Module: Psychological Foundations of Mental Health

Week 5
Psychological therapies: from behaviour modification to behaviour therapy

Topic 3
Cognitive therapy in principle and in practice – Part 3 of 3

Professor Richard Brown
Department of Psychology, King's College London

Lecture transcript

Slide 2
The various tools and techniques that we have briefly reviewed have focused mainly on the components in the hot cross bun, specifically the thoughts, emotions, and behaviour, although less about the physical sensations that accompany them. That element is much more prominent in cognitive therapy for anxiety disorders, where the physical symptoms play a major role in driving the vicious cycles.

As we saw earlier, the cognitive model suggests that the schema has a key role in the filtering and transformation of information that direct our thinking in the context of life events and stresses. When there is a cycle of maladaptive thoughts and behaviour and unpleasant emotions, these can provide false information to further strengthen the schema. Targeting these maladaptive processes will provide fresh information that allows the schema to become updated and gradually made more negative.

Slide 3
However, cognitive therapy also has a number of techniques to address the schema directly. If used, they are typically introduced later in the course of therapy. The essential component of the schema for Beck was the set of beliefs developed and held by the individual that underpinned their various views about themself, the future, and the world. Beck calls these core beliefs and how they are characterised by the cognitive distortions that we saw earlier. We saw some represented in the diagram, seen here, of the cognitive triad, expressed as statements or thoughts. It's assumed in the model that the automatic thoughts are closely shaped by the schema and associated beliefs. We also see a few other examples, such as "I am unlovable," "I am not good enough," or "The world is dangerous."

Slide 4
Sometimes, our hot thoughts are so clear that we can identify the core beliefs immediately. However, while the surface thought is accessible to consciousness, the beliefs that shape the schema may sometimes be hidden. The thought may reflect the beliefs that may not be identical.

Here is an example of a range of negative hot thoughts that a client expressed in their records over several weeks that seemed to be pointing to a particular belief that the client has about herself--

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namely, that she is worthless. She feels this not just because she is depressed, but because her schema has been shaped by past experience and other predisposing factors that we touched on at the end of topic two.

Slide 5
One commonly used technique to identify core beliefs is called the downward arrow. This involves starting with a particular negative automatic thought and posing questions encouraging reflection on its meaning and significance to the client. Questions such as, "What would it mean if" or "Why does that bother you" require the client to give a brief statement as a reply. This technique can very rapidly, after just a few steps, lead to a statement that may more clearly represent a core belief held by the client. This can then become a topic to address in therapy.

Slide 6
Here is an example from a father who is trying to help his daughter with some homework that she is struggling with. From an initial thought about not helping his daughter understand, the prompts revealed a much more profound sense of failure about everything in his life.

Slide 7
How do we get from a core belief to an automatic thought? In some instances, there seems to be an intermediate stage that is more accessible than the core belief but more general than the automatic thought. In the cognitive model, these are sometimes called assumptions or intermediate beliefs. Unlike beliefs in our surface thoughts, intermediate beliefs often take the form of expectations that we have about our own behaviour or those of others or of the world at large.

We see here a few examples. If you trust people, you will only get hurt. If you ask for help, you will look weak. People only respect you if you are successful. You have to have a well-paid job to be happy. Such beliefs are often called our idiosyncratic rules for living. Assumptions can be identified in similar ways to what we've considered so far.

Slide 8
Within standard cognitive therapy, the negative automatic thoughts, our assumptions, and core beliefs are all seen as maladaptive cognitive processes, albeit with different levels of accessibility and concreteness. The process for changing such thinking can use similar techniques to that already described for automatic thoughts, as shown here. As therapy progresses, less time is spent on the surface thoughts and more time on the client's assumptions and core beliefs. The principle underlying therapy is that it does not just address the immediate thoughts, but the assumptions, beliefs, and cognitive distortions.

Slide 9
We have only been able to give a flavour of what cognitive therapy looks like and some of its main techniques. We have also only looked at examples and tools in the context of depression. We provide you with some additional optional reading if you want to find out how the cognitive model is applied in anxiety disorders and the
techniques used to treat them. However, I hope that you have a sense now of what makes cognitive therapy cognitive and the ways in which it differs from the behavioural or first-wave approaches that preceded it.

However, what we have not done in this topic is present you with any evidence. First, just because a therapy is built on a theory, and that theory is based on foundations of cognitive psychology, it does not mean that the theory is right and the practice effective-- in scientific terms, the effectiveness of cognitive therapy in managing client symptoms and improving their clinical outcome. We need to consider evidence for the effectiveness of cognitive therapy from randomised clinical trials, both in general and for individual conditions.

Second, we have not considered what evidence there is to support the different elements of the

cognitive model, both clinical and experimental. As such evidence underpins some of the specific techniques used in cognitive therapy, we can ask the question, if it works, why does it work. What are the key components, and which may not be necessary?

Finally, we have not considered any of the criticisms of cognitive therapy, both in terms of the theory, the practice, and the evidence. Although cognitive therapy has had a profound impact on how we approach and manage a wide range of mental health problems, it does not work for all clients in all situations, nor does it necessarily produce lasting effects.

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