors.**

**Source: Lazarus' Multimodal Therapy**

- When clients report negative images of self or introduce metaphorical language, it may be useful to explore how clients are imagining themselves or their lives.
- When working with imagery, metaphors, or stories, it is best to start with clients' own experience.

(Brooks-Harris, 2008, p. 140-142)

# 13. Brainstorming Solutions

**Brainstorming alternative solutions as part of active problem solving.**

**Source: Problem Solving**

- When clients are not skilled at problem solving, it may be useful to outline a structured process that involves specifying a problem, generating possible solutions, and selecting a solution for implementation.
- It may be helpful to highlight problem solving as a formal strategy and encourage clients to generate a number of alternative solutions to find new ways to resolve problems.

(Brooks-Harris, 2008, p. 142-144)

# 14. Providing Psychoeducation

**Providing psychoeducation by sharing information from theory and research to aid therapeutic change.**

**Source: Cognitive Therapy**

- If clients lack information about their own situations, it is often useful to provide psychoeducational information from a psychological perspective.
- Education can focus on the process of psychotherapy, principles of psychology, or about a particular diagnosis.

(Brooks-Harris, 2008, p. 144-147)

# 15. Supporting Bibliotherapy

**Supporting bibliotherapy by recommending relevant books, articles, or websites that support therapeutic learning.**

**Source: Cognitive Therapy**

- If clients need more information about their particular concerns or if reading would support psychotherapeutic change, bibliotherapy may be indicated.
- Reading relevant books or articles is a way for clients to make progress in understanding themselves and preparing for change between appointments.

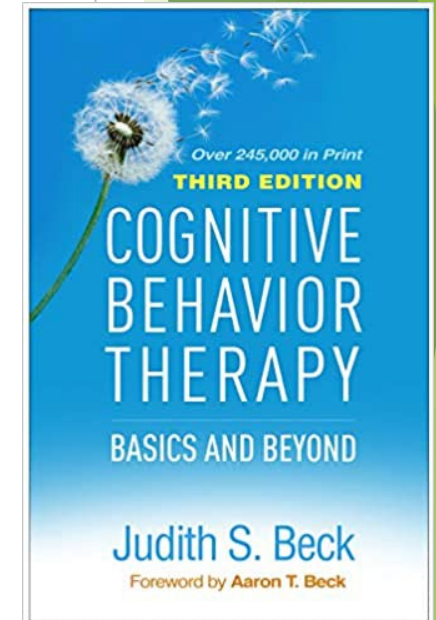
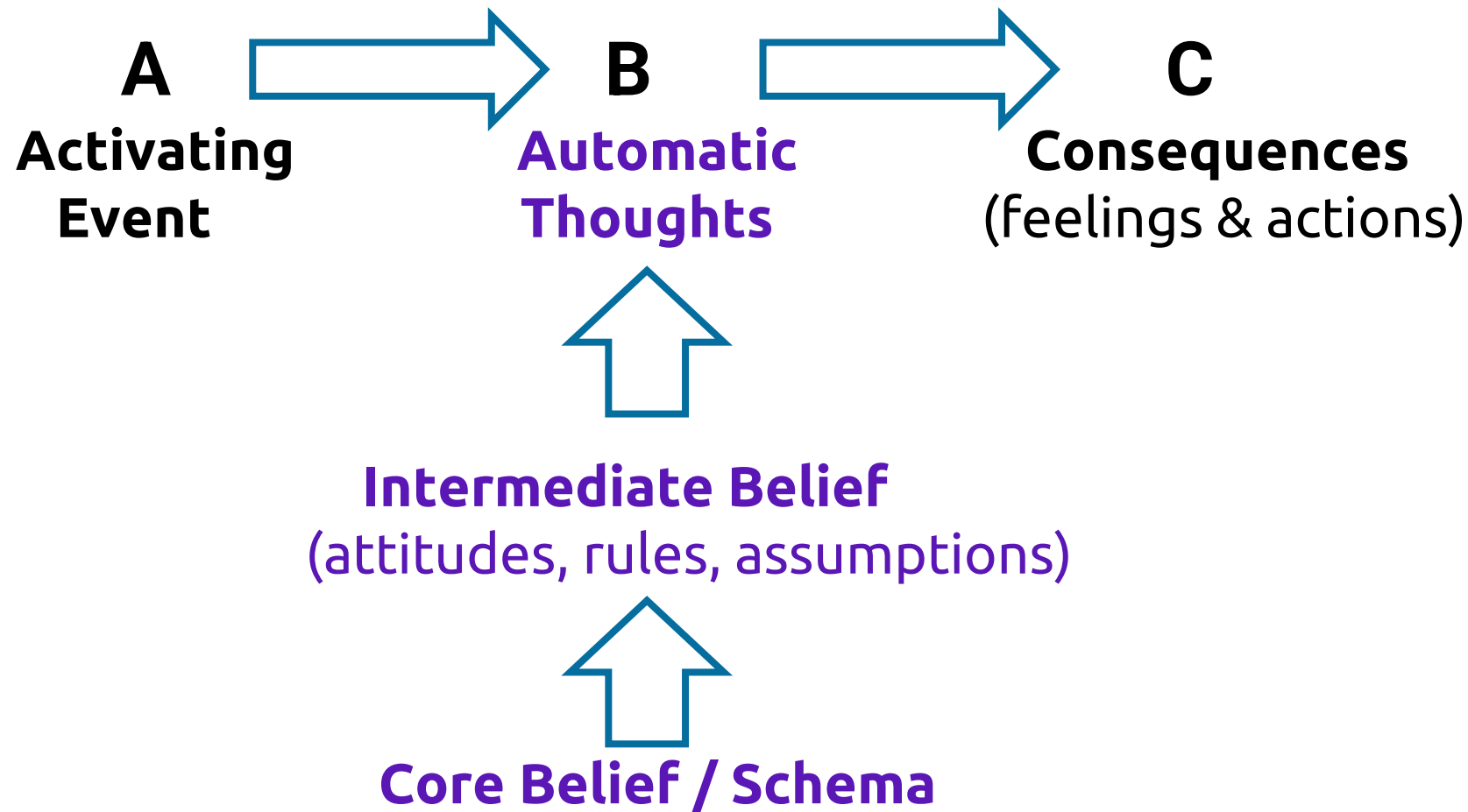
(Brooks-Harris, 2008, p. 147-149)

# Reflecting on Practice

Are there other cognitive strategies that are a regular part of your repertoire?



# Practicing a Cognitive Conceptualization



(Judith Beck, 2021)

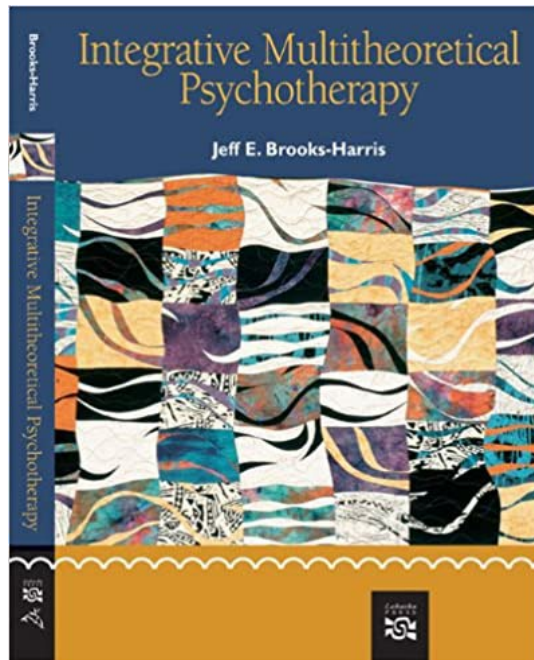
# Discussion

Do you have any questions?

Do you have any comments you would like to share?

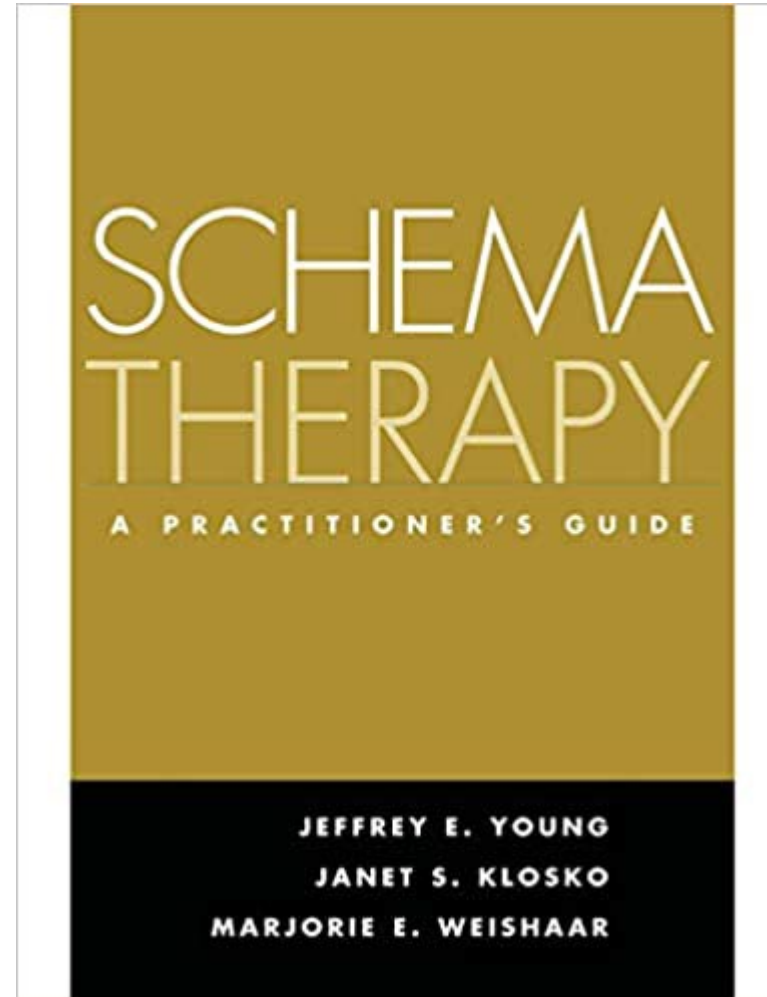
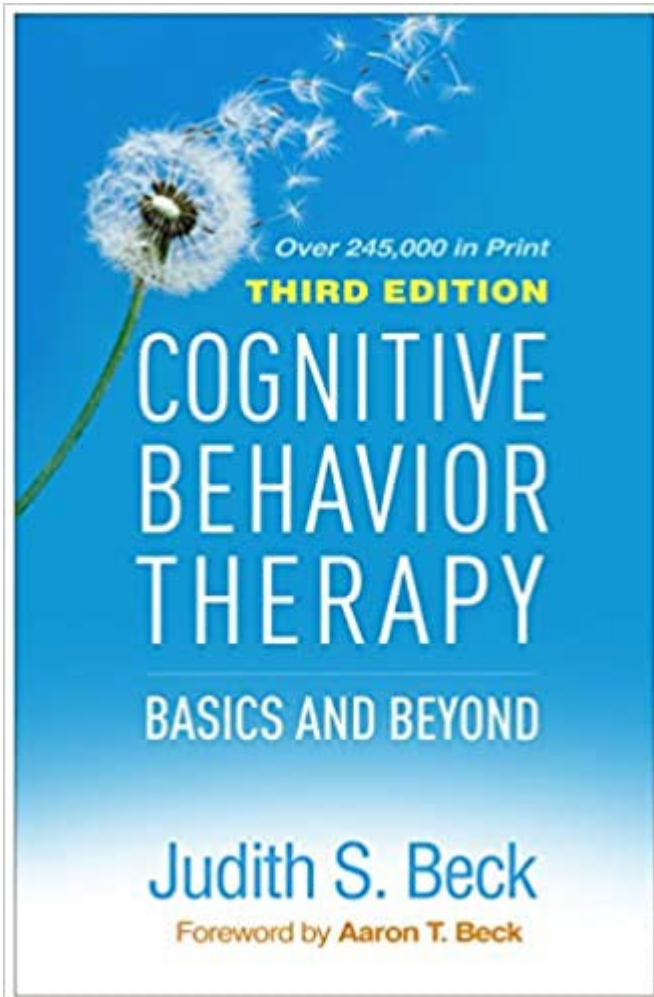
# Reference

Brooks-Harris, J. E. (2008). *Integrative Multitheoretical Psychotherapy*. Boston: Houghton Mifflin.



Multitheoretical Psychotherapy (MTP) is one of the earlier unified models that developed into the current version of Unified Psychotherapy (UP).

# Recommendations for Further Reading



# Contact Information

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