

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 2 of 3

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Lecture transcript

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As we mentioned earlier, cognitive therapy is a scientific process. It is based on teaching the client to appraise the evidence for and against their distorted thinking and the conclusions that they draw from them. The typical starting point for this is the negative automatic thought, captured by the client's thought diary and expressed during the session.

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To help this exercise, the thought diary that we saw earlier is extended with some additional columns. These focus on one of the thoughts, typically the hot thought that sums up the main negative emotional aspect, in this example, that their friend is trying to break up a relationship. The new first column asked the client to supply some evidence that supports this hot thought. In the second, they are asked to provide evidence that the thought may not be correct.

Let's look at how this plays out. We will just show the two new columns.

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The first column is usually the thing that clients find easiest to complete. Finding evidence will be facilitated by the negative self schema. This will have biased their perceptions and interpretations of events at the time and subsequent memories of them.

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Finding things to write in the second column is often more difficult, at least at the start of therapy. The nature of the cognitive biases and distortions is such that alternative evidence is either not looked for or, if it does exist, tends to be minimised. However, let's show some examples of evidence against the thought.

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Ideally, the thought record and the evidence columns are completed by the client as soon as possible after the upsetting event and reviewed in the next session with the therapist. Sometimes, especially early on, clients may write nothing or very little in the evidence against column. In session, the therapist may use some prompts to help the client start to adjust their mental filters to look for some contradictory evidence.

For example, has anything changed to make her want to dump you? Has anything happened recently that suggests she still wants to be your friend? The purpose of this exercise is to encourage understanding that our thoughts are not always accurate, that they reflect our immediate response to something that we find upsetting. In essence, it encourages us to be suspicious of our own thoughts and start the process of questioning them.

This process of identifying hot thoughts and looking for both evidence for and against is a central part of cognitive therapy for depression. The ability to recognise or catch hot thoughts is presented to the client as a skill that develops with practice. Similarly, the ability to look for and find evidence against the thought gets easier over time.

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The technique to help the client find evidence against a particular thought, while important, is a means to an end, not an end in itself. It is not simply a case of weighing up the evidence and assuming the client will change their appraisal of the event or the belief, in our example, that her friend wants to dump her.

We have seen how easy it is to dismiss alternative explanations that do not match our beliefs and assumptions. The words “yes, but” are among the most commonly heard when reviewing evidence, as in, “yes, but if she really cared” or “yes, but she didn’t really mean it.”

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Having learned how to look at the evidence more carefully, the next stage is to encourage the client to return to the original hot thought and suggest an alternative, more balanced one, a thought that is better informed by all of the evidence, positive and negative. This step may be added later as yet another column to the thought record, with the instructions shown here.

Let’s look at an illustration of some alternative or more balanced thoughts.

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Here is the client’s attempt at a more balanced thinking, based on all the evidence in this example.

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However, being able to express such thoughts is not the same as believing them. Typically, the client is also asked the second question shown here. They are asked to record their belief in the alternative as a percentage, with 100% meaning that they believe that it is completely accurate. We see, in this example, that the first factual point is believed. But there is still some doubt about the second, more important one for the client.

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A final stage of the thought diary approach is to ask the client to re-rate their mood and feelings and add any new feelings. This example shows that after the exercise, they felt less tense, upset, and lonely than originally and felt a positive emotion, relief.

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Here is a summary of the components and stages typically used with the thought record technique in cognitive therapy. Pause to read them before carrying on.

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So far, we have looked at how cognitive therapy seeks to help a person learn how to recognise and reappraise negative thoughts and find evidence that might contradict them. Another important approach is to help the client to gather new evidence. This allows them to test how accurate or useful certain thoughts and beliefs are, without having to wait for a situation to arise in the normal course of their day.

This proactive approach is also useful where the client is avoiding the various situations that might provide the evidence, because they are afraid of what may happen or because they are predicting a negative and distressing outcome. As we saw in the first topic, avoidance is a common response in the face of threat and how it can reinforce maladaptive behaviour and negative emotions. In the context of cognitive therapy, it also prevents the gathering of information that challenges clients' beliefs and expectations.

Let's look at two techniques, surveys and behavioural experiments. The first is relatively straightforward. The second is more complex, but potentially much more powerful.

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A survey is used as a way for the client to get the opinions or feedback from other people relevant to one of their concerns, particularly one associated with a hot thought or particularly important belief.

For example, a client may have the belief, shown here, which she applies to herself when she is out with friends and finds it hard to know what to say. She thinks that she is being ignored and that the others think she is rude or boring. She is starting to avoid social situations, which is making her feel even more lonely and sad.

While it is possible to discuss alternative explanations in the therapy session, it can be more useful to collect hard evidence. This can involve designing a brief survey and getting the answers from a range of people that the client knows and trusts. This can be done by the client, by the therapist, or an assistant.

The survey does not have to be complicated and can ask one or two simple questions with a range of response options. Some of these may reflect the client's own interpretation, while the rest present alternatives.

Here is a simple example of a survey that the client, Judy, carries out with a number of people. The responses from eight people are shown in red. In this instance, the results suggest that people would form various views in this hypothetical situation, but with very little evidence that would be critical of Helen, that she was boring or rude.

Rather, they may assume that there was another, neutral reason or express concern or even not notice. While the client may still discount such evidence, it is harder to ignore. Of course, as a therapist, surveys will be used with caution. They will not be used in a situation where the client's negative beliefs are likely to be supported, even if in part.

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A more direct way to gather evidence is via an experiment. In therapy, this means doing something different to normal to see what outcome results for the client. It is not the same as a laboratory experiment, but one done in the real world. The experiment might involve doing something that they are currently avoiding or stop doing something that may be acting as an unhelpful safety behaviour.

When we were discussing behaviour therapy earlier, we considered the core technique of exposure and systematic desensitisation. This also involves doing things that are typically avoided or doing something without relying on safety behaviour. The mechanism of change is one of gradual learning, consistent with the idea of deconditioning.

In the case of behavioural experiments in cognitive therapy, however, the behaviour is used for the information that it supplies to the client, rather than to produce learning per se. It provides direct evidence, relative to the client's beliefs, by testing their predictions against actual outcomes. Behavioural experiments are used selectively and carefully in cognitive therapy and may involve only a single exposure or test.

The information obtained from a good experiment is then used to support further aspects of treatment. We illustrate the method using an example of a client who has avoided contacting a close friend after an argument several months before. She believes that the fact that the friend has not been in touch means that he does not want to be friends anymore. The experiment involves testing the accuracy of this belief by contacting the friend.

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A behavioral experiment requires careful planning. Here is part of a behavioural experiment worksheet that a therapist would use with a client. Having identified the purpose and basis of the experiment, it starts by asking the client to write out their predictions of what will happen and what evidence they will be looking for to confirm it. They are also asked to rate how much they believe the prediction to be true.

The second box asked the client to specify the nature of the experiment, what they will do or what they will look for as an outcome. Once an experiment is planned, the client will often need help in working out how to put it into effect. This may involve working out an action plan, what they're going to do, how, when, and where.

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Here we see the client's predictions and the experiment that she planned to test them.

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The worksheet contains two other boxes that are completed by the client after the experiment has been tried out, the outcome, what had happened, and a reflection on what the client had learned from the experiment. We see here that the outcome was a positive one.

This helped the client to reflect on how her own beliefs and thoughts and actions were helping to keep her feeling upset. As a result, she had less faith in the accuracy of her original prediction.

Of course, sometimes, experiments do not always work out quite so well, which is why they have to be carefully planned. The experiment should not be likely to produce an unwanted outcome that is too difficult for the client. It should always offer useful evidence that can still be used in a constructive way in therapy.