

Psychoanalytic: Sigmund Freud

Freud, a Viennese psychiatrist (1856-1939), is the person primarily associated with psychoanalysis. His daughter, Anna Freud, further elaborated the theory, especially as it relates to children and development of defense mechanisms.

VIEW OF HUMAN NATURE

Freud's view of human nature is dynamic with the transformation and exchange of energy within the personality (Hall, 1954). People have:

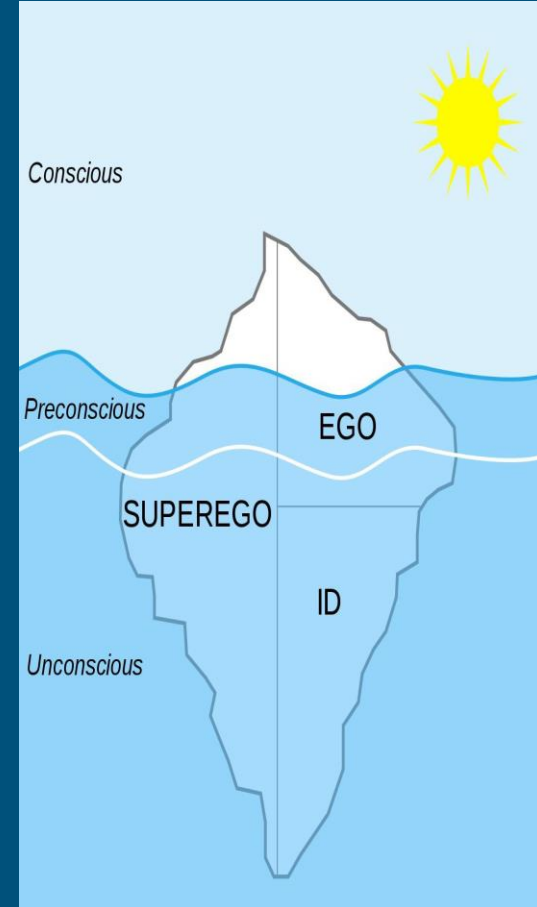
- A conscious mind (attuned to an awareness of the outside world),
- A preconscious mind (that contains hidden memories or forgotten experiences that can be remembered),
- An unconscious mind (containing the instinctual, repressed, and powerful forces).

According to Freud, the personality consists of three parts:

1. Id (comprised of amoral basic instincts, which operates according to the pleasure principle)
2. Ego (the conscious, decision-making "executive of the mind," which operates according to the reality principle)
3. Superego (the conscience of the mind that contains the values of parental figures and that operates according to the moral principle)

The id and the superego are confined to the unconscious.

The ego operates primarily in the conscious but also in the preconscious and unconscious.



Psychosexual Developmental Stages

Each of the stages focuses on a zone of pleasure that is dominant at a particular time:

- Oral stage, where the mouth is the chief pleasure zone and basic gratification is from sucking and biting;
- Anal stage, where delight is in either withholding or eliminating feces;
- Phallic stage, where the chief zone of pleasure is the sex organs, and members of both sexes must work through their sexual desires;
- Latency stage, where energy is focused on peer activities and personal mastery of cognitive learning and physical skills;
- Genital stage, where if all has gone well previously, each gender takes more interest in the other and normal heterosexual relationships form.



Role of the counselor

Professionals who practice classical psychoanalysis function as experts. They encourage their clients to talk about whatever comes to mind, especially childhood experiences.

To create an atmosphere in which the client feels free to express difficult thoughts, psychoanalysts, after a few face-to-face sessions, often have the client lie down on a couch while the analyst remains out of view (usually seated behind the client's head).

The analyst's role is to let clients gain insight by reliving and working through the unresolved past experiences that come into focus during sessions.

The development of transference is encouraged to help clients deal realistically with unconscious material. Unlike some other approaches, psychoanalysis encourages the counselor to interpret for the client.



Goals

The goals of psychoanalysis vary according to the client, but they focus mainly on personal adjustment, usually inducing a reorganization of internal forces within the person.

A primary goal is to help the client become more aware of the unconscious aspects of his or her personality and to work through current reactions that may be dysfunctional

To help a client work through a developmental stage not previously resolved. If accomplished, clients become unstuck and are able to live more productively. Working through unresolved developmental stages may require a major reconstruction of the personality.

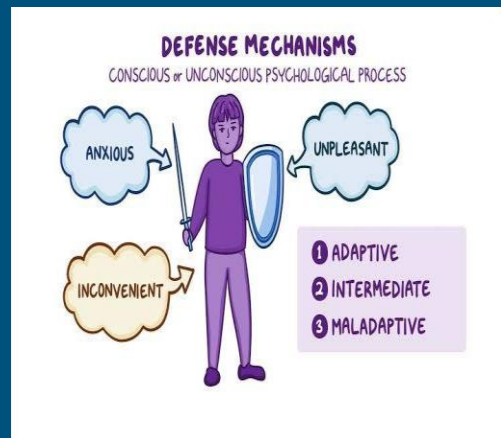
A final goal of psychoanalysis is helping clients cope with the demands of the society in which they live. Unhappy people, according to this theory, are not in tune with themselves or society. Psychoanalysis stresses environmental adjustment, especially in the areas of work and intimacy.

The focus is on strengthening the ego so that perceptions and plans become more realistic.



Defense Mechanism

Mechanism	Description	Example
Repression	Repression is an unconscious mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.	During the Oedipus complex aggressive thoughts about the same sex parents are repressed
Denial	Denial involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.	For example, smokers may refuse to admit to themselves that smoking is bad for their health.
Projection	This involves individuals attributing their own unacceptable thoughts, feeling and motives to another person.	You might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.
Displacement	Satisfying an impulse (e.g. aggression) with a substitute object.	Someone who is frustrated by his or her boss at work may go home and kick the dog,
Regression	This is a movement back in psychological time when one is faced with stress.	A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital.
Sublimation	Satisfying an impulse (e.g. aggression) with a substitute object. In a socially acceptable way.	Sport is an example of putting our emotions (e.g. aggression) into something constructive.



Denial	Displacement
Distortion	Projection
Rationalization	Reaction formation
Regression	Repression
Sublimation	Suppression

Psychoanalytic techniques

These are most often applied within a specific setting, such as a counselor's office or a hospital's interview room. Among the most prominent of these techniques are free association, dream analysis, analysis of transference, analysis of resistance, and interpretation.

- **Free Association**

In free association, the client abandons the normal way of censoring thoughts by consciously repressing them and instead says whatever comes to mind, even if the thoughts seem silly, irrational, suggestive, or painful. In this way, the id is requested to speak and the ego remains silent. Unconscious material enters the conscious mind, and there the counselor interprets it.

- **Dream Analysis**

Freud believed that dreams were a main avenue to understanding the unconscious, even calling them “the royal road to the unconscious.” He thought dreams were an attempt to fulfill a childhood wish or express unacknowledged sexual desires.

The counselor is especially sensitive to two aspects of dreams: the manifest content (obvious meaning) and the latent content (hidden but true meaning) (Jones, 1979). The analyst helps interpret both aspects to the client.



- **Analysis of Transference**

Transference is the client's response to a counselor as if the counselor were some significant figure in the client's past, usually a parent figure. The analyst encourages this transference and interprets the positive or negative feelings expressed. The release of feelings is therapeutic, an emotional catharsis.

- **Analysis of Resistance**


Sometimes clients initially make progress while undergoing psychoanalysis and then slow down or stop. Their resistance to the therapeutic process may take many forms, such as missing appointments, being late for appointments, not paying fees, persisting in transference, blocking thoughts during free association, or refusing to recall dreams or early memories. A counselor's analysis of resistance can help clients gain insight into it as well as other behaviors. If resistance is not dealt with, the therapeutic process will probably come to a halt.

- **Interpretation**

When interpreting, the counselor helps the client understand the meaning of past and present personal events. Interpretation encompasses explanations and analysis of a client's thoughts, feelings, and actions. Counselors must carefully time the use of interpretation. If it comes too soon in the relationship, it can drive the client away. However, if it is not employed at all or used infrequently, the client may fail to develop insight.

Strengths

Classical psychoanalysis has several unique emphases:

-  The approach emphasizes the importance of sexuality and the unconscious in human behavior. Before this theory came into being, sexuality (especially childhood sexuality) was denied, and little attention was paid to unconscious forces.
- The approach lends itself to empirical studies; it is heuristic. Freud's proposals have generated a tremendous amount of research.
- The approach provides a theoretical base of support for a number of diagnostic instruments. Some psychological tests, such as the Thematic Apperception Test or the Rorschach Ink Blots, are rooted in psychoanalytic theory.
- Psychoanalysis continues to evolve and most recently has emphasized adaptive processes and social relations.
- The approach appears to be effective for those who suffer from a wide variety of disorders, including hysteria, narcissism, obsessive-compulsive reactions, character disorders, anxiety, phobias, and sexual difficulties.
- The approach stresses the importance of developmental growth stages.

Limitations

The classical psychoanalytic approach is time-consuming and expensive. A person who undergoes psychoanalysis is usually seen three to five times a week over a period of years.

The approach does not seem to lend itself to working with older clients or even a large variety of clients. “Patients benefiting most from analysis” are mainly “middle-aged men and women oppressed by a sense of futility and searching for meaning in life”.

- The approach has been claimed almost exclusively by psychiatry, despite Freud’s wishes. Counselors and psychologists without medical degrees have had a difficult time getting extensive training in psychoanalysis.
- The approach is based on many concepts that are not easily communicated or understood—the id, ego, and superego, for instance. Psychoanalytical terminology seems overly complicated.
- The approach is deterministic. For instance, Freud attributed certain limitations in women to be a result of gender—that is, of being female.
- The approach does not lend itself to the needs of most individuals who seek professional counseling. The psychoanalytic model has become associated with people who have major adjustment difficulties or want or need to explore the unconscious.

HUMANISTIC THEORIES

The term humanistic, as a descriptor of counseling, focuses on the potential of individuals to actively choose and purposefully decide about matters related to themselves and their environments. Professionals who embrace humanistic counseling approaches help people increase selfunderstanding through experiencing their feelings. The term is broad and encompasses counseling theories that are focused on people as decision makers and initiators of their own growth and development. Three of these theories are covered here:

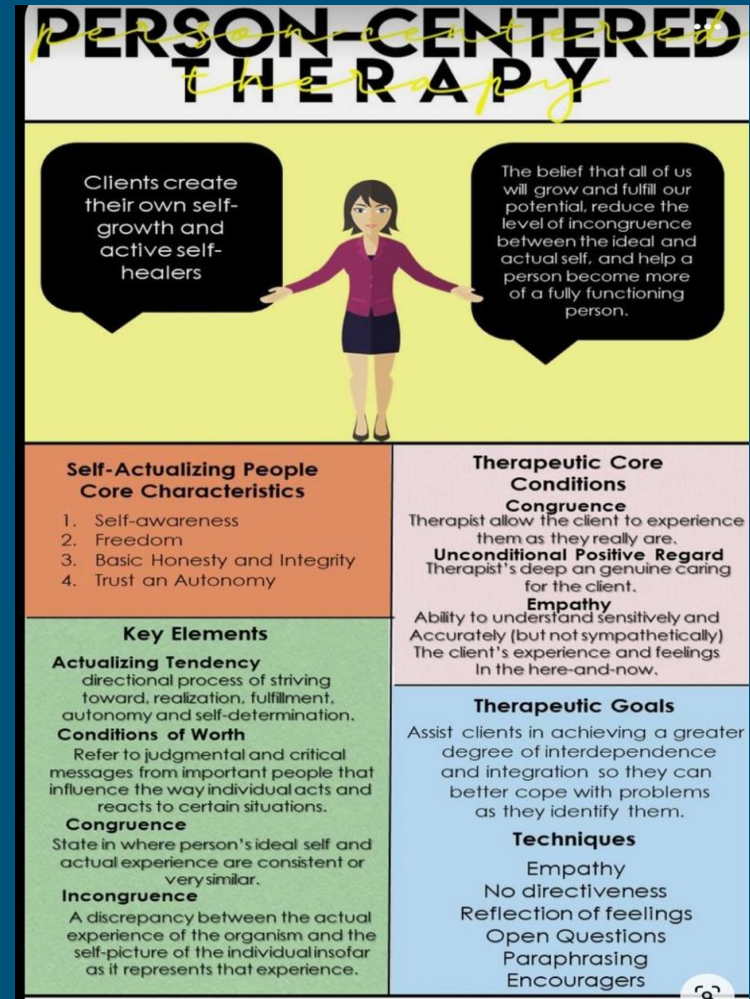
Person-
centered
Existential
Gestalt



Person-Centered Counseling

FOUNDERS

Carl Rogers (1902-1987) is the person most identified with person centered counseling. Indeed, it was Rogers who first formulated the theory in the form of nondirective psychotherapy in his 1942 book, Counseling and Psychotherapy. The theory later evolved into client-centered and person-centered counseling with multiple applications to groups, families, and communities as well as individuals.



VIEW OF HUMAN NATURE

Implicit in person-centered counseling is a particular view of human nature: People are essentially good. Humans are characteristically “positive, forward-moving, constructive, realistic, and trustworthy.”

Self-Actualization

According to Rogers, self-actualization is the most prevalent and motivating drive of existence and encompasses actions that influence the total person. “The organism has one basic tendency and striving, to actualize, maintain, and enhance the experiencing organism”. Person-centered theorists believe that each person is capable of finding a personal meaning and purpose in life. Dysfunctionality is really a failure to learn and change.

Phenomenological Perspective

Rogers views the individual from a phenomenological perspective: What is important is the person’s perception of reality rather than an event itself. The concept is so central to his theory that his ideas are often referred to as **self theory**. The self is an outgrowth of what a person experiences, and an awareness of self helps a person differentiate himself or herself from others.

Positive regard

A person needs positive regard—love, warmth, care, respect, and acceptance. Feelings of worth develop if the person behaves in certain ways because conditional acceptance teaches the person to feel valued only when conforming to others’ wishes.

A person may have to deny or distort a perception when someone on whom the person depends for approval sees a situation differently.

If a person conforms, he or she opens up a gap between the **ideal self** (what the person is striving to become) and the **real self** (what the person is). The further the ideal self is from the real self, the more alienated and maladjusted a person becomes.

ROLE OF THE COUNSELOR

The counselor's role is a holistic one. He or she sets up and promotes a climate in which the client is free and encouraged to explore all aspects of self.

This atmosphere focuses on the counselor-client relationship, which Rogers describes as one with a special "I-Thou" personal quality.

The counselor is aware of the client's verbal and nonverbal language, and the counselor reflects back what he or she is hearing or observing. Neither the client nor the counselor knows what direction the sessions will take or what goals will emerge in the process.

The client is a person in process who is "entitled to direct his or her own therapy". Thus, the counselor trusts the client to develop an agenda on which he or she wishes to work.

The counselor's job is to work as a facilitator rather than a director. In the person-centered approach, the counselor is the process expert and expert learner (of the client). Patience is essential.



GOAL

The goals of person-centered counseling center around the client as a person, not his or her problem.

Rogers (1977) emphasizes that people need to be assisted in learning how to cope with situations. One of the main ways to accomplish this is by helping a client become a fully functioning person who has no need to apply defense mechanisms to everyday experiences. Such an individual becomes increasingly willing to change and grow.

He or she is more open to experience, more trusting of self-perception, and engaged in self-exploration and evaluation.

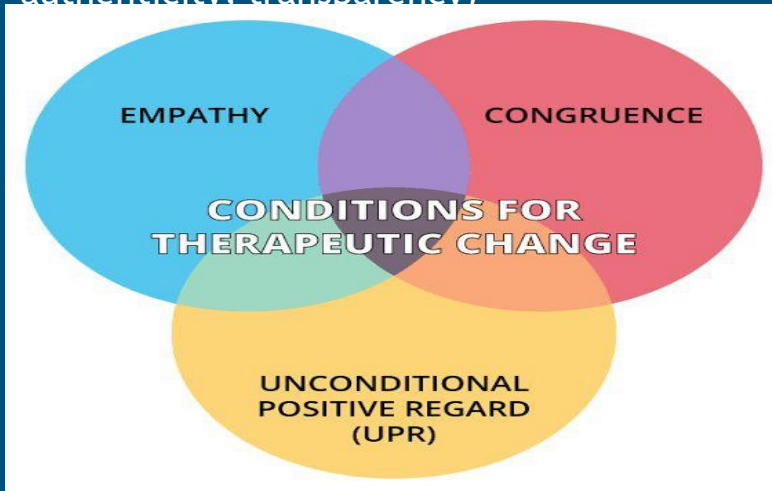
A fully functioning person develops a greater acceptance of self and others and becomes a better decision maker in the here and now. Ultimately, a client is helped to identify, use, and integrate his or her own resources and potential



TECHNIQUE

S Rogers (1957) believed there are three necessary and sufficient (i.e., core) conditions of counseling:

1. Empathy
2. Unconditional positive regard (acceptance, prizing)
3. Congruence (genuineness, openness, authenticity, transparency)



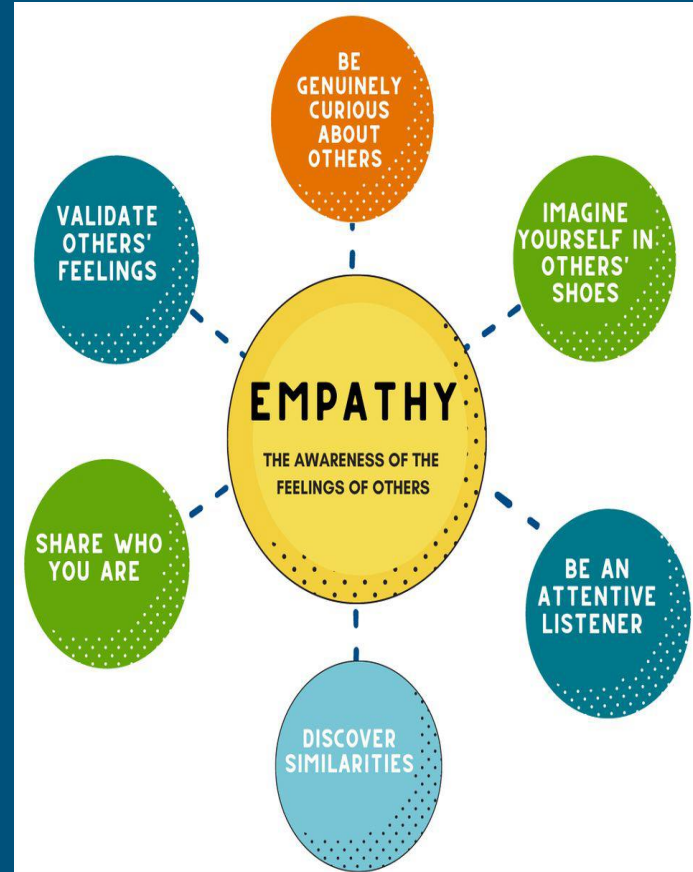
Empathy

Empathy may be subjective, interpersonal, or objective.

“Subjective empathy enables a counselor to momentarily experience what it is like to be a client, interpersonal empathy relates to understanding a client’s phenomenological experiencing, and objective empathy uses reputable knowledge sources outside of a client’s frame of reference”.

In therapeutic situations, empathy is primarily the counselor’s ability to feel with clients and convey this understanding back to them. This may be done in multiple ways but, essentially, empathy is an attempt to think with, rather than for or about, the client and to grasp the client’s communications, intentions, and meanings.

Rogers noted, “The research keeps piling up and it points strongly to the conclusion that a high degree of empathy in a relationship is possibly the most potent and certainly one of the most potent factors in bringing about change and learning”



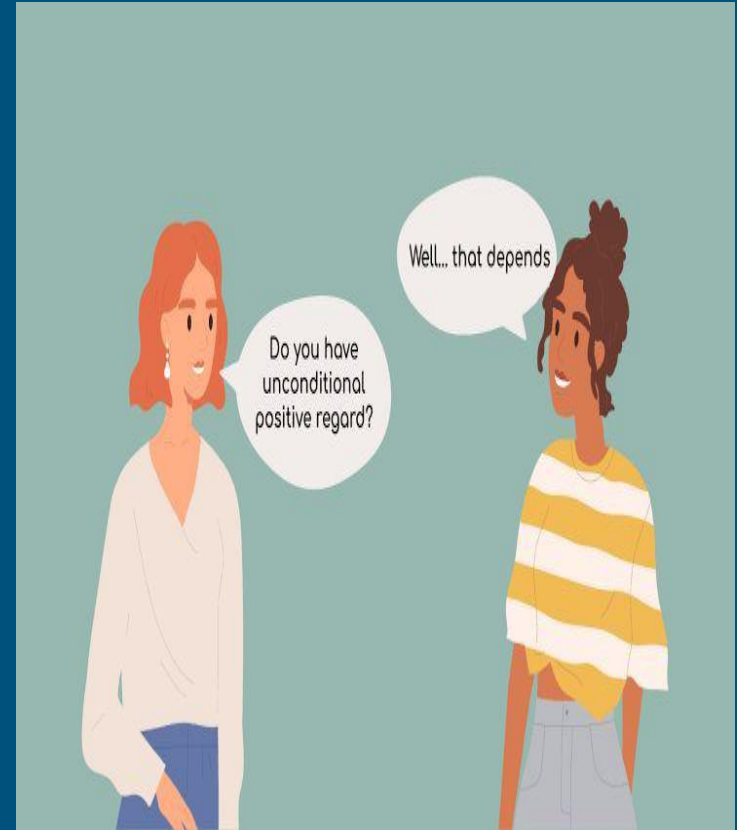
Unconditional positive regard

Unconditional positive regard, also known as acceptance, is a deep and genuine caring for the client as a person—that is, prizing the person just for being (Rogers, 1961, 1980).

Rogers believed that in order for people to discover the reasons behind their personal struggles and then take steps to grow, the therapist should show them unconditional positive regard.

It involves showing complete support and acceptance of a person no matter what that person says or does.

The therapist accepts and supports the client, no matter what they say or do, placing no conditions on this acceptance. That means the therapist supports the client, whether they are expressing "good" behaviors and emotions or "bad" ones.



Congruence

Congruence is the condition of being transparent in the therapeutic relationship by giving up roles and facades. It is the “counselor’s readiness for setting aside concerns and personal preoccupations and for being available and open in relationship with the client”.

Person-centered counselors have tried a number of other procedures for working with clients, such as limited self-disclosure of feelings, thoughts, and values.

Congruence VS. Incongruence

Congruence

- ▶ When a person's ideal self is consistent to their actual experiences



Incongruence

- ▶ When a person's ideal self is not consistent with what happens in their life



Motivational interviewing

Motivational interviewing is a counseling approach designed to help people find the motivation to make a positive behavior change.

Motivational interviewing (MI) has also grown out of the person-centered approach and has been used to help ambivalent clients more clearly assess their thoughts and feelings as they contemplate making changes.

“Typically MI is differentiated from Rogers’s style in that MI is directive, attending to and reinforcing selective change talk regarding the presenting behavioral problem”.

At the heart of person-centered counseling, regardless of procedures, is that clients grow by experiencing themselves and others in relationships.

STRENGTHS

The approach revolutionized the counseling profession by linking counseling with psychotherapy and demystifying it by making audiotapes of actual sessions and publishing actual transcripts of counseling sessions.

The person-centered approach to counseling is applicable to a wide range of human problems, including institutional changes, labor-management relationships, leadership development, career decision making, and international diplomacy.

Person-centered counseling helps improve psychological adjustment, learning, and frustration tolerance and decrease defensiveness.

It is appropriate in treating mild to moderate anxiety states, adjustment disorders, and conditions not attributable to mental disorders, such as uncomplicated bereavement or interpersonal relations (Seligman, 2004).

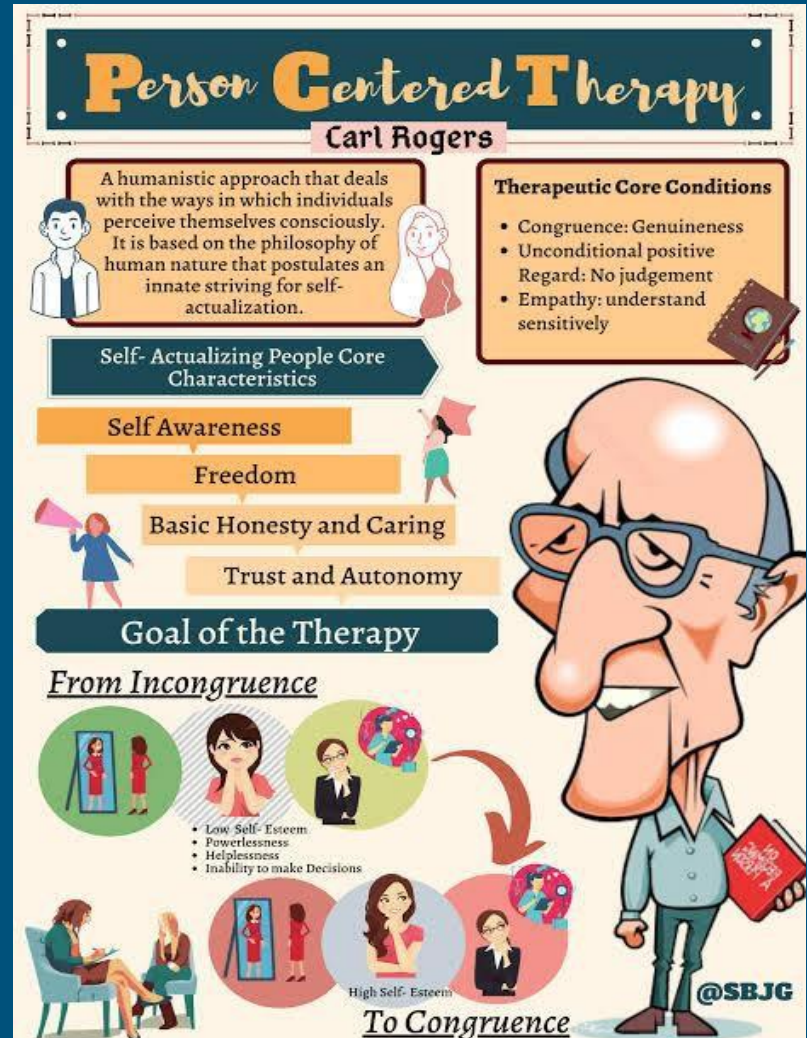
- The person-centered approach may be especially helpful in working with clients who have experienced tragedies since it allows them “to struggle through emotions and actually become less affected in time by fully realizing feelings related to the tragedies”.
- The approach focuses on the open and accepting relationship established by counselors and clients and the short-term nature of the helping process.
- With its emphasis on mastering listening skills, person-centered counseling is a foundation for training many paraprofessional helpers.
- The approach has a positive view of human nature and it continues to evolve.



LIMITATIONS

The approach may be too simplistic, optimistic, leisurely, and unfocused for clients in crisis or who need more structure and direction.

- The approach depends on bright, insightful, hard-working clients for best results. It has limited applicability and is seldom employed with the severely disabled or young children.
- The approach ignores diagnosis, the unconscious, developmental theories, and innately generated sexual and aggressive drives. Many critics think it is overly optimistic.
- The approach deals only with surface issues and does not challenge the client to explore deeper areas. Because person-centered counseling is short term, it may not make a permanent impact on the person.
- The approach is more attitudinal than technique-based. It is void of specific techniques to bring about client change (Moon, 2007).



RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)



RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)

First Cognitive Behavior Therapy (CBT) developed by Albert Ellis and currently a common approach in CBT.



Albert Ellis

Image Source: Wikipedia & Google

ABC Framework

- A** Activating Event or Triggering Adversity
- B** One's belief that causes 'C' because of 'A'.
- C** Healthy/Unhealthy Reaction
- D** Methods to help challenge Irrational Beliefs
- E** New Effective Philosophy or Thoughts

Goals of REBT

Unconditional Self-Acceptance

Unconditional Other-Acceptance

Unconditional Life-Acceptance

Cognitive Techniques

- ✓ Disputing Irrational Beliefs
- ✓ Cognitive Assignments
- ✓ Bibliotherapy
- ✓ Changing word preferences
- ✓ Psychoeducational Methods

Emotive Techniques

- ✓ Rational Emotive Imagery
- ✓ Humor
- ✓ Role Playing
- ✓ Shame Attacking Exercises
- ✓ Behavioral Techniques



FOUNDERS/DEVELOPERS

The founder of rational emotive behavioral therapy (REBT) is Albert Ellis (1913-2007).

His theory has similarities to Aaron Beck's cognitive therapy (which was formulated independently at about the same time) and David Burns's new mood therapy.

An interesting variation on REBT is rational behavior therapy (RBT), which was formulated by Maxie Maultsby and is more behavioral.

REBT

RATIONAL EMOTIVE BEHAVIOR THERAPY

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WHAT IS REBT

We being a human operates on three things – emotions, behaviors, and thinking. You believe that when you think you act as a response of that thought, or either your thought generates your emotional reaction. Most of us believe that these their components (emotions, behaviors, and thinking) do not go in response to any event. But actually, in any situation we think, behave and emotionally analyses that situation.

This REBT concept was given by Albert Ellis in 1953 that – emotions, behaviors, and thinking are not disparate human emotions but they work in an integrative and holistic manner.



REBT TERMS & EMOTIONAL DISTURBANCE

REBT Terms :
Rational Beliefs | Irrational Beliefs | Healthy Negative Feelings | Unhealthy Negative Feelings

ABC Theory of Emotional Disturbance :
A – ACTIVATING EVENT
B – BELIEF SYSTEM
C – CONSEQUENCES



REBT CONSEQUENCES & BELIEFS

REBT Consequences :
Major Unhealthy Negative Emotions
Major Self-Defeating Behaviors

REBT Beliefs :
Awfulizing | I can't stand it | Overgeneralizing | Jumping to the conclusion | Focusing on the negatives | Disqualifying the positives | Minimizing the good things | Personalizing | Phoneyism | Perfectionism |



REBT TECHNIQUES & INTERVENTION

1 - Cognitive Techniques :
Disputing | Rational Coping Statements | Modeling | Referencing | Cognitive Homework | Bibliotherapy | Reframing | Recording Therapy Sessions |

2 - Behavior Techniques :
Reinforcement | Penalties | Modeling | Shame Attacking exercises | Skill Training | Paradoxical Homework | Relapse Prevention | In vivo desensitization | Staying | Acting |

3 - Emotive Techniques



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VIEW OF HUMAN NATURE

Ellis believes that people have both **selfinterest** and **social interest**. However, REBT also assumes that people are “**inherently rational and irrational, sensible and crazy**”. According to Ellis, this latter duality is biologically inherent and perpetuated unless a new way of thinking is learned.

Irrational thinking, or as Ellis defines it, irrational Beliefs (iBs), may include the invention of upsetting and disturbing thoughts. Ellis thinks that children are more vulnerable to outside influences and irrational thinking than adults are. By nature, he believes, human beings are gullible, highly suggestible, and easily disturbed. Overall, people have within themselves the means to control their thoughts, feelings, and actions, but they must first realize what they are telling themselves (self-talk) to gain command of their lives.

This is a matter of personal, conscious awareness. The unconscious mind is not included in Ellis’s conception of human nature. Ellis believes it is a mistake for people to evaluate or rate themselves beyond the idea that everyone is a fallible human being.

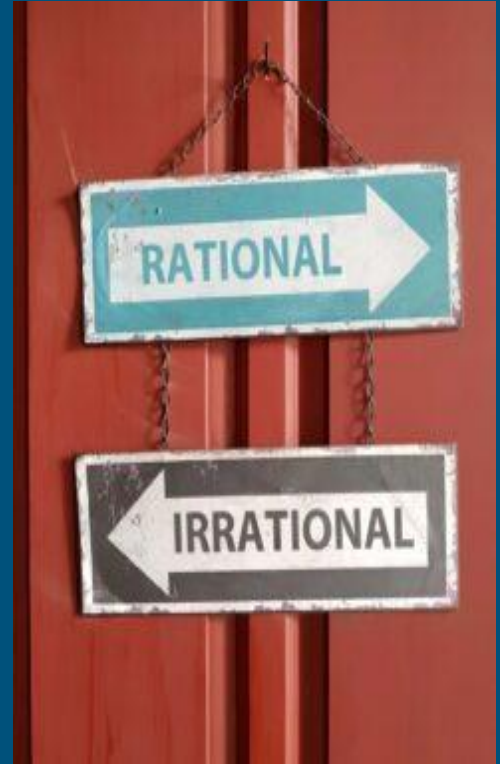


ROLE OF THE COUNSELOR

In the REBT approach, counselors are **active and direct**. They are **instructors who teach and correct the client's cognitions**.

“Countering a deeply ingrained belief requires more than logic. It requires consistent repetition”. Counselors must **listen carefully for illogical or faulty statements from their clients and challenge beliefs**.

Ellis (1980) and Walen have identified several characteristics desirable for REBT counselors. They need to be **bright, knowledgeable, empathetic, respectful, genuine, concrete, persistent, scientific, interested in helping others**, and users themselves of REBT.



GOALS

The primary goals of REBT focus on helping people realize that they can live more rational and productive lives. REBT helps clients stop making demands and becoming upset through catastrophizing. REBT helps people learn how to recognize an emotional anatomy—that is, to learn how feelings are attached to thoughts. REBT also encourages clients to be more tolerant of themselves and others and urges them to achieve personal goals.

Clients in REBT may express some negative feelings, but a major goal is to help them avoid having more of an emotional response to an event than is warranted.

The goal of REBT is to help people change self-defeating habits of thought or behavior. One way this is accomplished is through teaching clients the A-B-C-D-E model of REBT: A signifies the activating experience;

B represents how the person thinks about the experience;

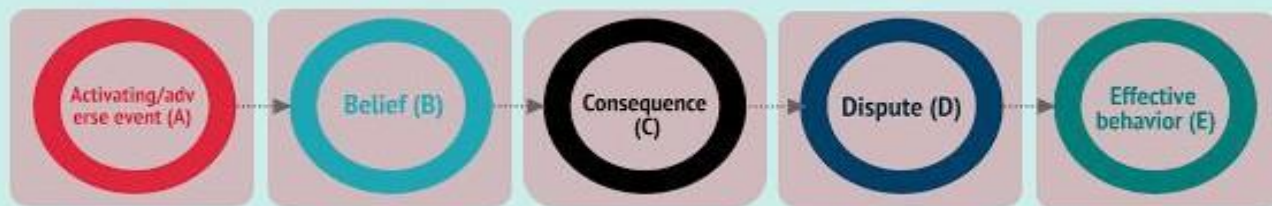
C is the emotional reaction to B.

D is disputing irrational thoughts, usually with the help of a REBT counselor, and replacing them with

E effective thoughts and hopefully a new personal philosophy that will help clients achieve great life satisfaction

Thoughts about experiences may be characterized in four ways: positive, negative, neutral, or mixed.

These goals are accomplished by helping people learn to think rationally, to change self-defeating behavior and beliefs, to learn new ways of acting.



Techniques

REBT encompasses a number of diverse techniques. Two primary ones are **teaching** and **disputing**.

Teaching involves having clients learn the basic ideas of REBT and understand how thoughts are linked with emotions and behaviors. This procedure is didactic and directive and is generally known as rational emotive education (REE).

Disputing thoughts and beliefs takes one of three forms: cognitive, imaginal, and behavioral. The process is most effective when all three forms are used.

Cognitive disputation involves the use of direct questions, logical reasoning, and persuasion.

Imaginal disputation uses a client's ability to imagine and employs a technique known as rational emotive imagery (REI) (Maultsby, 1984).

Behavioral disputation involves behaving in a way that is the opposite of the client's usual way, including role-playing and the completion of a homework assignment in which a client actually does activities previously thought impossible to do. Sometimes behavioral disputation may take the form of bibliotherapy, in which clients read selfhelp books such as *A Guide to Rational Living* or *Staying Rational in an Irrational World*.

Strengths

The approach is clear, easily learned, and effective. Most clients have few problems in understanding the principles or terminology of REBT.

- The approach can easily be combined with other behavioral techniques to help clients more fully experience what they are learning.
- The approach is relatively short term, and clients may continue to use the approach on a self-help basis.
- The approach has generated a great deal of literature and research for clients and counselors. Few other theories have developed as much bibliotherapeutic material.
- The approach has continued to evolve over the years as techniques have been refined.
- The approach has been found effective in treating major mental health disorders such as depression and anxiety

REBT Therapy



Limitations

- The approach cannot be used effectively with individuals who have mental problems or limitations, such as schizophrenics and those with severe thought disorders.
- The approach may be too closely associated with its founder, Albert Ellis. Many individuals have difficulty separating the theory from Ellis's eccentricities.
- The approach is direct, and the potential for the counselor being overzealous and not as therapeutic as would be ideal is a real possibility.
- The approach's emphasis on changing thinking may not be the simplest way of helping clients change their emotions.



COGNITIVE BEHAVIORAL THERAPY



CBT is a type of **talking therapy**, focusing on the relationship between thoughts, feelings & behaviours



"Cognitions" are our **thoughts**
"Behaviours" are **what we do**



CBT helps us identify which thoughts & behaviours might be **helpful or unhelpful** in our situations

What is Cognitive Behavioural Therapy?

@thelondonpsych



It often involves doing **tasks outside of the sessions** to help you learn new skills



CBT is usually focused on the **present**, although you might also talk about the past



Research has found that CBT can help with issues like anxiety, depression, OCD & trauma

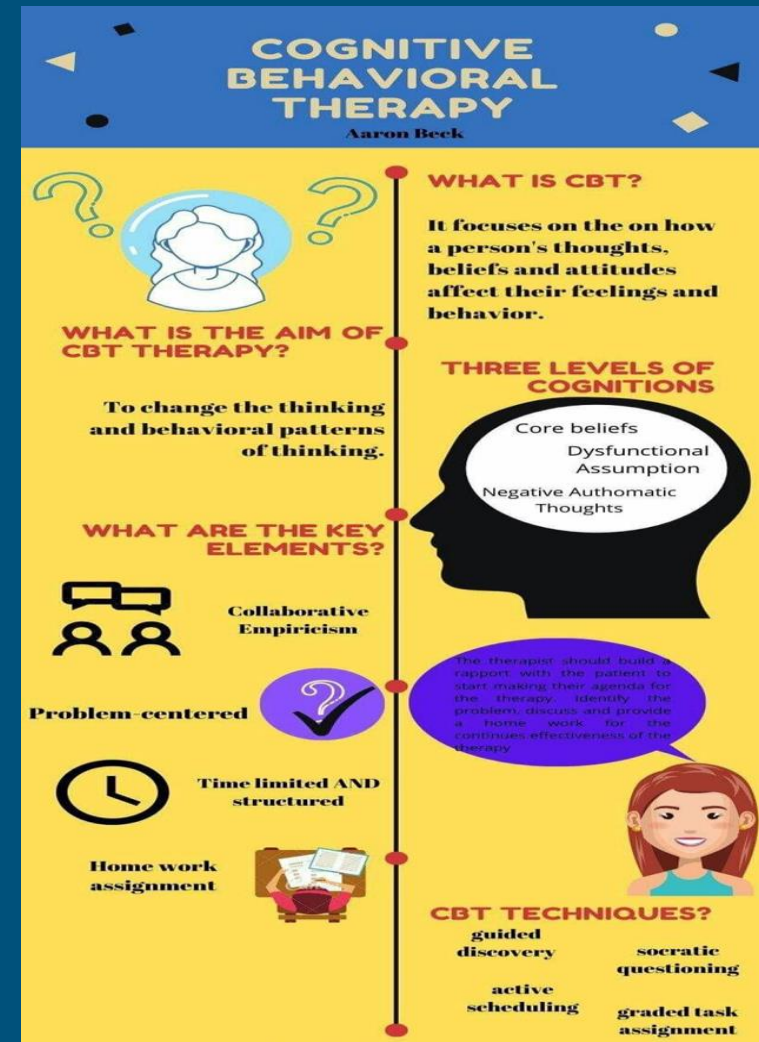
Aaron Beck (1921-), a psychiatrist, is credited as the founder of cognitive therapy (CT). His daughter, Judith Beck, is the leading proponent of CT today. Beck's early work began about the same time as that of Ellis.

CBT is a common type of collaborative talk therapy that helps the client become aware of inaccurate or negative thinking so you can view more

challenging situations and clearly in a respond to

VIEW OF HUMAN NATURE

Beck proposes that perception and experience are —“active processes that involve both inspective and introspective data”. Furthermore, how a person “apprises a situation is generally evident in his cognitions (thoughts and visual images)”. Therefore, dysfunctional behavior is caused by dysfunctional thinking. If beliefs do not change, there is no improvement in a person’s behaviors or symptoms. If beliefs change, symptoms and behaviors change.



ROLE OF THE COUNSELOR

The CT counselor is active in sessions. He or she works with the client to make covert thoughts more overt.

This process is especially important in examining cognitions that have become automatic, such as “Everyone thinks I’m boring.”

GOALS

The goals of CT center on examining and modifying unexamined and negative thoughts.

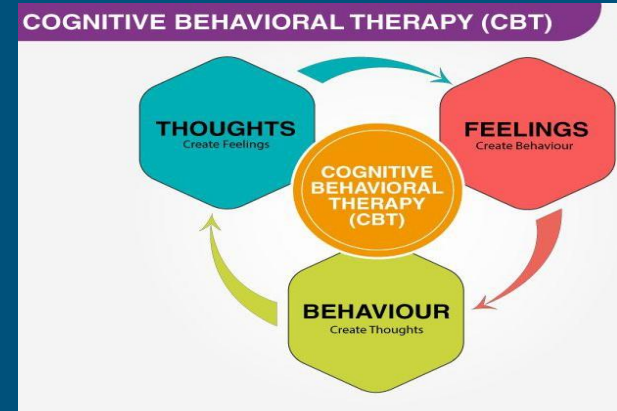
CT counselors especially hone in on excessive cognitive distortions, such as all-or-nothing thinking, negative prediction, overgeneralization, labeling of oneself, self-criticism, and personalization (i.e., taking an event unrelated to the indiv



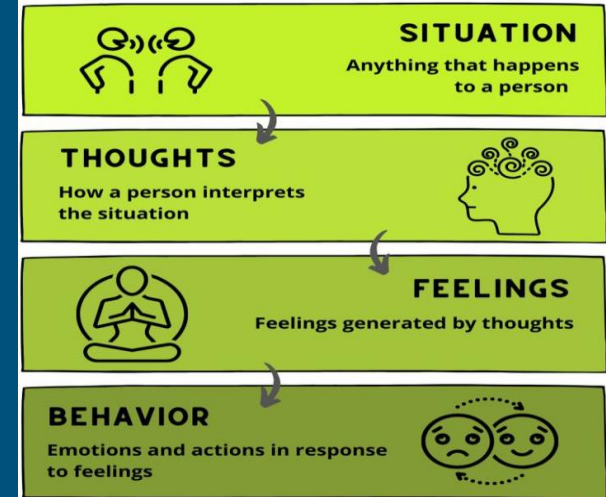
Techniques

There are a number of techniques associated with CT:

- Challenging the way individuals process information
- Countering mistaken belief systems (i.e., faulty reasoning)
- Doing self-monitoring exercises designed to stop negative “automatic thoughts”
- Improving communication skills
- Increasing positive self-statements and exercises
- Doing homework, including disputing irrational thoughts



THE COGNITIVE MODEL



STRENGTHS

- CT has been adapted to a wide range of disorders, including depression and anxiety.
- — CT has spawned, in conjunction with cognitive-behavioral therapy, dialectical behavior therapy, an intensive psychosocial treatment for individuals who are at risk for self-harm, such as people diagnosed with borderline personality disorder (BPD). The objective is to help clients be more mindful and accepting of things that cannot be easily changed and live lives worth living.
- CT is applicable in a number of cultural settings. For instance, Beck's model of cognitive therapy was introduced in China in 1989 and a variation of it has been popular there since.
- CT is a well-researched, evidence-based therapy that has proven effective for clients from multiple backgrounds.
- CT has spawned a number of useful and important clinical instruments including the Beck Anxiety Inventory, the Beck Hopelessness Scale, and the Beck Depression Scale.
- CT has a number of training centers around the United States and Europe including the Beck Institute in Bala Cynwyd, Pennsylvania.

CBT

cognitive behavioral
therapy
thoughts, emotions,
behaviors

A form of psychotherapy that focuses on how a person's thoughts, beliefs, and attitudes affect their feelings and behaviors.

BASED ON BELIEFS:

- ✓ Unhelpful ways that people think can lead to psychological problems
- ✓ If people learn unhelpful behaviors can also lead to psychological issues
- ✓ People can learn more beneficial ways of thinking and behaving
- ✓ New habits can relieve symptoms of mental and physical conditions and allow people to act in better ways

Learning Tools:

- / Sessions
- / Feedback
- / Role-play act.
- / Ways to calm mind & body
- / Exposure to fear
- / Assignments
- / Diary/Journal

SUPPORTS PEOPLE WITH:

- ☐ Depression
- ☐ Panic Disorder
- ☐ Insomnia
- ☐ Eating Disorder
- ☐ Generalised Anxiety Disorder

How does it work?

- / Focuses on present thoughts and beliefs
- / Transform ways of thinking and behaving
- / Challenging automatic thoughts and comparing with reality
- / Reduces stress
- / Helps to feel more in control
- / Reduce risk of a negative mood



LIMITATIONS

- CT is structured and requires clients to be active, which often means completing homework assignments.
- CT is not an appropriate therapy for people seeking a more unstructured, insight-oriented approach that does not require their strong participation.
- CT is primarily cognitive in nature and not usually the best approach for people who are intellectually limited or who are unmotivated to change.
- CT is demanding. Clinicians as well as clients must be active and innovative. The approach is more complex than it would appear on the surface.

WHAT I NEED TO KNOW ABOUT CBT?

"A guide to help people experiencing mental health problems"

COGNITIVE BEHAVIORAL THERAPY

- CBT focuses on the present-day challenges, thoughts, and behaviors of a person. It is time limited, person knows and aware when it will end.
- Collaborative



What I need to know about CBT?

- A psychotherapy that focuses on how a person's thoughts, beliefs, and attitudes affect their feelings and behaviors.
- Offer support with people suffers from health conditions.



You will learn...

- Identify and distinguish negative and positive thoughts.
- Develop positive perspectives.
- Awareness to yourself


THROUGH:

1. One on one or group session.
2. Exposure that can cause fears.
3. Feedback and positive outlook skills



CBT treat...

- Depression
- Stress
- Phobia
- Anger
- Panic Disorder



HOW CBT WORKS?

- Focus on present thoughts and beliefs.
- Awareness how thoughts affects behaviors.
- Challenging and comparing thoughts.
- Encourages change of thinking.

