

Key Strategies Training

Lesson Three:

Changing Thoughts using Cognitive Strategies

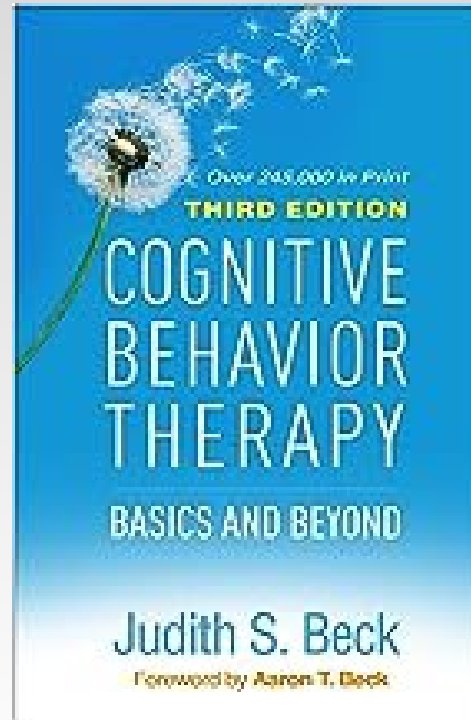
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Cognitive Therapy

Source:

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



Changing Thoughts

“What is of particular significance to the cognitive therapist is 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”

(Judith Beck, 1995, pg. 16)

Strategies for Change



- **COG-5:** Experimenting with Thoughts
- **COG-6:** Modifying Beliefs
- **COG-7:** Reinforcing Functional Thoughts
- **COG-8:** Assessing Cognitive Change & Impact

COG-5. Experimenting with Thoughts

Experimenting with thoughts to evaluate accuracy and test alternatives

Context:

Judith Beck suggested that “Automatic thoughts can be evaluated according to their *validity* and their *utility*. The most common type of automatic thought is distorted in some way and occurs despite evidence to the contrary.”



COG-5. Experimenting with Thoughts

Marker:

When it becomes clear that a client holds a strongly believed dysfunctional idea, the therapist can assist the client in gaining a more balanced perspective by exploring evidence for and against the idea and/or designing an experiment to test the idea in the outside world.



COG-5: Experimenting with Thoughts

Suggestion:

The therapist can take a structured approach, asking the client for...

- alternative explanations for their beliefs
- what the best, worst, and most realistic outcomes of a situation could be,
- the effect of believing vs. changing their thinking
- what the client might say to a friend in the same situation.

COG-5. Experimenting with Thoughts

Consequence:

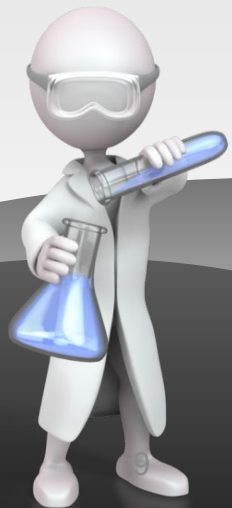
The process of evaluating confirming and disconfirming evidence whether through questioning or experiments teaches clients to reason inductively and use their own intellectual resources for problem-solving.



COG-5: Experimenting with Thoughts

Example:

- **Counselor:** *So this thought that “people won’t like me” is based on very real discrimination experiences. This thought is strengthened when you find yourself alone because you think it confirms that no one wants to be with you. Are there any other possible explanations for why you’re alone all the time?*
- **Client:** *Well, I guess it could be because but I usually just don’t even try to go out, because I’m too afraid.*



COG-6: Modifying Beliefs

Modifying beliefs and identifying more functional thoughts

Context:

“What is of particular significant to the cognitive therapist is 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.”



COG-6: Modifying Beliefs

Marker:

Once clients have worked to identify dysfunctional thoughts and evaluate their accuracy, the therapist can shift to helping the client to replace these thoughts with more positive and adaptive thoughts.



COG-6: Modifying Beliefs

Suggestions:

The therapist can work collaboratively with the client to develop more adaptive alternative thoughts that are thematically related to the dysfunctional thoughts. In order to choose replacement thoughts, it may be helpful to...

- identify advantages and disadvantages of maintaining the current belief(s)
- role play more adaptive thoughts
- use others as a reference point (i.e. “what would you tell a friend in the same situation).

COG-6: Modifying Beliefs

Consequence:

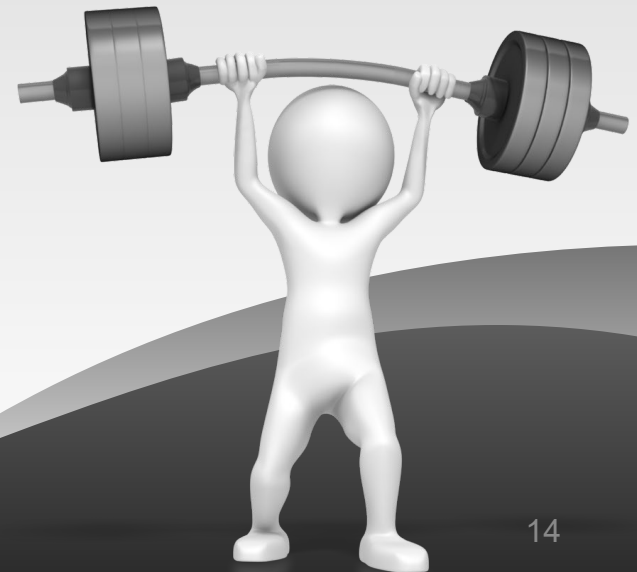
Once dysfunctional thoughts are replaced with more adaptive ideas, it is believed that there will be less emotional distress and more effective actions.



COG-6: Modifying Beliefs

Example:

- **Client:** *I just keep thinking “people won’t like me because I’m gay, and there’s nothing I can do about it.” It makes me too afraid to try.*
- **Counselor:** *I wonder if you could change that thought to something like “some people will reject me because of my sexual orientation and some will not.”*



COG-7. Reinforcing Functional Thoughts

Reinforcing functional thoughts and putting those beliefs into practice

Context:

“The goal in cognitive therapy is to facilitate the remission of the patient’s disorder and to teach the patient to be her own therapist...She can resolve difficulties before they become major problems, she reduces the possibility of relapse, and she can use her skills to enrich life in a variety of contexts” (J.S. Beck, 1995, pg 269-278).



COG-7. Reinforcing Functional Thoughts

Marker:

In order for new adaptive ways of thinking to be strengthened, they must be reinforced. The therapist initially serves as a powerful reinforcer and gradually teaches the client to reinforce more adaptive thinking on her own, outside of sessions.



COG-7: Reinforcing Functional Thoughts

Suggestions:

The therapist may reinforce adaptive thinking when it arises in session in the form of verbal acknowledgement and praise, with the goal of increasing this type of thinking in the future and fostering the client's ability to perform the reinforcing functions of the therapist for herself. It may also be helpful for clients to...

- identify real-world situations in which more adaptive ideas can be tried out and reinforced
- identify supportive people with whom the client can share and discuss changes in her thinking.

COG-7: Reinforcing Functional Thoughts

Consequence:

Through repeated reinforcement of new thought patterns in therapy and in the outside world, adaptive thinking becomes strengthened and internalized, while old maladaptive thoughts fade in strength and intensity.



COG-7: Reinforcing Functional Thoughts

Example:

- **Client:** *My friends asked me to go out last weekend and I practiced telling myself that it was okay to go out with them because they don't judge me. I repeated to myself that it doesn't matter what other people think. It helped! I wasn't as anxious and I had a good time!*
- **Counselor:** *That's great, so when you worked with your fearful thoughts and reminded yourself that you have friends who care about you and aren't judgmental, you became less paralyzed by anxiety. Now, the more you practice this, the easier it will become.*



COG-8. Assessing Cognitive Change & Impact

*Assessing cognitive change,
looking at multidimensional impact,
and considering a shift in focus*

Marker:

After significant cognitive work has been undertaken, it may be important to measure the impact of change on emotional, cognitive, and behavioral functioning, thereby determining whether further therapy is indicated and whether this work should focus on thoughts, actions, or feelings.



COG-8: Assessing Cognitive Change & Impact

Suggestion:

When therapists feel that a client has accomplished significant cognitive gains *or* that a client is stuck and unable to make further progress by focusing on thoughts, it may be helpful to shift focus to emotions or actions by discussing the potential benefits of shifting focus and beginning to utilize experiential or behavioral strategies.

COG-8: Assessing Cognitive Change & Impact

Consequence:

It is predicted that clients who have undertaken several sessions targeting cognitions and are not ready for termination may benefit from additional work focusing on emotions or actions.



COG-8: Assessing Change & Impact

Example:

- **Client:** *I feel like working on changing my thoughts has really helped me be less anxious around people. But I know I'm still holding onto a lot of pain from being bullied in high school, that hasn't changed much.*
- **Counselor:** *I think it might be helpful for us to shift to focusing more intensely on the feelings associated with those times. That might be helpful in freeing you even more from the anxiety you still feel around people.*



