

# Key Strategies Training

## Lesson Two:

# Exploring Thoughts using Cognitive Strategies

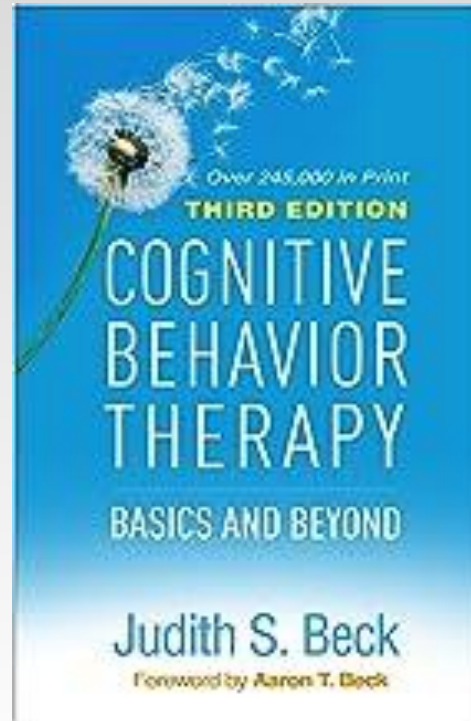
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# Overview of Cognitive Therapy

Source:

- Aaron Beck's Cognitive Therapy
- Judith Beck's book *Cognitive Therapy: Basics & Beyond*. 3<sup>rd</sup> ed. (2020).



# Overview of Cognitive Therapy

## Cognitive Model

- Thoughts influence emotions and behaviors
- Distorted thinking leads to dysfunctional emotional and behavioral responses
- Targeting dysfunctional thinking produces emotional and behavioral change

# Overview of Cognitive Therapy

## Structure of Therapy

- Time-limited
- Present-focused
- Symptom-focused
- Goal-driven
- Collaborative and active

# Overview of Cognitive Therapy

- Strong base of empirical support
- Variety of DSM-IV-TR diagnoses
- Several therapeutic modalities
- Across populations

# Exploring Thoughts

*“The usual course of treatment in cognitive therapy involves an initial emphasis on **automatic thoughts**, those cognitions closest to conscious awareness. The therapist teaches the patient to identify, evaluate, and modify her thoughts in order to produce symptom relief. Then the **beliefs** that **underlie** the dysfunctional thoughts and cut across many situations become the focus of treatment”*

*(Beck, 1995, pg. 16).*



# Key Strategies Training Structure

- **Theoretical Context** – Quote from primary source
- **Strategy Marker** – When is this intervention most useful?
- **Suggestions for Use** – How can this strategy be implemented?
- **Expected Consequence** – What is the predicted outcome?
- **Example** – Sample dialogue between counselor and client

# Strategies for Exploration

- **COG-1:** Focusing on Thoughts
- **COG-2:** Understanding the Impact of Thoughts
- **COG-3:** Analyzing Thoughts
- **COG-4:** Discovering Core Beliefs





# COG-1. Focusing on thoughts related to clients' presenting concerns

**Context:** “The usual course of treatment... involves an initial emphasis on identifying and modifying automatic thoughts” (J.S. Beck, 2011, p. 36).

**Marker:** When dysfunctional thoughts seem to play a key role in promoting and maintaining emotional distress, it may be helpful for counselors to focus clients' attention on their conscious thoughts.



## COG-1: Focusing on Thoughts

**Suggestion:** In order to facilitate a cognitive focus, counselors may listen to a client's descriptions of specific events and ask, "What were you thinking in that situation?" or "What was going through your mind then?"

**Consequence:** It is predicted that a focus on thoughts will lead to an overall increased awareness of cognition, which is necessary for clients to do more in-depth cognitive work, such as evaluating automatic thoughts and observing effects on emotions and actions.

# COG-1: Focusing on Thoughts

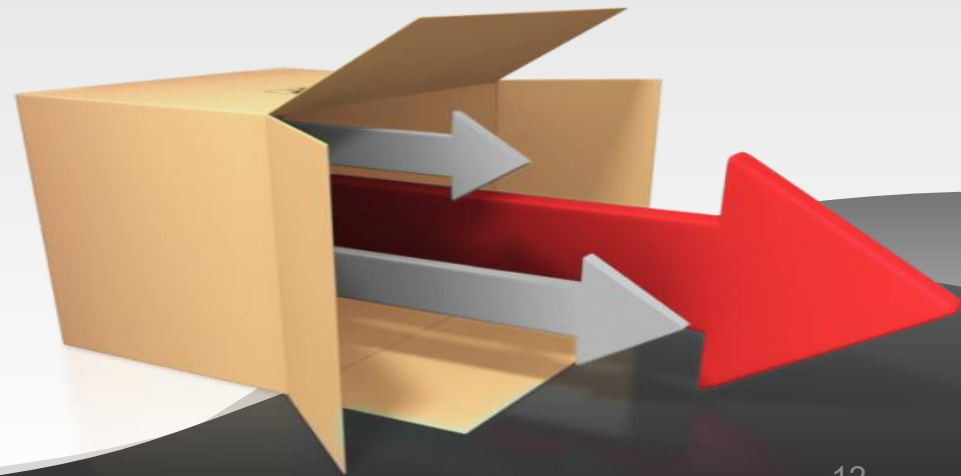
## Example:

- **Client:** *I get so nervous being around groups of people that most of the time I just avoid any kind of social situation. I feel like I'm missing out on so much, but I just don't know how to deal with my nerves.*
- **Counselor:** *Sounds like your anxiety really gets in the way of being able to interact with people, especially socially. What goes through your mind when you think about being around a group of people?*



## COG-2: Understanding how thoughts mediate experience and impact mood.

**Context:** “The cognitive model states that the interpretation of a situation (rather than the situation itself), often expressed in automatic thoughts, influences one’s subsequent emotion, behavior, and physiological response” (J.S. Beck, 2011, p. 137)



# COG-2: Understanding Thoughts

**Marker:** Once clients are able to more intently focus on conscious thoughts, the next step is to assist them in observing how their perceptions and interpretations of situations may negatively impact their mood and behavior.

**Suggestion:** Counselors help clients to see links between thoughts, feelings, and actions, by eliciting specific emotions and behaviors that flow from the identified problematic thoughts.

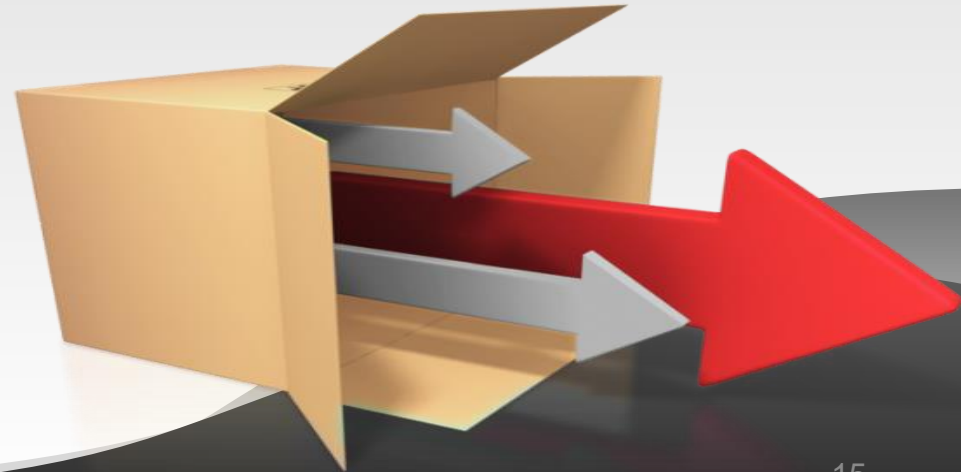
# COG-2: Understanding Thoughts

***Consequence:*** The ultimate goal of this strategy is to increase clients' awareness of how thoughts contribute to affective distress and ineffective behaviors. Recognizing these links is necessary before strategies aimed at changing dysfunctional thoughts can be effectively used.

# COG-2: Understanding Thoughts

## Example:

- **Client:** *I guess I start worrying that **people won't like me** and they'll make fun of me.*
- **Counselor:** *So when you think about this, how do you feel and what do you do?*
- **Client:** *I feel nervous and I want to avoid the whole situation. So usually I just stay home so I don't have to deal with it.*



# COG-3: Analyzing thoughts to evaluate their functional value.

**Context:** “You are concerned with identifying those thoughts that are dysfunctional—that is, those that distort reality, are emotionally distressing, and/or interfere with patients’ ability to reach their goals” (J. S. Beck, 2011, p. 138).

**Marker:** Once the impact of thoughts on feelings and actions has been clarified, the next step is to evaluate which thoughts are inaccurate or distorted and in need of modification.





## COG-3: Analyzing Thoughts

***Suggestion:*** When faced with numerous dysfunctional thoughts, counselors can assess the frequency and intensity of distress caused by each identified thought in order to decide where to focus initially. It also may be helpful to consider which thoughts occur in distressing situations that clients are unable to resolve and how much they interfere with their ability to meet goals.

# COG-3: Analyzing Thoughts

***Consequence:*** As counselors and clients analyze thoughts, it is expected that they will gain increased awareness about *how* particular thoughts are impacting the client and where subsequent interventions should be focused in order to maximize therapeutic efficiency and effectiveness.

# COG-3: Analyzing Thoughts

## Example:

- **Counselor:** So it seems that when you think about people not liking you, you then worry they'll make fun of you. This makes you feel anxious and leads you to avoid the whole situation.
- **Client:** Exactly. I just get so afraid that people will be mean to me that it paralyzes me. I can't go out with my friends no matter how much I want to, and I'm getting really isolated.



## COG-4. Discovering underlying core beliefs or schemas that influence conscious thought.

**Context:** “Look for *central themes in the patient’s automatic thoughts*, watch for **core beliefs** expressed as *automatic thoughts*, and *directly elicit* the core beliefs” (J. S. Beck, 2011, p. 233).



# COG-4: Discovering Core Beliefs

**Marker:** As automatic thoughts are elicited using exploratory cognitive strategies, counselors can listen for themes which may represent underlying core beliefs.

**Suggestion:** Some helpful strategies for uncovering core beliefs include: asking clients for the meaning of their automatic thought(s), eliciting rules and attitudes driving automatic thoughts, listening for ideas related to helplessness and unlovability, and observing noticeable negative shifts in affect in conjunction with a particular thought.

# COG-4: Discovering Core Beliefs

**Consequence:** When a counselor helps uncover core beliefs this will assist clients in gaining increased awareness of long-term maladaptive thought patterns that serve as cognitive filters and influence interpretation of events in the environment.

# COG-4: Discovering Core Beliefs

## Example:

- **Counselor:** *Sounds like this debilitating anxiety is linked to worry that people won't like you, which will lead them to bully or ridicule you. I wonder what leads you to worry that people won't like you and will try to embarrass you?*
- **Client:** *I think about how in high school, kids would always make fun of me and it was so embarrassing. They would say mean things about me being gay. I started thinking that **there's something wrong with me** and that **I'm unlovable**.*



# Role Play Practice

- The next step in learning to practice these key strategies is to practice them with other students in a role play situation.
- One trainee will play the role of a client and another student will practice exploring the thoughts that underlie their distress.
- If there is a third trainee in your group, they can observe and provide feedback.



# Preview of Lesson Three

## Changing Thoughts

**COG-5.** Experimenting with thoughts to evaluate accuracy and test alternatives

**COG-6.** Modifying beliefs and identifying more functional thoughts

**COG-7.** Reinforcing functional thoughts and putting these beliefs into practice

**COG-8.** Assessing cognitive change, looking at multidimensional impact, and considering a shift in focus