INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 4

Cognitive Psychotherapy: Encouraging Functional Thoughts

INTRODUCTION TO COGNITIVE PSYCHOTHERAPY

Historical Context

The two most important contemporary models of cognitive psychotherapy both arose in the 1960s: Ellis' REBT, and A. T. Beck's *Cognitive Therapy*. Earlier influences can be identified, however. Donald Meichenbaum (1995) traced the origins of cognitive psychotherapy back to ancient philosophers like Epictetus who suggested that "Men are disturbed not by events but by the views they take of them." About a century ago, semantic therapists like Pierre Janet described the effects of "fixed ideas" and Paul Dubois concluded that "incorrect ideas" produced psychological distress (Meichenbaum, 1995). In the 1960s, a theoretical shift began from the psychoanalytic emphasis on the unconscious toward a new focus on conscious thought processes that could be recognized and altered in psychotherapy. First, Albert Ellis (1962) concluded that "emotional or psychological disturbances are largely a result of . . . thinking illogically or irrationally" (p. 36). Ellis described a form of psychotherapy, now called *Rational Emotive Behavior Therapy* (REBT), that suggested that psychological problems can be resolved if an individual "learns to maximize his rational and minimize his irrational thinking" (Ellis, 1962, p. 36). Second, Aaron T. Beck (1967) 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). A. T. Beck's *Cognitive Therapy* focused on treating the client's thoughts and beliefs as testable hypotheses that could be modified based on objective evaluation of data (A. T. Beck, Rush, Shaw & Emery, 1979). During the last few decades, researchers have done a thorough job of empirically demonstrating the effectiveness of *Cognitive Therapy* for depression (Dobson, 1989), anxiety (Butler, Fennell, Robson & Gelder, 1991), and other psychological problems.

In 1977, Meichenbaum documented the impact of "internal dialogues" and other cognitive variables on behavior therapy methods: "What the client says to himself about his newly acquired behaviors and their resultant consequences will influence whether the behavioral change process will be maintained and will generalize" (Meichenbaum, 1977, p. 225). Over the next two decades, an integrated form of *Cognitive-Behavioral Therapy* would become the most influential form of psychotherapy in the United States. Although cognitive and behavioral strategies are often used together, they will be described in separate chapters in this book. Strategies that focus on thoughts will be described in this chapter and action-oriented strategies will be presented in Chapter Five. One of the purposes of separating cognitive and behavioral psychotherapy in this way is to remind readers that a cognitive-behavioral approach is an integrative form of psychotherapy and that this approach can be further integrated by incorporating experiential, biopsychosocial, psychodynamic, systemic, or multicultural strategies.

Cognitive Adaptation

In Chapter Three, the purpose of psychotherapy was described as helping individuals adapt to their environments. Within this context, the purpose of cognitive psychotherapy is to help clients think in ways that allow them to adapt more successfully to the interpersonal, systemic, and cultural environments in which they interact. Cognitive theorists have used different types of language to describe cognitive adaptation. For example, REBT emphasizes "rational beliefs" (Ellis & MacLaren, 1998). *Cognitive Therapy* focuses on "correcting errors and biases in information processing" and adopting beliefs that are "accurate and functional" (A. T. Beck & Weishaar, 2000, p. 243). Other approaches emphasize "coping skills" (Meichenbaum, 1977), "problem solving" (Dixon & Glover, 1984), "psychoeducation," or other cognitive constructs. Although subtle distinctions might be made between these various ideas, the overarching theme is *encouraging functional thoughts* that promote effective adaptation to the environment.

Cognitive Conceptualization

Focusing on Thoughts

Chapter Three suggested that a cognitive conceptualization should be formulated when thoughts become a focal dimension in psychotherapy. A cognitive conceptualization focuses on a client's thoughts and the ways these cognitions influence feelings and actions. If a psychotherapist and client decide that a client's primary concerns are related to his or her thoughts, it will be helpful to look more closely at thoughts and beliefs, and to formulate a cognitive conceptualization. The key is to identify cognitions that are impacting

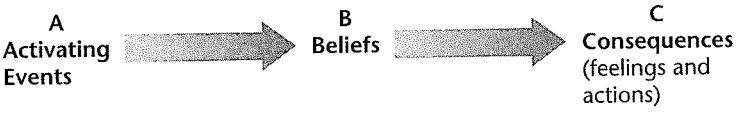

FIGURE 4.1 A simple cognitive conceptualization highlights the way beliefs mediate the relationship between events and consequences.

the way an individual responds to events. The most influential models of cognitive psychotherapy consistently agree that thoughts play an interpretive role that mediates the impact of events on feelings or mood (e.g., Ellis, 1962; Ellis & Maclaren, 1998; A. T. Beck, 1967; A. T. Beck & Weishaar, 2000). Identifying specific thoughts and their impact is the essential feature of a cognitive conceptualization.

Simple Cognitive Conceptualization

To formulate a simple cognitive conceptualization with a particular client, you should identify three elements known as the A-B-C model, illustrated in Figure 4.1 (Ellis & MacLaren, 1998; McMullin, 2000). A refers to activating events or adversity; B refers to beliefs or thoughts, and C refers to consequences in the form of feelings or actions. It may be helpful to teach this model to clients and encourage them to apply it to their lives. In day-to-day life, it often appears that activating events create emotional consequences. The key to a cognitive conceptualization is to recognize the mediating role that beliefs or thoughts play in interpreting events and shaping the feelings or actions that result as a consequence of these thoughts. As you explore cognitive patterns, you will be trying to answer three interrelated questions (J. S. Beck, 1995): First, what *situations* does this client find distressing? Second, what unpleasant *feelings* does he or she experience as a result? And, third, what mediating *thoughts* are causing these events to result in these emotional responses? For example, an individual might find a job interview (activating event) distressing and might experience a fear of rejection (consequence). Upon exploration, the psychotherapist may discover thoughts like "I don't have anything to offer an employer" or "I'm not worthy" (beliefs). After describing the cognitive pattern using the A-B-C model, a counselor can begin to help clients decide whether specific thoughts are functional or dysfunctional, accurate or inaccurate, rational or irrational. For example, the client preparing for a job interview may conclude that his thoughts were inaccurate and might decide that a more accurate and functional thought is that "I fulfill all of the minimum qualifications and some of the desirable qualifications advertised for this job."

Complex Cognitive Conceptualization

Over time, a psychotherapist may want to develop a more complex cognitive conceptualization identifying three different layers of cognition described

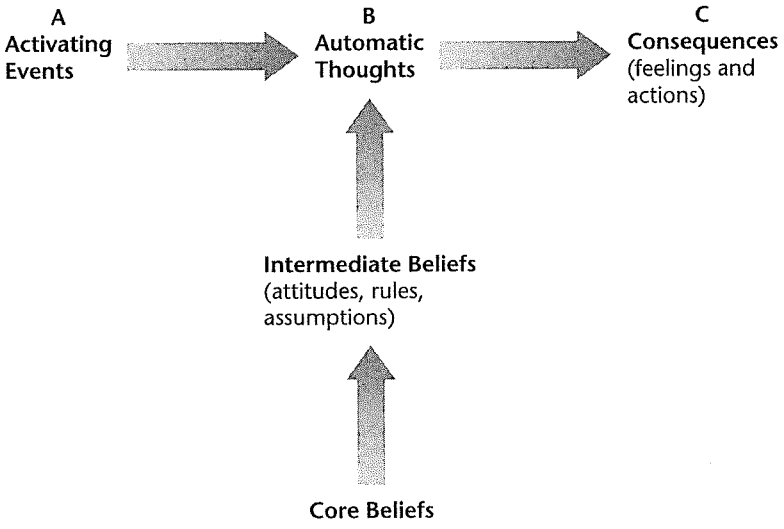

FIGURE 4.2 A more complex cognitive conceptualization identifies intermediate and core beliefs that often underlie automatic thoughts.

by Judith S. Beck (1995) and depicted in Exhibit 4.2. First, automatic thoughts are the most superficial level of cognition and include the "actual words or images that go through a person's mind" during a specific situation. At the deepest level are core beliefs representing "global, rigid, and overgeneralized" beliefs about oneself, other people, and the world. Intermediate beliefs consist of "attitudes, rules, and assumptions" that are often unarticulated but influence the way we view day-to-day events (J. S. Beck, 1995, p. 16). When considering all three levels together, core beliefs influence the development of intermediate beliefs that in turn, generate automatic thoughts related to specific situations, resulting in distinct emotional reactions. For example, "I'm not worthy" may be considered a core belief that generates intermediate beliefs like "I don't have anything to offer an employer," which may result in automatic thoughts like "Why bother applying for another job?" To conclude a cognitive conceptualization, it may be helpful to think about the kinds of accurate and adaptive thoughts that you would like to encourage a client to embrace. Examples of questions that can be used to explore clients' thoughts and formulate a cognitive conceptualization are listed in Table 4.1.

Case Examples of Cognitive Conceptualization

Cognitive Conceptualization of Depression

In trying to understand Claire's depression, Dr. P. listened closely to the thoughts that Claire was describing. Claire seemed to be thinking in ways

TABLE 4.1 Questions for a Cognitive Conceptualization

Activating Events/Thoughts or Beliefs/Emotional Consequences

- What kind of situations do you find the most distressing?
- Do you recall a recent example?
- What thoughts were going through your mind at that time?
- How do you think your thoughts impacted your feelings?

Intermediate and Core Beliefs

- Now that we have identified some of your automatic thoughts, I want to look more closely at their meaning. If these thoughts were actually true, what would it mean about you as a person?
- It seems as if these negative thoughts are based on some underlying set of rules you are trying to follow. If we were trying to identify these guidelines, what rules would be on your list?
- Across several different situations, you seem to be thinking in the same way. What would you say is the underlying common theme that all these thoughts share?

that made the loss of her mother insurmountable rather than a sad but inevitable loss.

- **Activating Event:** Claire's mother died about a year ago after a long illness during which Claire was the primary caretaker. Claire was very close to her mother and valued her own role as her mother's loyal daughter. Claire's father died about ten years ago. Claire's two younger sisters are both married with children.
- **Consequences:** Claire feels an overwhelming sense of despair and hopelessness. She acts paralyzed and isolates herself from other people.
- **Automatic Thoughts:** When asked about her thoughts, Claire reported that all day long two thoughts predominate her thinking: "I don't know what to do" and "I'm all alone."
- **Intermediate Beliefs:** At a deeper level, Claire revealed strict rules about her role in her family: "My role is to take care of my mother," "My mother needs me," and "Only my mother really understands me." Although her mother died a year ago, Claire still reports these beliefs in the present tense rather than saying that "My mother needed me."
- **Core Beliefs:** At the deepest level, Claire was eventually able to recognize core beliefs about her own lack of personal value like "I can't go on without her," and "By myself, I am nothing."

Cognitive Conceptualization of Health Behaviors

Abe's health behaviors appeared to be closely linked to his thoughts. The beliefs that he learned in his family of origin were fueling a workaholic lifestyle that was threatening his health and family life.

- **Activating Event:** Abe recently suffered a heart attack, and he is worried about his health. He knows he works too hard and experiences too much stress.
- **Consequences:** Abe feels anxious and worried when he is not working. He is afraid he will fail at work if he doesn't work hard. Abe works too much and doesn't spend enough time with his family.
- **Automatic Thoughts:** Abe frequently thinks about work with thoughts like "I need to work again this weekend" and "If I don't work late tonight, I won't be ready for the meeting tomorrow."
- **Intermediate Beliefs:** Beneath his automatic thoughts, Dr. P. hypothesized that there were intermediate beliefs about proving himself. Abe acted in a way that suggested an intermediate belief like "If I work really hard, maybe I can prove to others that I am worthy of respect."
- **Core Beliefs:** At the deepest level, Abe's core beliefs seemed to be related to his relationship with his father. It appeared to Dr. P. that Abe had learned to think that he might lose his father's love with beliefs like "Maybe I won't live up to my father's expectations," "Maybe I'm not worthy," and "If I don't prove myself, I might lose my father's respect."

COGNITIVE STRATEGIES

This chapter describes fifteen key cognitive strategies that have been drawn from several different thought-oriented approaches to psychotherapy including *Cognitive Therapy* (A. T. Beck, 1967; A. T. Beck, Rush, Shaw & Emery, 1979; J. S. Beck, 1995; McMullin, 2000), *Rational Emotive Behavior Therapy* (Ellis, 1962, 2000), *Schema-Focused Therapy* (Young, 1999), *Cognitive-Behavior Modification* (Meichenbaum, 1977), *Reality Therapy* (Glasser, 1965, 2000), *Multimodal Therapy* (Lazarus, 1981), problem solving (Dixon & Glover, 1984); *Dialectical Behavior Therapy* (Linehan, 1993); and *Mindfulness-Based Cognitive Therapy* (Segal, Teasdale & Williams, 2004). The fifteen strategies described here are meant to provide a representative, but not exhaustive, catalog of skills that can be used to identify and modify cognitions. For a more comprehensive description of strategies, readers may want to refer to Judith S. Beck's (1995) *Cognitive Therapy: Basic and Beyond* or Rian McMullin's (2000) *The New Handbook of Cognitive Therapy Techniques*. The strategies described in this chapter are summarized in Table 4.2. Most of these cognitive strategies are

TABLE 4.2 Cognitive Strategies for Psychotherapy

COG-1	Identifying Thoughts
COG-2	Clarifying the Impact of Thoughts
COG-3	Challenging Irrational Thoughts
COG-4	Illuminating Core Beliefs
COG-5	Evaluating Evidence
COG-6	Testing Hypotheses
COG-7	Modifying Beliefs
COG-8	Reinforcing Adaptive Cognitions
COG-9	Encouraging Accurate Perceptions
COG-10	Supporting Dialectical Thinking
COG-11	Fostering Mindful Awareness
COG-12	Working with Imagery
COG-13	Brainstorming Solutions
COG-14	Providing Psychoeducation
COG-15	Supporting Bibliotherapy

demonstrated in a training video (Brooks-Harris & Oliveira-Berry, 2001a) distributed by Microtraining Associates (www.emicrotraining.com).

Identifying Thoughts

Strategy COG-1. **Identifying automatic thoughts, self-talk, and cognitive patterns.**

Theoretical Context

REBT and *Cognitive Therapy* both emphasize the importance of looking closely at what clients are actually thinking to understand cognitive patterns that may contribute to psychological distress. Ellis (1962) pointed out the importance of looking at "self-talk" that influences emotions. A. T. Beck (1967) coined the term, "automatic thoughts" based on his observation that "this kind of depression-generating cognition seems to be a highly condensed representation of more elaborate ideas" (p. 321). The focus of the first cognitive strategy is to look at moment-by-moment thoughts occurring within the context of a particular situation. Later, we will consider strategies focusing on more enduring beliefs that may influence thinking across situations. McMullin (2000) pointed out the importance of accurately detecting the beliefs that are causing problems for clients. He suggested ways to distinguish between different kinds of beliefs and cognitions including expectations, self-efficacy, self-concept, attention, and selective memory. Each of these types of thoughts can contribute to maladaptive emotional or behavioral consequences.

Strategy Marker

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. This strategy represents a way to slow things down when clients are not attending to their thoughts or the impact on other dimensions. Identifying individual thoughts in specific situations is useful when a psychotherapist wants to help a client evaluate cognitions that may be dysfunctional.

Suggestions for Use

To help clients begin to become more aware of self-talk or automatic thoughts, it is best to focus on a particular recent event so that specific cognitive appraisals can be identified. As you listen to a client, you may be forming your own cognitive conceptualization, hypothesizing about the relationship between thoughts, feelings, and actions or the impact of core beliefs on automatic thoughts. By looking at a recent situation, you can compare your ideas to the client's own experience. At first, the identification of specific thoughts should occur in session. However, if this proves to be a helpful strategy, clients may benefit from monitoring their own thoughts between sessions. To use Cognitive Strategy 1 at a simple level of complexity, you might use an open question like "What were you thinking in that situation?" The same strategy can be implemented at the level of a more complex technique by using a worksheet called a "Dysfunctional Thought Record" that allows clients to record and evaluate their thoughts on paper (J. S. Beck, 1995).

Expected Consequence

When you help a client focus on automatic thoughts, the predicted outcome is increased awareness of cognition and its impact on other areas. Initially, clients may be unable to identify thoughts. With practice, they will be able to recognize these cognitions in different situations and begin to "hear" their own self-talk. Once thoughts are recognized, evaluation and change are possible.

Case Example

When Dr. P. listened to Claire describe her grief, the raw emotion was palpable. Dr. P. assumed that there were cognitions beneath the sadness and despair, but they were not readily apparent. Dr. P. wanted to see how Claire was evaluating her situation and wondered if focusing on her thoughts might have an impact on her feelings.

Dr. P.: Your feelings seem so strong right now. I'm wondering if there are any thoughts along with your painful emotions?

Claire: Thoughts?

Dr. P.: I wonder what you are thinking when these feelings are so strong?

Claire: I'm not sure. I just feel so much I'm not sure if I'm even thinking at all.

Dr. P.: Let's see if we can focus a bit and see if some thoughts emerge. You said that you start feeling hopeless as soon as you wake up. What do you say to yourself when you wake up? Can you imagine your self waking up this morning? What did you say to yourself?

Claire: I'm all alone.

Dr. P.: Are those the words that come to mind first thing?

Claire: Yes.

Dr. P.: Anything else?

Claire: I can't go on without her.

Dr. P.: "I'm all alone," and "I can't go on without her." Those are pretty powerful thoughts. These ideas seem like they are very closely tied to feeling hopeless.

Claire: Yes, I guess they are.

Dr. P.: What's it like to hear yourself say them out loud?

Claire: It's a little strange to say them rather than just thinking them inside my head.

Dr. P.: Now that they are on the outside, perhaps we'll have a chance to see whether this is the best way to think about your life right now. Whether these thoughts are helping you or hurting you.

Claire: Okay. I guess we can look at them more closely.

Clarifying the Impact of Thoughts

Strategy COG-2. **Clarifying the impact of thoughts on feelings, actions, and interpersonal relationships**

Theoretical Context

Both leading models of cognitive psychotherapy concur on the central role that conscious thoughts play in impacting other areas of human functioning. For example, *Cognitive Therapy* emphasizes that "a bias in information processing characterizes most psychological disorders" (A. T. Beck & Weishaar, 2000, p. 250), and it encourages psychotherapists to identify specific thoughts and beliefs contributing to their clients' problems. Likewise, REBT stresses the importance of identifying rational beliefs and irrational beliefs that lead to emotional consequences (Ellis & MacLaren, 1998). Therefore, cognitive psychotherapy involves looking at the ways clients are thinking and assessing the impact of these thought patterns on their lives. McMullin (2000)

pointed out the importance of demonstrating to clients the way that beliefs produce emotions.

Strategy Marker

Clarifying the impact of thoughts is useful when clients are not aware of how their perceptions and evaluations impact other areas of functioning. For example, thoughts like "My boss doesn't like me" may lead to feeling fearful, not applying for a promotion, or avoiding interpersonal contact. If a client is processing information in a biased manner, it may be helpful for the client to understand how his or her perceptions and interpretations are impacting feelings, actions, and relationships.

Suggestions for Use

Highlighting the impact of thoughts is a foundational skill for other cognitive interventions. If you plan to use cognitive strategies with a client, it will be helpful to begin by emphasizing thoughts so that your client can recognize their impact on other dimensions. When working interactively with concurrent dimensions like thoughts, actions, and feelings, it is often helpful to begin to intervene at the cognitive level. For many clients, it is easiest to modify thought patterns as a way to initiate the process of change. These cognitive changes will frequently have a subsequent impact on feelings and actions.

Expected Consequence

When you highlight the impact of thoughts, the anticipated result is that clients will attend more to cognitions and will begin to see the way their thinking influences other areas. By helping clients change thought patterns, their feelings, actions, and relationships with others can be altered significantly.

Case Example

Dr. P. wanted to understand how Abe's belief that "I need to work harder to accomplish my goals" might be impacting his actions, feelings, and interpersonal relationships. Dr. P. wondered if Abe was aware of how his thinking might be negatively impacting other areas of his life.

Dr. P.: You've said that you frequently think that you "need to work harder to accomplish your goals." Is that right?

Abe: Yes. That's the kind of thing that goes through my head a lot.

Dr. P.: I'd like to take a few minutes to see how that thought impacts you. Would that be okay?

Abe: Sure.

Dr. P.: Okay. Let's start with actions. How does that thought impact your behavior?

Abe: I guess it keeps me going. I know my goals are important so it gives me energy.

Dr. P.: So, one positive role that this thought plays is that it energizes your actions. Is there any negative impact on your actions?

Abe: Sometimes, it's hard for me to slow down or take it easy. I can't enjoy any down time very much.

Dr. P.: That makes sense. The plus side is motivation. The down side is that it's hard to relax. Okay, how about feelings?

Abe: I guess when I think about working toward my goals, I get jittery sometimes.

Dr. P.: Jittery? Anxious?

Abe: Yes, anxious. I feel like I need to get back to work when I'm goofing off.

Dr. P.: Is there a particular emotion that goes along with this jittery feeling? Sometimes it's useful to think about anxiety as a type of fear. Do you think this thought makes you feel afraid?

Abe: I guess I'm afraid of failing. I'm afraid that if I slow down I'll be a disappointment.

Dr. P.: So, there is a fear of failure or disappointment. How do you think your thought impacts your relationships with other people?

Abe: I think there's a negative impact on my wife. I think she worries about me and gets annoyed that I'm not around for the kids.

Dr. P.: So, thinking that you need to work harder energizes you but makes it hard to relax. Emotionally, there's a fear of failure that makes you feel jittery. And, interpersonally, this thought has a negative impact on your relationship with your wife and children.

Abe: Yes, I guess you're right. I hadn't realized all of those things were related.

Challenging Irrational Thoughts

Strategy COG-3. **Challenging or disputing irrational thoughts or inaccurate beliefs**

Theoretical Context

The first two strategies described in this chapter focused on areas of agreement between the two leading cognitive models of psychotherapy. The next few strategies highlight differences; Strategy COG-3 is drawn from REBT and Strategies COG-4 through COG-6 are associated with *Cognitive Therapy*. The difference highlighted here is that Ellis's REBT advocates the use of direct persuasion whereas A. T. Beck's *Cognitive Therapy* supports the use of

"collaborative empiricism." After reading the descriptions of the strategies drawn from these different approaches, you may want to think about what type of clients might benefit from each.

In his first book on psychotherapy, Ellis (1962) advocated the use of a direct, persuasive approach to disputing cognitive errors:

> The effective therapist should continually keep unmasking his patient's past and, especially, his present illogical thinking or self-defeating verbalizations by (a) bringing them forcefully to his attention or consciousness, (b) showing him how they are causing and maintaining his disturbance and unhappiness, (c) demonstrating exactly what the illogical links in his internalized sentences are, and (d) teaching him how to re-think, challenge, contradict, and re-verbalize these (and other similar sentences) so that his internalized thoughts become more logical and efficient." (Ellis, 1962, p. 58–59)

Almost forty years later, Ellis still described this form of disputation in a similar manner suggesting that "if disturbance-creating ideas are vigorously disputed by logico-empirical and pragmatic thinking, they can be minimized." (Ellis, 2000, p. 170)

Strategy Marker

If clients display faulty logic or self-defeating thoughts, a psychotherapist may want to point out or challenge these cognitions in a direct manner. This type of disputation is often helpful with thoughts based on misinformation or with beliefs that, once pointed out, will be easily recognized as dysfunctional. Direct challenge often involves exaggerating the assumption so that its fallacy can be recognized more easily. For example, it is easier to dispute an exaggerated form of a belief like "I should never make mistakes" than to challenge a more moderate belief like "I should try to do my best."

Suggestions for Use

Although some people are uncomfortable with the idea of direct challenge, there are systematic ways to challenge beliefs that you may want to try. Directly highlighting an irrational belief sometimes serves as a sufficient challenge. For example, summarizing a client's philosophy with a statement like "It sounds as if you believe you should be successful at everything you attempt the first time you try it" may result in an initial shift. Once a spotlight has been focused on some thoughts, they begin to lose their power. If a more systematic challenge is needed, McMullin (2000, p. 178) suggested these questions to dispute irrational beliefs:

1. What belief bothers you?
2. Can you rationally support this belief?

3. What evidence exists for its falseness?
4. Does any evidence exist for its truth?
5. Realistically and objectively, what is likely to happen if you think this way?
6. What could continue to happen if you don't think this way?

The key is to look closely at the logic in clients' personal philosophies. Many beliefs do not hold up under close examination and can then be replaced with more rational thinking.

Expected Consequence

If clients are open to direct challenge, the predicted outcome is the recognition of irrational thoughts and the desire to modify beliefs to become more accurate and rational. Once a belief like "I should never make mistakes" is brought out into the open, clients will often be able to see how much of their distress is fueled by unrealistic thinking. Sometimes clients who recognize their irrational beliefs will begin to see themselves with more humor and adopt more realistic expectations for themselves. However, some clients may not welcome disputation and may have a tendency to defend their beliefs. If a client is not open to direct challenge, other strategies should be used.

Case Example

Dr. P. wanted to challenge Claire's belief that she can't go on without her mother. Dr. P. wants to honor Claire's sense of loss but to help her recognize that her thinking may facilitate or may complicate the grieving process. Dr. P. decided to directly challenge this belief in order to point out its fallacy and to weaken its impact on Claire's mood.

Dr. P.: You've said a couple times that you don't think you can go on without your mother.

Claire: Yes, I think that all the time. I can't go on without her.

Dr. P.: I know that you are feeling a lot of grief, but it seems like the conclusion that you can't go on might be inaccurate. It might not be the most helpful way to think about your life right now.

Claire: What do you mean?

Dr. P.: I don't think that it is actually true that you can't go on. You seem to be going on, just moving more slowly. You seem to be going through the basics like work and grocery shopping but leaving out the extras like spending time with family and friends. It seems like you are trying to conserve energy by doing the bare minimum. I think you can go on but maybe not in the same direction or at the same speed. Maybe you don't know which way to go on, and you

are trying to decide before you start moving again. Like pausing on the side of a road to look at a map.

Claire: So, you think I can go on without her? Then why do I feel so lousy?

Dr. P.: I think you are right to conclude that you feel lousy but wrong to conclude that you can't go on. Those are two different things.

Claire: What difference does it make whether I think I feel lousy or think that I can't go on?

Dr. P.: I believe the way you think about your mother's death will have a big impact on your mood now and on the course of the next several years of your life.

Claire: How so?

Dr. P.: If you believe that you can never go on without your mother, I think you'll continue to feel hopeless and lost for a long time. On the other hand, if you believe that feeling lousy for a while after losing a close family member is an inevitable part of the grieving process, then I think you might be able to start moving through your grief and, in time, feel like you are moving on with your life.

Claire: So, you're suggesting that if I change the way I think, it may change the way I feel?

Dr. P.: Yes, that's what I am suggesting.

Illuminating Core Beliefs

Strategy COG-4. **Illuminating core beliefs or schemas by exploring the meaning of thoughts and patterns**

Theoretical Context

Cognitive Therapy posits that beneath automatic thoughts occurring in specific situations are more enduring core beliefs or schemas that influence thinking across situations. J. S. Beck (1995) pointed out that "core beliefs are the most fundamental level of belief; they are global, rigid, and overgeneralized" (p. 16). McMullin (2000) suggested that "core attitudes may anchor many of the client's psychological problems. Only a few key attitudes can cause all of the damage" (p. 76–77). By listening to thoughts that clients describe in more than one situation, psychotherapists can begin to detect patterns pointing to core beliefs. Many core beliefs are variations on two central themes: "I am helpless" or "I am unlovable." It may be useful for a

psychotherapist to determine whether a particular client's core belief is more closely related to one or another of these two themes. J. S. Beck (1995) pointed out that "typical core beliefs in the helpless category . . . include being personally helpless and not measuring up in terms of achievement. Typical core beliefs in the unlovable category . . . include being unworthy, undesirable, and not measuring up" (p. 169).

Jeffrey Young developed a form of cognitive psychotherapy called *Schema-Focused Therapy* designed to identify and modify dysfunctional beliefs learned early in life. He described these schemas in this way:

> Early Maladaptive Schemas refer to extremely stable and enduring themes that develop during childhood, are elaborated throughout an individual's lifetime, and are dysfunctional to a significant degree. These schemas serve as templates for the processing of later experience. . . . Most Early Maladaptive Schemas are unconditional beliefs and feelings about oneself in relation to the environment. (Young, 1999, p. 9)

Young (1999) described eighteen common maladaptive schemas and suggested that modifying these beliefs is particularly important in the cognitive treatment of personality disorders.

Strategy Marker

It is useful to look for core beliefs after you have uncovered a pattern of inaccurate thoughts across different situations. Because these schemas are long-term patterns, understanding them will be necessary for enduring change to occur. However, a commitment to psychotherapy and personal change is a necessary prerequisite for this type of work.

Suggestions for Use

Once clients have demonstrated some insight into the way thoughts impact feelings or actions and some openness to modifying their thinking, it may be appropriate to examine core beliefs that often underlie and generate automatic thoughts. Asking questions about the personal meaning of an automatic thought often leads to an identification of core beliefs. You may want to wait until you have a good idea of what core belief may be operating before you encourage your clients to look closely at these underlying patterns. This way, you can gently guide your clients as they look at cognitive patterns that may be uncomfortable for them to recognize. Once a core belief has been identified it can be explored and tested. With practice, clients can adopt more adaptive beliefs about life.

Expected Consequence

When you explore core beliefs with clients, the predicted outcome is a growing awareness of long-term thought patterns serving as personal filters and

influencing perceptions of diverse events. When core beliefs are discovered, there is often an experience of insight in which clients see clearly something that has influenced them for a long time. Because many of these beliefs served an adaptive function earlier in life, it is important to start by recognizing the patterns without trying to change them.

Case Example

After looking at automatic thoughts across several situations, Dr. P. wanted to look at what was driving Abe's compulsive work habits. Dr. P. was beginning to think that this pattern might be related to an underlying belief about not being lovable.

Dr. P.: We've talked about several situations in which you think you should be trying harder. What does this mean about you as a person? What's the implication of believing that you are not working hard enough?

Abe: Sometimes, I think I'm just trying to be efficient. But, at other times, I realize I'm being too hard on myself.

Dr. P.: Why do you think you're being so hard on yourself?

Abe: I guess I'm trying to make up for my personal weaknesses. I'm trying to prove myself.

Dr. P.: Do you know why you have to try so hard to prove yourself?

Abe: I think I'm not good enough yet. I'm not really worthy of respect unless I do something on a really grand scale.

Dr. P.: So, as you are now, you're not worthy? Not worthy of respect or admiration. Is that right?

Abe: That's right. I'm not worthy. I don't feel anyone should respect me as I am right now.

Dr. P.: "I'm not worthy." What's it like to hear yourself say that?

Abe: It kinda weird. I don't think I've ever said it out loud before, but it sure feels familiar.

Dr. P.: I wonder if this belief has been buried inside you for a long time.

Abe: Buried but still pretty active.

Dr. P.: Active?

Abe: Influential. It seems like being unworthy sure drives me a lot of the time.

Dr. P.: It sounds like we've found a pretty important belief that we need to look at more closely.

Evaluating Evidence

Strategy COG-5. **Evaluating evidence that may support or challenge clients' cognitions**

Theoretical Context

This strategy highlights one of the key features of A. T. Beck's *Cognitive Therapy: collaborative empiricism*. Rather than directly challenging a client's beliefs (as advocated in REBT and described in Strategy COG-3), A. T. Beck and his colleagues advocated the use of active collaboration with clients:

> The therapist applying cognitive therapy is continuously active and deliberately interacting with the patient. The therapist structures the therapy according to a particular design which engages the patient's participation and collaboration. (A. T. Beck, Rush, Shaw & Emery, 1979, p. 6)

Collaborative empiricism means working with your client to critically examine thoughts and beliefs, to test their validity and impact, and to develop more adaptive ways of thinking (J. S. Beck, 1995). McMullin (2000) compared the process of evaluating evidence to a courtroom jury judging the evidence in a trial. He stressed the importance of teaching clients to reason inductively rather than relying on intuitive guesses and suggested the use of graph analysis to demonstrate the correlation between personal variables such as the relationship between alcohol use and spouse abuse.

Strategy Marker

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. Once a specific thought has been isolated, you can identify data from a client's own experience. Your consideration of these facts should include evidence that may be consistent with the client's belief as well as data that may point to another conclusion. This strategy is particularly useful when you have noticed an area of biased processing but when the client is not aware of his or her cognitive distortions. By engaging in collaborative empiricism, you will be encouraging clients to use their own intellectual efforts to solve cognitive problems that may be resulting in psychological distress.

Suggestions for Use

You can foster cognitive change by encouraging clients to look at evidence related to the conclusions they have made about their lives. This data-gathering and data-evaluating process may stimulate change when clients realize that their conclusions are not well founded. At other times, the evaluation process

can be more complicated and lengthy. This type of evaluation usually starts in-session by reflecting on recent situations but may proceed to include the gathering of evidence outside a psychotherapy session that may critically examine clients' beliefs about themselves. Here are some questions that J. S. Beck (1995, p. 109) uses to help clients evaluate their automatic thoughts:

1. What is the evidence? What is the evidence that supports this idea? What is the evidence against this idea?
2. Is there an alternative explanation?
3. 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?
4. What is the effect of my believing the automatic thought? What could be the effect of changing my thinking?
5. What should I do about it?
6. What would I tell a friend if he or she were in the same situation?

Expected Consequence

When evidence is evaluated, the intended outcome is an acknowledgement that one's conclusions are not held with absolute certainty. Clients who have ignored evidence that disconfirms their negative conclusions may be surprised that there are any indications that they might be wrong. There may be confusion or resistance before clients are ready to revise the way they think about important aspects of their lives. As clients realize positive results related to recognizing cognitive biases, there may be a sense of relief and renewed hope for the future.

Case Example

Dr. P. wanted to encourage Claire to look at her conclusion that she is all alone since her mother's death. Dr. P. knows that Claire feels lonely but thinks that Claire's belief that she is all alone is making her feel more isolated and hopeless than she might otherwise.

Dr. P.: You have said a few times that since your mother's death you are all alone.

Claire: Yes, that's how it seems. I say that to myself quite a lot.

Dr. P.: Would it be okay if we took a closer look at that belief to see if it's true.

Claire: Okay.

Dr. P.: Let's start by looking at evidence on both sides. Okay? What is the evidence that you are all alone.

Claire: Every morning when I wake up, no one else is in the house. The house is empty except for me and the dog.

Dr. P.: I hear evidence on both sides there. You are the only person in the house. But the dog is still around. What else?

Claire: I don't see my sisters as much. They were coming over more when Mother was sick.

Dr. P.: Again, I'm hearing evidence on both sides. Your sisters are still around just not as much.

Claire: Okay I guess that's true. And they ask me to come over sometimes, but I just don't feel up to it.

Dr. P.: So, you are choosing to be alone more than you would have to be if you accepted their invitations.

Claire: Yes, but I don't want to impose on them. I feel like they are just trying to be nice.

Dr. P.: I understand. But, in terms of evaluating your belief that you are all alone, do their invitations support or challenge your conclusion?

Claire: Technically, they don't support my conclusion. And so does the dog, I guess. But, I do feel lonely. I do miss my mother.

Dr. P.: So, perhaps that's a more accurate conclusion: "I feel lonely, and I miss my mother."

Claire: I guess you're right. I'm feeling lonely even though I'm not all alone.

Dr. P.: And some of the isolation is because you choose not to accept invitations.

Claire: And maybe I wouldn't feel so lonely if I accepted their invitations?

Dr. P.: Yes, and there may be other things you might choose to do to spend less time alone if you wanted to make that choice.

Testing Hypotheses

Strategy COG-6. **Forming and testing hypotheses about clients' beliefs and perceptions**

Theoretical Context

This strategy extends the *Cognitive Therapy* emphasis on collaborative empiricism that was introduced with the last strategy. Instead of just evaluating evidence in retrospect, this strategy extends the scientific method by encouraging clients to make predictions and to test hypotheses based on their belief

system. A. T. Beck and his colleagues identified several steps that can be used to solve problems in this way:

1. Specify the problem.
2. Identify a hypothesis about the cause of the problem (therapist might want to call this a "hunch" or an "idea").
3. Design a test of the hypothesis.
4. Evaluate the results of the test.
5. Accept, reject, or modify the hypothesis to account for the results of the test. (A. T. Beck, Rush, Shaw & Emery, 1979, p. 273)

To implement this strategy, it is important for clients to do something outside the session that gives them more information with which to evaluate their thinking.

Strategy Marker

When clients' cognitions have not shifted in response to exploration or retrospective evaluation, it may be necessary to design experiments that create a direct test for beliefs. Hypothesis testing should be used only if clients trust the psychotherapist enough to try something different outside of sessions. The key is to design experiments to create new learning experiences for clients, leading to therapeutic change in the form of new ways of thinking.

Suggestions for Use

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. In deciding what to try, you should choose something that is realistic enough to be persuasive but not so challenging that the experiment is likely to fail. It is often helpful to start with in-session experimentation before trying something outside of psychotherapy. For example, if you are working with a client who believes that "If I tell people what really happened, they won't want to be around me," it may be helpful for the client to tell you what happened first. After you share your reactions with this client, then you can decide together whether it might be appropriate to test this hypothesis with significant others. It may also be important to decide whom to tell, based on an informed judgment about who will be most accepting.

Expected Consequence

Using real-life experiments can have a persuasive impact on clients because people ordinarily act in ways that confirm their preformed beliefs. Hypothesis testing allows clients' thoughts to be exposed to new evidence that may not have been available in the past. Exposing clients to new experiences that challenge long-held ways of thinking often results in more profound change than can be accomplished with verbal examination alone.

Case Example

One of Abe's negative beliefs that seems to contribute to his anxiety and compulsive work habits is his belief that his work is not having a positive impact. Dr. P. wanted to encourage Abe to test this hypothesis with a real-life experiment.

Dr. P.: I want to spend some time looking at your belief about the limited value of your work as an attorney.

Abe: Okay. In law school you look at all the big cases that really make a difference at a national level. But, the reality is a lot different. Even within my firm, I get a lot of the piddly defense stuff. Really small time. Malpractice. Personal injury. Nothing that will change the course of the nation.

Dr. P.: It's hard to change the course of a nation. Does that mean your work is not important?

Abe: It seems that way to me sometimes.

Dr. P.: Do you think some of the other attorneys at the firm feel that way?

Abe: I'm not sure. I think the office culture is one in which we all pretend what we are doing is of the utmost importance even if we don't believe it.

Dr. P.: I wonder if there are any colleagues that you trust that you could talk to. Perhaps ask them for some reality testing about your own work or ask them if they ever have doubts about whether they are having an impact. Is there anyone you might feel comfortable talking with?

Abe: Right off the back, I can think of the attorneys who I would never talk to about this kind of stuff in a million years. But, yes, there are a couple people at work I trust who I might talk to.

Dr. P.: Is that something you'd be willing to try?

Abe: Yeah, I'll give it a try and see if I'm the only one in the firm who thinks I'm wasting my time.

Dr. P.: Are there any clients you could talk to about your work to see if it made a difference?

Abe: I still have some contact with a doctor whom I defended last year in a malpractice case. I know her pretty well and could probably talk to her. It was a pretty dicey case and she was really afraid we'd lose and she might have her license suspended.

Dr. P.: So, she might be a great person to ask if you made a positive impact.

Abe: Okay, I'll see if we can meet for a cup of coffee and chat.

Dr. P.: What I'm suggesting here is that you treat your conclusion that your work is not having an impact as a scientific hypothesis. I'm now encouraging you to collect some data that will help us evaluate the hypothesis in a more systematic way. If the evidence doesn't support the hypothesis, we'll need to look for a better explanation of your sense of disappointment at work. Does that make sense?

Abe: Yes. I think it will be good to look at these thoughts outside the confines of my own head.

Modifying Beliefs

Strategy COG-7. **Modifying specific beliefs to be more functional and adaptive**

Theoretical Context

The desired outcome of using cognitive strategies in psychotherapy is a new belief system based on rational and functional thoughts allowing clients to more effectively adapt to the environment. *Cognitive Therapy* assumes that "beliefs that are dysfunctional can be unlearned and new beliefs that are more reality based and functional can be developed and learned through therapy" (J. S. Beck, 1995, p. 16). Similarly, REBT represents an "attempt to change people's thinking and feelings (let us call the combination the *philosophy* of a person), with the goal of permitting them to change their behavior through having a new understanding and a new set of feelings about self and others" (Ellis, 2000, p. 171). The results of cognitive psychotherapy include new thoughts that are associated with more adaptive feelings and more effective actions. These new, more functional thoughts can also be described as coping statements that contribute to self-efficacy (McMullin, 2000).

Strategy Marker

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. If a client has evaluated beliefs associated with troublesome feelings or actions, these cognitions may be modified. After closely examining or experimenting with thoughts that have been bothersome in the past, a client may be ready to adopt more accurate or adaptive ways of thinking.

Suggestions for Use

When identifying new beliefs, it is important to attend to accuracy as well as adaptive function. Two beliefs might be equally accurate but one may be

more functional than the other. For example, "My father will never give me the kind of approval I want" may be accurate, but focusing on this belief may not serve a positive function for a particular client. Focusing on an equally accurate belief like "Because I have friends who love me, I can let go of the past" may have a more positive impact on the same client. Once a new, functional belief has been identified, it is important for the client to remember the new belief and act upon it. Writing down the new belief and remembering it every day is an important way to prevent old beliefs from returning in a negative way.

Expected Consequence

If beliefs are modified to be more functional and accurate, the predicted outcome is less psychological distress and more adaptive feelings and effective actions. Adaptive beliefs should result in fewer negative symptoms like anxiety and depression. This outcome may not be immediate and may be dependent upon validating the function of the belief in real-life situations over time.

Case Example

After evaluating Claire's beliefs about being alone and unable to go on, Dr. P. wanted to help her think of a more functional way to describe the situation. Dr. P. wanted Claire to describe her situation in a way that encouraged adaptive feelings and effective actions. Dr. P. wanted to help her see herself as moving through a recovery process rather than stuck at the end of her rope.

Dr. P.: We've talked about two negative beliefs about your mother's death. First, that you can't go on. Second, that you are all alone. We've looked at ways that those thoughts may not be the most accurate or helpful ways to look at your situation. Is that a good summary of where we are?

Claire: Yes, it seems like focusing on the negative is just bringing me down.

Dr. P.: So, I'd like for us to look at some more accurate and helpful ways to think about your life right now.

Claire: Are you suggesting that I just think happy thoughts instead of facing reality?

Dr. P.: That's not what I'm suggesting at all. I want to make sure the new ways of thinking are accurate but to also ensure that they help you respond to the loss in a way that does not result in greater feelings of hopelessness.

Claire: Okay. As long as you don't want me to be a Pollyanna.

Dr. P.: Not at all. Let's start with your conclusion that you can't go on. What part of that belief is inaccurate?

Claire: You helped me see that I am moving on but that I'm just moving more slowly, trying to recover from my loss.

Dr. P.: Right. So, now I'd like to see if we can modify that belief and find a better way of describing things.

Claire: I guess I might say, "I'm moving more slowly since my mother's death."

Dr. P.: That's a good start. Let me toss out another idea: "It's taken a lot of energy to deal with this loss." Is that accurate?

Claire: It sure is.

Dr. P.: I was wondering if there was a way of thinking about this that would encourage you to make a transition from a grieving stage to a recovery stage.

Claire: I guess I'm beginning to think that the worst is behind me.

Dr. P.: Good. Let's combine those two. Can you say both parts?

Claire: Losing my mother has taken a lot of energy, but the worst is behind me.

Dr. P.: Does that sound accurate to you?

Claire: Yes, it does.

Dr. P.: As you said those words, I noticed you sat up straighter and lifted your chin a bit. How do you think focusing on this new thought is impacting you right now?

Claire: I guess it makes me want to look toward the next part of my life.

Dr. P.: That's a big shift from when you first came in, isn't it?

Claire: Yes, it is.

Reinforcing Adaptive Cognitions

Strategy COG-8. **Reinforcing adaptive cognitions and extinguishing dysfunctional ones**

Theoretical Context

One important implication of *Cognitive-Behavioral Therapy* to psychotherapy is that thoughts can be viewed as behaviors that are responsive to operant conditioning. Psychotherapy should be an ongoing attempt to reinforce adaptive thought patterns and extinguish dysfunctional thinking. Another implication is that reinforcement does not have to come from outside an individual. The things that clients think and say to themselves about their own

actions and about the reactions of others will influence the outcome of psychotherapy (Meichenbaum, 1977). Clients can learn to engage in internal self-reinforcement that recognizes and rewards their own progress. Therefore, it is important for a psychotherapist to reinforce accurate thoughts and to help clients think in ways that reinforce their own adaptive actions and feelings. McMullin (2000) refers to clients' ability to reinforce themselves as covert reinforcement:

> Cognitions . . . can serve as reinforcers (e.g., "I did a good job"). . . . If a rational belief is reinforced in the presence of a specific environmental stimulus (such as getting a pay raise) and an irrational belief is not, then the rational belief will be more likely to recur in the future, and the irrational belief less likely to do so. (McMullin, 2000, p. 153)

Strategy Marker

If a client has identified a new, more adaptive way of thinking, the psychotherapist should reinforce these beliefs. Once adaptive thoughts have been mastered within psychotherapy sessions, opportunities to practice these ways of thinking to strengthen the belief in real-life situations should be identified. Clients can learn to reinforce their own adaptive thoughts, actions, or feelings.

Suggestions for Use

When a client displays thoughts that represent an adaptive response to a particular situation, it is important to highlight and reinforce the new cognition and its adaptive value to increase the likelihood that the client will continue to think this way in the future. When clients begin to think in new ways based on more effective personal philosophies, these adaptive beliefs should be recognized and rewarded. Reinforcement should occur within psychotherapy sessions and beyond them. As a counselor, you can use your own approval as a form of reinforcement as well as simply verbally emphasizing the new belief and encouraging your client to repeat it out loud and write it down. A very simple way to reinforce adaptive cognitions is to have clients write them on index cards and read them on a regular basis and when needed. J. S. Beck (1995) calls these "coping cards." Spending time exploring and trying out a new personal philosophy in session is an important step before identifying ways to enact and reinforce it with real-life experiences. Identifying situations in which the client can enact a new belief system so that it will be rewarded and strengthened is also helpful.

Expected Consequence

When a psychotherapist reinforces adaptive cognitions, the predicted outcome is that new beliefs will be strengthened and the client will be able to

gradually let go of old ways of thinking. This pattern of reinforcement will be stronger if the therapist and client can identify real-life experiences that will enact and reward the new ways of thinking.

Case Example

Dr. P. thought that Abe was ready to make some changes in his thinking about work habits. Dr. P. wanted to identify a specific new thought and encourage Abe to put the new thinking into action.

Dr. P.: We've talked for a while about the inaccuracy in your thinking about work. Since the old way wasn't working, what's a new conclusion you can draw?

Abe: I guess one implication is that I don't have to work every day to be successful.

Dr. P.: "I don't have to work every day." I like the sound of that. Can you say that again?

Abe: I don't have to work every day.

Dr. P.: How does it feel to say that?

Abe: Part of me feels good saying it. Part of me is scared.

Dr. P.: I think it will take some time for you to get used to thinking like this. Let's figure out how to put this new thought into action. I'd like to encourage you to take one day off and not work at all. Just once a week. What day would you choose?

Abe: Maybe Saturday. On Sundays, I feel like I need to start mentally preparing for the new week.

Dr. P.: Saturday sounds good. What would you like to do instead of working?

Abe: I guess I'd like to spend more time with my kids. Maybe take them to soccer practice and give my wife a break from all the kid stuff she usually has to do while I'm working.

Dr. P.: Maybe take them out for ice cream afterwards, something special to celebrate this new way of thinking and acting. How would you like to reward yourself for trying something new like this?

Abe: Well, if I wanted to get really bold, we could get a babysitter, and I could take my wife out to dinner. I can't remember the last time we went out together, just the two of us.

Dr. P.: Now that you are trying out a new way of thinking, that you don't have to work every day, is there someone you'd like to share this new conclusion with? Someone who would support the belief you're going to be trying to enact.

Abe: I'd like to tell my wife. I think she will be relieved. Especially if it means I'll take the lead with the kids a little more often and that we might get to go on a date once in a while. I don't think I'm ready to tell my boss that I've decided not to work as much.

Dr. P.: I agree. I think your wife may be more supportive of this change. I think telling her about your new conclusion and asking for her support will be a good step to take next.

Abe: I'll tell her tonight.

Dr. P.: That sounds like the best place to start. It may be hard at first to let go of the old way of thinking but we'll see how it goes and then we can work out the kinks.

Encouraging Accurate Perceptions

Strategy COG-9. **Encouraging accurate perceptions of realistic constraints impacting clients' lives**

Theoretical Context

Unrealistic expectations and inaccurate perceptions often support psychological distress. William Glasser's *Reality Therapy* focuses on encouraging clients to honestly look at their life situations and make active choices based on an accurate assessment of reality. Here's how Glasser first described his approach:

> We have seen that patients, no matter what their psychiatric complaint, suffer from a universal defect: they are unable to fulfill their needs in a realistic way and have taken some less realistic way in their unsuccessful attempts to do so. . . . The process by which the [psychotherapist] guides them so they can face reality and fulfill their needs is called Reality Therapy. (Glasser, 1965, p. 20)

This approach offers a slightly different focus from either *Cognitive Therapy* or REBT. Instead of focusing on internal perceptions about oneself (such as "I'm not good enough"), *Reality Therapy* encourages accurate perceptions of the external world and how to make choices that will result in more effective adaptation (such as "This job is not working out. I need to pursue a different direction in my career"). By focusing on reality, psychotherapists can help clients choose new relationship-improving actions that will satisfy their needs in more effective ways (Glasser, 2000).

Strategy Marker

When a client is focusing on unrealistic hopes that interfere with effective problem solving, it is appropriate to encourage accurate perceptions and

proactive choices. People often spend too much time thinking about how their lives would be better if they were in different situations. When this preoccupation interferes with a client's ability to deal effectively with the real situation, it is important to help clients adapt to the situation rather than by merely hoping that it might be different.

Suggestions for Use

Encouraging accurate perceptions focuses more on the outside world than some of the other cognitive strategies. This strategy is used to evaluate external situations rather than internal perceptions of self. When clients are holding on to unrealistic expectations or vain hopes, one should approach the situation gently. As a counselor, it is likely you may recognize unrealistic positions clients hold before they do. You can gradually ask questions about the likelihood of certain events and point out information that clients may not be recognizing. The intended outcome is a realistic assessment allowing clients to respond accordingly and invest their efforts in directions that are likely to result in progress toward personal goals.

Expected Consequence

If clients are encouraged to recognize the realistic constraints of their situations, the predicted outcomes are more accurate views of situations, more effective responses, and more adaptive choices. If clients can accept the current reality, then they can choose actions that will result in meeting their needs in more effective ways. Reality-based choices are expected to result in more positive relationships to meet clients' needs for love and belonging.

Case Example

Dr. P. had been working with Claire to remove some of her negative conclusions about her life since her mother had died. Now, she wanted to help Claire make a realistic appraisal of the situation that would help her make more active choices.

Dr. P.: Last week we began making a shift from some of the inaccurate thoughts that were supporting your depression to identifying more accurate perceptions. Do you remember the main conclusion we made?

Claire: Yes. I wrote it down and have been thinking about it throughout the week. I concluded that "Losing my mother has taken a lot of energy but the worst is behind me."

Dr. P.: And you said that this way of thinking was helping you prepare for the next chapter in your life. Has it continued to feel that way?

Claire: Yes and no. I think I want to move to the next stage, but I feel a little uncertain about what to expect. It's a little intimidating.

Dr. P.: That doesn't surprise me at all. This is new territory. Perhaps it will help if we look more closely at what this next stage of life might be like. What part of the situation makes you feel intimidated?

Claire: I guess it's the part about feeling alone. When Mother was alive, I had someone in the house who I could talk to. Now I have to pick up the phone or go out and make some effort.

Dr. P.: So, connecting with others takes more effort? Is that part of what you are realizing?

Claire: Yes.

Dr. P.: What is it like to acknowledge that meeting your social needs will take more work?

Claire: It helps me accept the reality that things have changed and I may have to do things differently.

Dr. P.: What kind of feelings does this thought generate? Does it encourage more depression or a sense of hope?

Claire: I'm not quite at the hope level, but it is less depressing. It makes me feel a sense of resolve. If I want to feel close to others, I can; it'll just take a little more effort.

Dr. P.: Good. Based on this new acceptance, is there anything you'd like to do differently during the coming week?

Claire: I think I've already started. A friend last week asked if I wanted to see a movie with her. At first I was going to turn her down, but I decided to go out this weekend.

Dr. P.: Even though it will take some effort?

Claire: Yes, even though it will take some effort. And, you know, I really like going to see movies. Mother never liked to go out, and I think I missed getting to see movies when they first came out.

Dr. P.: So, this next chapter of your life might have a few bright spots?

Claire: I guess so. I might get to do a little more of what I like to do.

Dr. P.: That sounds good. I hope you enjoy the movie.

Supporting Dialectical Thinking

Strategy COG-10. **Supporting dialectical thinking and helping clients move toward synthesis rather than focusing on only one mode of thought**

Theoretical Context

Many psychotherapy clients experience distress because of rigid or extreme patterns of thought. Therefore, it may be helpful to encourage clients to think in a more balanced or flexible manner. Marsha Linehan (1993) developed an integrative treatment for borderline personality disorder, called *Dialectical Behavior Therapy*. One of the goals of this approach is to help clients recognize and overcome polarized thinking that often results in unstable relationships and intense emotional reactions. Instead of alternating between extreme and unstable perceptions, clients are encouraged to recognize and embrace more than one perspective at a time:

> Dialectical reasoning requires the individual to assume an active role, to let go of logical reasoning and intellectual analysis as the only route to truth, and to embrace experiential knowledge.... The dialectical therapist helps the patient achieve syntheses of oppositions, rather than focusing on verifying either side of an oppositional argument. The therapist helps the patient move from "either-or" to "both-and." (Linehan, 1993, p. 204)

Supporting dialectical thinking involves helping clients recognize that reality is composed of opposing forces in tension with each other. The goal of this strategy is a synthesis that combines the opposing forces in a new way. One of the key challenges for a psychotherapist is resolving the tension between accepting the client and changing the client (Heard & Linehan, 2005).

Strategy Marker

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. If clients report unstable interpersonal perceptions or intense emotions, it may be useful to look at and modify the patterns of thought that are resulting in these reactions.

Suggestions for Use

Supporting dialectical thinking will frequently involve searching for a synthesis between thoughts and feelings. It may be helpful to encourage clients to consider both their emotional reaction to a situation and their rational thoughts before arriving at a decision. Linehan (1993) referred to this synthesis of feeling and thinking as activating one's *wise mind*. If clients are able to suspend decision making until they find the wise-minded synthesis between emotionality and rationality, they often experience a calm after the storm that reinforces trust in their own intuitive knowledge. When encouraging dialectical thinking, it may be helpful to suggest the use of linguistic tools like the phrase, "...but, on the other hand ..." If you are working with a client who often

uses extreme or polarized language, you can coach the client to recognize other perspectives by introducing this phrase and asking the client to describe the other side of an idea. With some practice in session, clients may be able to hear their own polarized language and begin to use "... but, on the other hand ..." in their own lives to recognize opposites and to move toward synthesis.

Expected Consequence

Supporting dialectical thinking is likely to result in more balanced thinking, an integration of emotion and reason, more use of experiential and intuitive knowledge, and more balanced actions (Linehan, 1993). As a result of more balanced thinking, clients may be less likely to experience unstable interpersonal perceptions or intense emotional reactions.

Case Example

When listening to Abe, Dr. P. noticed that he seemed to think he could either be a good lawyer or be committed to his family.

Abe: I'm doing a little better about spending time with my family but I think my work is going to suffer.

Dr. P.: Tell me more about that.

Abe: I think that choosing to value my family is the right thing to do, but I'm not sure I'm going to be able to be as committed to my work as an attorney.

Dr. P.: Does it seem like you can *either* be a good lawyer *or* a good father and husband? That you can't do both?

Abe: Yes. That's exactly the way it feels.

Dr. P.: Can you summarize that thought for me in your own words?

Abe: If I'm a good lawyer, my family will suffer. If I'm a good father, I won't be able to be a good lawyer.

Dr. P.: That's a pretty harsh way of thinking. It's all or nothing, one way or the other. Let's see if we can think of a way to embrace both sides of this conflict at the same time.

Abe: What do you mean?

Dr. P.: How can we recognize your desire to do two things well without negating either one?

Abe: I guess I could say that I *want* to do a good job in both areas.

Dr. P.: Okay. Can you say it that way?

Abe: I want to be a good father *and* a good lawyer.

Dr. P.: I think the "and" in that sentence is very important. It sounds more balanced, but it sounds like you're leaving something out. What's the rest of your thought?

Abe: I want to be a good father *and* a good lawyer, *but* it's hard to do both.

Dr. P.: Anything else?

Abe: I want to be a good father and a good lawyer, *but* the law firm I'm working at now may not support this goal. If I'm a good father, I may never become a partner at this firm. To be a good father and a good lawyer at the same time, I might need to find a different place to work.

Dr. P.: It's interesting that once you synthesized two parts of your thinking, you were able to recognize some environmental barriers and acknowledge that you might need to do something different to achieve both goals.

Abe: I certainly didn't see where that would end up. It's strange saying that out loud for the first time.

Fostering Mindful Awareness

Strategy COG-11. **Fostering mindful observation and awareness to help clients live in the present rather than making judgments**

Theoretical Context

Traditional cognitive psychotherapy helps clients change their thoughts from inaccurate to accurate, from irrational to rational. Some contemporary cognitive therapists take a different approach by helping clients think in a new way, rather than merely thinking different thoughts. *Mindfulness* training has been developed as a treatment component for stress and anxiety (Kabat-Zinn, 1990), personality disorders (Linehan, 1993), and depression (Segal, Williams & Teasdale, 2001). Here is how Zindel Segal and his colleagues describe mindfulness as a different way of thinking:

> Mindfulness can be seen as . . . an alternative cognitive mode, in which the focus of processing is at a level of representation that is not conceptual, and in which specific discrepancies are not the prime topic of processing. Traditionally, this aspect of mindfulness is described as "being" rather than "doing." (Segal, Teasdale & Williams, 2004, p. 53)

Mindfulness training can be used to help clients recognize that their distorted or painful thoughts are "just thoughts" and are not reality (Kabat-Zinn, 1990). Linehan suggested that mindfulness training often includes observing,

describing, and participating. Here is how she describes these three processes:

> Observing . . . is attending to events, emotions, and other behavioral responses, even if these are distressing ones. . . . Describing events and personal responses [involves] the ability to apply verbal labels to behavioral and environmental events. . . . Participating without self-consciousness [involves] entering completely into the activities of the current moment, without separating oneself from ongoing events and interactions. (Linehan, 1993, p. 145–146)

As a result of mindfulness training, clients often experience less stress and decreased emotional reactivity. Another important benefit of mindfulness is a reduction in judgmental thinking, which may be at the core of dysfunctional cognition. Mindful awareness also involves "deliberately turning toward the unpleasant with an attitude of openness and acceptance" (Segal, Teasdale & Williams, 2004, p. 53). Therefore, mindfulness is closely related to fostering acceptance of private experiences (Strategy BHV-11).

Strategy Marker

When clients are experiencing distress because their thinking is dominated by rigid judgments, then it may be helpful to foster mindful observation as an alternative to harsh evaluations. If clients are acting impulsively or moving through life without consciousness, then it may be useful to encourage mindful awareness. When clients ruminate on distressing thoughts, they may benefit from learning to let go of these cognitions that interfere with effective living.

Suggestions for Use

When encouraging clients to become more mindful, it may be helpful to begin by teaching them how to shift their focus from their thoughts to bodily sensations. Mindfulness training often includes teaching clients to meditate on their breathing as a way of letting go of distressing thoughts. Observing one's own breath and being aware of the physical sensation of breathing is a practical way to introduce the idea of mindfulness. Asking a client to use mindful observation as a way of detaching from thoughts or feelings serves as another method. Instead of thinking, "I am lazy," a client might be encouraged to say, "I'm *noticing* that the thought 'I am lazy' is entering my mind again." This is an example of observing and describing one's own thoughts rather than believing they represent the truth.

Expected Consequence

When clients develop mindfulness skills, the anticipated outcomes include less ruminative thoughts, decreased emotional reactivity, and less impulsive actions. If clients learn to observe the world around them, they may feel less distress and may be less likely to engage in maladaptive actions. When

individuals are able to participate in life with mindful awareness, the likely result is effective action that is characterized by attention and spontaneity (Linehan, 1993).

Case Example

Claire asked Dr. P. what she should do when she feels lonely. Dr. P. wanted to encourage Claire to try to mindfully observe her lonely thoughts and feelings rather than trying to change them.

Claire: I think I'm doing better, but I still think about being lonely sometimes. What should I do when I feel lonely?

Dr. P.: Do you think these lonely thoughts and feelings are still a part of your grieving process?

Claire: Sometimes, but often it seems like I'm just ruminating on that thought. Do you have any suggestions for me?

Dr. P.: I do have something I'd like for you to try that may be helpful. Since the thought that you are lonely is not really inaccurate, it may not be helpful to try to change the thought. What would it be like if you tried to put some distance between you and the lonely thoughts? Instead of immersing yourself in the lonely feelings, what if you tried to observe and describe your experience instead.

Claire: Okay. How would I do that?

Dr. P.: Let's start with observation. Instead of feeling lonely you can observe the lonely feelings returning. Can you try to talk about your loneliness as an observation? "I'm noticing that my lonely feelings are coming back."

Claire: I'm noticing that I'm feeling lonely again.

Dr. P.: Good. Now, I'd like you to describe the lonely thoughts and feelings.

Claire: When I feel lonely, the house seems awfully quiet.

Dr. P.: What else?

Claire: Loneliness makes me feel tired.

Dr. P.: That's a good start. What was it like to try to observe and describe your loneliness rather than staying right in it?

Claire: I think it took away some of the power. I seemed to be looking at the feeling rather than directly feeling it.

Dr. P.: One way to describe this process is being "mindful." I'm encouraging you to use your mind in a different way to observe rather than to make judgments.

Claire: I've learned about mindfulness from Buddhism. Is it the same method?

Dr. P.: Yes, the idea of mindfulness originally comes from Buddhism.

Claire: So, I'm trying to let go of the loneliness?

Dr. P.: Yes. Trying to observe and describe it so that you don't get overly attached to the loneliness. That way, you can let go of it more easily.

Claire: It may take some practice to observe and let go rather than staying in the loneliness.

Dr. P.: Yes. This type of mindfulness does take practice. We can continue to work on it in here and see if this is helpful in preventing you from becoming depressed again.

Working with Imagery

Strategy COG-12. **Working with imagery, metaphors, or stories to reduce negative images and encourage clients to visualize adaptive images and embrace positive metaphors**

Theoretical Context

Most cognitive approaches to psychotherapy attend to language-based cognition; the type of mental activity that can be easily represented in words. In Arnold Lazarus's (1981) *Multimodal Therapy*, imagery is given a more prominent role and is seen as a distinct area for assessment, apart from verbal cognitions like thoughts or beliefs. Here are some of the questions that Lazarus (2005) suggested for assessing imagery:

> What fantasies and images are predominant? What is the person's "self-image"? Are there specific success or failure images? Are there negative or intrusive images (e.g., flashbacks to unhappy or traumatic experiences)? And how are these images connected to ongoing cognitions, behaviors, affective reactions, and the like?

McMullin (2000) suggested that imagery can be used to help clients transform the way they perceive the world. Cognitive psychotherapists also use metaphors, stories, or fables in psychotherapy. Storytelling can be used to change cognitions in a way that is very different from challenging or empirically testing them. McMullin (2000) suggested that stories must be relevant to the circumstances of each client and must create a bridge from maladaptive thoughts to new, more adaptive beliefs.

Strategy Marker

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. It may be helpful for a psychotherapist to work with imagery, metaphors, or stories in order to transform maladaptive images into more adaptive descriptions of life. Counselors can use stories to describe the process of change in a way that helps clients see how their lives can change.

Suggestions for Use

When working with imagery, metaphors, or stories, it is best to start with clients' own experience. You can ask them about the way they already imagine the situation and then modify these images. For example, if a client fears she is approaching an abyss, it may be helpful to imagine a bridge that crosses the abyss that may protect her from danger. If a person is recovering from a bad experience, the idea of "getting back on the horse," may not be helpful to someone who has never ridden a horse. Metaphors and stories should be chosen so that clients can relate to them. Sometimes, it is hard for people to imagine themselves changing because they are defending themselves from their own painful experiences. It may be easier for some clients to relate to the character in a story first and then make connections to their own lives.

Expected Consequence

If you use imagery, metaphors, or stories, the predicted outcome is a change in the way clients look at their life situations. This type of thinking may shift in different ways than verbal, propositional thoughts. Therefore, imagery is likely to lead to or support other types of cognitive change. The overall goal is to help clients imagine the possibility of change in a way that helps them enact it.

Case Example

As a highly educated attorney, Abe often relied on logical analysis. Dr. P. wanted to complement and reinforce the language-based changes in his thinking with more visual cognitions in the form of imagery. She started by asking him to describe his own image of his current situation.

Dr. P.: We've been using a lot of words to describe the kinds of changes you would like to make. I wonder if it would be helpful to focus on images as well.

Abe: Okay. What do you have in mind?

Dr. P.: We've been drawing a contrast between your old way of life and a newer one to which you aspire. What kind of visual image comes to mind that might typify the old pattern?

Abe: Hmmm. Let me think . . . Here's one. When I work late, which is most nights, the custodian in our building usually comes by to

empty my trash around 8:00 P.M. Each evening she tells me whether I'm the last attorney working or not. About half the time, I'm the only lawyer still at work. I used to take pride in that idea. Now it seems more of a burden.

Dr. P.: That's a very poignant image. Could you describe it for me visually?

Abe: I'm in my office at my desk, surrounded by papers and books. It's dark outside, and my office is lit mostly by my desk lamp. I've loosened my tie and rolled up my sleeves. Maybe there are some remnants of a fast food dinner. I'm tired but won't give in.

Dr. P.: How does that image feel to you?

Abe: Lonely. Heavy. Like I'm burning myself out and slowing dying.

Dr. P.: It feels that way to me too. Would you like to imagine another visual image?

Abe: I sure would. It's 8:00 P.M. but I'm at home. My son is in the bathtub splashing and playing. My wife is getting my daughter in her pajamas. I'm loading the dishwasher listening to the sounds of my family. My wife and daughter come in the kitchen to give me a hug and kiss goodnight. I go to the bathroom to tell my son it's time to get out of the tub.

Dr. P.: That's a very different image. How does it feel?

Abe: Warm. Homey. Secure. It feels like I've got my priorities straight and I'm not burning myself out.

Dr. P.: I think it will be important for you to think about these two contrasting images as you think about what you want your life to look like.

Abe: I think you're right.

Brainstorming Solutions

Strategy COG-13. **Brainstorming alternative solutions as part of active problem solving**

Theoretical Context

Using cognitive skills to solve problems more effectively is something that clients often learn in psychotherapy. The problem-solving process may involve specifying a problem, generating possible solutions, selecting a solution, implementing it, and evaluating the outcome. For many clients, the key is to learn to generate multiple possibilities rather than repeatedly acting on the first idea

that comes to mind. Generating several alternatives before evaluating any of them to find creative solutions is commonly called *brainstorming*. Dixon and Glover (1984) identified problem solving as a key focus of many forms of psychotherapy and suggested four strategies to help clients generate alternative solutions. First, it is important for psychotherapists to provide probes and reinforcement to search for and reward diverse solutions. Second, as clients are generating alternatives, none of the possibilities should be criticized. Third, psychotherapists may need to prime the generation of alternatives by suggesting an unconsidered option and then asking clients to follow suit. Fourth, once clients begin to think of alternatives, psychotherapists can help them build on the ideas and expand them into more comprehensive solutions.

Strategy Marker

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. If clients repeatedly try to solve problems with the same ineffective solutions that have failed in the past, they must learn to generate a variety of alternatives before focusing on a single solution.

Suggestions for Use

When clients are not able to solve problems it is often because they are not skilled at generating alternative solutions and repeatedly try to solve problems in the same ineffective ways that have not worked in the past. In this case, 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. After guiding clients through the problem-solving process, you should highlight the steps taken so clients can repeat the process on their own, outside of psychotherapy.

Expected Consequence

If a psychotherapist helps clients brainstorm alternative definitions, goals, or strategies, the predicted outcome is more divergent thinking and more creative possibilities with a greater chance for success. By participating in a structured process of problem solving, clients are more likely to identify solutions that they will be willing to put into action. By making the problem-solving structure transparent to the client, it is more likely that this process will be used in the future.

Case Example

In order to help Claire think of ways that she could reach out to others, Dr. P. wanted to brainstorm several possibilities and then let Claire choose the best option for her. By identifying several options, Dr. P. knew that Claire could choose one or more options while resisting the more difficult choices.

Dr. P.: We've begun to acknowledge some of the ways that your social life is going to be different without your mother. Would you like to take some time now to identify some of the ways you might get your needs met in new ways?

Claire: Do I get credit for going to a movie last weekend with my friend?

Dr. P.: Lots of credit. And we've talked about spending time with your sisters and their families. What else might you do to reach out?

Claire: I'm not really sure. I guess movies and family may not be enough.

Dr. P.: It's a good start. Let me help you get started. You mentioned that you haven't gone to your Buddhist temple regularly since your mother passed away.

Claire: Just for the ceremonies to grieve her death.

Dr. P.: Is that something you'd like to do?

Claire: It's funny. I always thought I was just going because Mother wanted to go. I thought I was merely her chauffeur. But, I realize that I miss that ritual and the spiritual community.

Dr. P.: So, that's another possibility. What else?

Claire: I've always wanted to take an art class. I used to do a lot of art projects but it's been a long time. I just got the catalog of adult education classes they offer at the community college and began thinking about that again.

Dr. P.: So, that's something you might do now that you have more time for yourself.

Claire: Yes, I guess I could. It's funny to think of it that way.

Dr. P.: It might take some getting used to. We've already identified four possibilities for reaching out socially: movies with your friend, spending time with your family, attending temple, and taking an art class. How do those options sound?

Claire: They actually sound sort of nice. Maybe I'm ready for the next chapter to begin.

Dr. P.: I think you may be ready. One step at a time.

Providing Psychoeducation

Strategy COG-14. **Providing psychoeducation by sharing information from theory and research to aid therapeutic change**

Theoretical Context

Educating clients about psychological principles is commonly called *psychoeducation* and is an important skill for encouraging cognitive change. Teaching clients about what they are experiencing gives them concepts to help organize their thoughts and prepare for change. J. S. Beck (1995) identified three types of psychoeducation commonly used by cognitive psychotherapists. First, psychotherapists can educate clients about the psychotherapy process so they can participate with accurate expectations. If clients are educated about psychotherapy, common fears and anxieties may be reduced, and clients may be able to be more active participants in the process of change. Second, clients can learn principles of psychology so they can continue to make progress in resolving difficulties after they leave psychotherapy. For example, learning how to identify one's own automatic thoughts and recognize faulty core beliefs can be useful to clients long after they have concluded their work with a psychotherapist. Third, clients can be educated about their diagnosis or disorder so they feel less isolated in their struggle and so they know that the psychotherapist has helped similar individuals in the past. Overall, psychoeducation is used to create a template or conceptual map with which clients can understand their experience. Using this type of map may help someone comprehend the terrain around them and to know what challenges lay ahead.

Strategy Marker

If clients lack information about their own situations, it is often useful to provide educational information from a psychological perspective. If clients feel isolated or uniquely disturbed, a psychotherapist may educate them about how others have faced and coped with similar concerns.

Suggestions for Use

Psychological distress is often supported by misinformation. Psychoeducation can be a useful tool to help clients view themselves and the world around them more accurately. Psychotherapists often help clients by informing them that their concerns are part of a common pattern. For example, it might be helpful for a client in an abusive relationship to be educated about the cycle of abuse, describing the way there is often a honeymoon phase between abusive episodes. When providing psychoeducation, one should thoroughly understand the situation from the client's viewpoint before introducing outside concepts. Moving prematurely toward an educational model may make the client feel misunderstood. Careful timing is important in choosing when to shift from seeking information to providing information. Another important consideration is gearing educational efforts to a client's educational level and personal interests. Some clients will be interested in the latest research findings whereas others might find this type of education too

technical or intimidating. As you educate your clients, make sure you are providing helpful information at an appropriate time.

Expected Consequence

Using psychoeducation to provide clients with useful information leads to greater insight and understanding. If psychoeducation is used to help clients see their personal struggles as part of a common problem or pattern that others also experience, the anticipated result is a decreased sense of isolation or hopelessness.

Case Example

To reinforce the process of change and to give Abe a conceptual map of change, Dr. P. wanted to provide him with a conceptual understanding of five stages of change.

Dr. P.: We've been talking a lot about the process of change. I wanted to share with you a model of change that might help guide our thinking.

Abe: Sounds interesting.

Dr. P.: Here's a handout that outlines the process. A psychologist named Prochaska and some of his colleagues have identified five stages of change: Precontemplation, when someone doesn't think any change is necessary; Contemplation, when someone is thinking about making changes; Preparation, when change is just around the corner and someone is getting ready; Action, when change is beginning to occur; and Maintenance when changes have been made and they are beginning to be stabilized.

Abe: Okay. I think I understand the stages.

Dr. P.: Where do you see yourself falling within this process?

Abe: When I came in, I wasn't sure if I needed to change so I guess I started at precontemplation and moved to contemplation.

Dr. P.: What helped you begin to contemplate change?

Abe: I guess I started to count the costs of working all the time and burning myself out; the costs in terms of my health and my family.

Dr. P.: And where do you see yourself now?

Abe: I guess I'm moving from contemplation to preparation. Getting ready for change. Skirting around the edges.

Dr. P.: Okay. So, you're still testing the waters, right?

Abe: That's right.

Dr. P.: Can you think of what might help you move to the next stage? To move more firmly into preparation.

Abe: Should we identify what I'm going to actually change so I can begin to prepare?

Dr. P.: That sounds about right to me. Maybe we should name the actual changes that you are contemplating and then identify what you need to do to prepare. Prochaska says that preparation usually takes less than a month. So, let's focus on changes you hope to make in the next month.

Abe: Okay, I'll start making a list of changes I can make during the next month. And then we can figure out how to prepare.

Supporting Bibliotherapy

Strategy COG-15. **Supporting bibliotherapy by recommending relevant books or articles that support therapeutic learning**

Theoretical Context

The use of reading to support psychotherapeutic change is commonly referred to as *bibliotherapy*. Reading and learning about one's concerns can extend psychological learning and growth beyond weekly psychotherapy sessions. This approach is a helpful way to promote psychological change and to reinforce gains made in psychotherapy. Sometimes, bibliotherapy can be used to educate clients about the process of psychotherapy (J. S. Beck, 1995). For example, if you want to help a client understand a cognitive approach to psychotherapy, you might want to recommend *The Feeling Good Handbook: Using the New Mood Therapy in Everyday Life* (Burns, 1989), or *Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients* (Greenberger & Padesky, 1995). Bibliotherapy also can be used to educate clients about a particular psychological problem like recovering from sexual abuse or dealing with anxiety and phobias. Examples of these types of resources include *The Courage to Heal* (Bass & Davis, 1994) and *The Anxiety and Phobia Workbook* (Bourne, 2005). To prepare yourself for making appropriate recommendations, you might read a book like the *Authoritative Guide to Self-Help Resources in Mental Health* (Norcross, Santrock, Campbell & Smith, 2000). This publication reviews and rates hundreds of self-help books, videos, and Internet sites.

Strategy Marker

If clients need more information about their particular concerns or if reading would support psychotherapeutic change, bibliotherapy may be indicated. Reading is particularly helpful when clients are motivated to work on issues outside of psychotherapy sessions and desire more information about the issues they are facing.

Suggestions for Use

Reading relevant books or articles is a way for clients to make progress in understanding themselves and preparing for change between appointments with a counselor. If you want to make use of bibliotherapy in your work with clients, it is a good idea to familiarize yourself with books that you might want to recommend. It may be helpful to purchase and read books written for the public on topics that you frequently treat. If you are not familiar with relevant books, you can encourage clients to go to a large bookstore that offers a variety of choices in the self-help section and select from the books that seem most appealing to them. You can prepare them by talking about the types of books that might be available and how to choose one that promises to be useful.

Expected Consequence

If clients read books or articles related to their concerns as a part of psychotherapy, greater understanding and insight as well as more steady progress can be expected. Progress can be made more rapidly because reading gives clients something they can do every day to support therapeutic goals.

Case Example

To complement and support the work they were doing in psychotherapy, Dr. P. wanted to recommend something for Claire to read that would help her understand her experience. Dr. P. knew that reading would give Claire a way to work on her grief in between psychotherapy sessions.

Dr. P.: Since your mother passed away, have you done any reading about the process of grief?

Claire: No, I really haven't.

Dr. P.: I wonder if it might be helpful to put your experience in perspective. To let you know that some of what you have been through is pretty universal.

Claire: So, I'm not the only one who's gotten so stuck for so long.

Dr. P.: Not at all. Lots of people feel lost after losing a loved one.

Claire: I don't think I was ready to read anything before. I was just too overwhelmed. But perhaps now that my feelings are not quite as raw, it might give me some perspective. What should I read?

Dr. P.: I have one of Elizabeth Kübler-Ross's books called, *Living with Death and Dying*. You can borrow it and see if you like it. You could also go to a bookstore and see if there are other books you might like.

Claire: Kübler-Ross was the one who described the different stages of grief, right? I remember her name.

Dr. P.: Yes, she's done more writing in this area than just about anyone else. So, she might be a good author to start with.

Claire: And you don't mind me borrowing the book for a week or two?

Dr. P.: No, not at all.

Claire: Thank you.

CHAPTER SUMMARY

This chapter described a method of cognitive conceptualization that emphasized the importance of identifying beliefs that mediate the relationship between activating events and consequences. Understanding the way clients' thoughts influence their feelings and actions can prepare a psychotherapist to use cognitive strategies to directly alter thoughts and indirectly impact feelings and actions. Formulating a cognitive conceptualization also involves looking at intermediate and core beliefs that may generate dysfunctional automatic thoughts.

Fifteen cognitive strategies were described that are designed to promote cognitive adaptation by helping clients think in more functional ways and use their cognitive resources to solve psychological problems. The first eight strategies were drawn from the two most prominent cognitive approaches to psychotherapy; Beck's *Cognitive Therapy* and Ellis' REBT. Three of these strategies provide a way to explore and understand different types of cognitions and to prepare for cognitive change. (COG-1) *Identifying Thoughts* allows a counselor to look closely at the cognitive responses that a client generates in distressing situations. (COG-2) *Clarifying the Impact of Thoughts* is a way to see how clients' patterns of thinking are affecting other areas of functioning. (COG-4) *Illuminating Core Beliefs* is used to look at long-standing schemas that shape the way client's respond to stressful situations.

Five of the strategies drawn from *Cognitive Therapy* and REBT describe active methods for fostering cognitive change. (COG-3) *Challenging Irrational Thoughts* is used to point out logical fallacies, overgeneralizations, and other cognitive errors. (COG-5) *Evaluating Evidence* helps clients apply the scientific method to their own patterns of thinking. (COG-6) *Testing Hypotheses* encourages clients to construct active experiments to test their own assumptions. (COG-7) *Modifying Beliefs* allows a therapist to help a client come to new conclusions after dysfunctional beliefs have been recognized. (COG-8) *Reinforcing Adaptive Cognitions* increases the likelihood that functional thoughts will be remembered and enacted in real-life situations.

The last seven strategies were drawn from cognitive approaches other than *Cognitive Therapy* and REBT. (COG-9) *Encouraging Accurate Perceptions*

is based on *Reality Therapy* and focuses on how clients evaluate the environments around them, predicting consequences for their own actions. The next two cognitive skills were developed as part of *Dialectic Behavior Therapy*. (COG-10) *Supporting Dialectical Thinking* encourages clients to avoid extremes and to consider more than one conclusion. (COG-11) *Fostering Mindful Awareness* involves observing one's own thoughts in a detached manner rather than actively trying to alter them. (COG-12) *Working with Imagery* is an important part of *Multimodal Therapy* and provides a way of looking at nonlinguistic cognitive activity to encourage clients to visualize more effective ways of living. (COG-13) *Brainstorming Solutions* is an essential part of problem solving and encourages clients to consider multiple possibilities. (COG-14) *Providing Psychoeducation* allows a therapist to use psychological concepts to help clients understand their own situations and prepare for change. (COG-15) *Supporting Bibliotherapy* allows a counselor to support change through education between psychotherapy sessions. These cognitive psychotherapy strategies do not have to be used in isolation to focus on thoughts alone. The skills have been described in a way that supports their integration with strategies from other theoretical approaches to look at the way thoughts interact with actions and feelings within biological, interpersonal, social, and cultural contexts. Cognitive approaches remind us that humans are essentially thinkers and that psychotherapy should always engage the mind.