Cognitive Therapy Techniques

A Practitioner's Guide

SECOND EDITION

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About the Author

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Preface

The first edition of *Cognitive Therapy Techniques* provided clinicians with a wide range of cognitive-behavioral techniques that could be used to expand the arsenal of interventions that one could use in clinical practice. When I originally considered what I wanted to cover in that book, I thought of what I would want to know if I were learning cognitive-behavioral therapy (CBT), or what I would want to know if I hadn't been at this for so many years. Many of us can find ourselves getting "stuck" with—or accustomed to—a few simple techniques. For example, one might just find oneself using techniques such as identifying the automatic thought, examining the costs and benefits of that thought, looking at the evidence, and coming up with another more adaptive thought. That's fine—up to a point. Or one might think, "I will use some behavioral activation techniques"—and those might work, too. Or mindfulness—that can help. What I have learned, though, is that patients present with a wide range of problems, a wide range of beliefs about change, reasons not to change, and impediments to improvement. So, I guess I turned my own frustration as a clinician into writing a book, one that might be helpful if you want to move beyond your habitual techniques to see if there are some other things you can do.

I have been fortunate to have wonderful and creative colleagues at the American Institute for Cognitive Therapy in New York City (*www.CognitiveTherapyNYC.com*). Rather than churning out "mini-me's" of me, I have encouraged our staff members to be the best that they can be at being themselves—whether it's cognitive therapy, behavioral therapy, acceptance and commitment therapy, dialectical behavior therapy, mindfulness, or whatever it is that they do. This experience has been immensely enriching for me because I learn so much from them. So, the current volume reflects a lot of integration of CBT techniques from a wide range of approaches. And, of course, I have learned from the many patients who have trusted me with their care, who have taught me about how things make sense when you are depressed and anxious, and who have sometimes come up with their own ideas of change. I don't think I am alone as a therapist in having experienced a patient saying something that he or she thinks is helpful, and thinking, "Gee, maybe I should try that in *my* life."

I have organized this book around certain categories of interventions or techniques, beginning with many of the traditional techniques for identifying and evaluating thoughts and assumptions. Chapters 2–5—"Eliciting Thoughts," "Evaluating and Testing Thoughts," "Evaluating Assumptions

and Rules," and "Examining Information-Processing and Logical Errors"—provide a number of techniques that target the cognitive content of often biased and unhelpful thinking. Chapter 6, "Modifying Decision Making," examines the typical assumptions and biases—or heuristics—that affect difficulty or problems in making decisions. Decision making has been an interest of mine for years, and so this chapter brings into focus issues such as sunk-cost effects, risk aversion, basing decisions on limited information, overfocus on immediate consequences, and other factors. Many depressed and anxious people have great difficulty in making decisions and often get stuck with situations that they have trouble changing. Chapter 7, "Responding to and Evaluating Intrusive Thoughts," owes a great debt to the metacognitive model advanced by Adrian Wells, which is one of the truly innovative models of the past decade. Again, intrusive thoughts often lead to an overvaluation of the content of that thought, the tendency to take a thought personally, beliefs that thoughts that are unpleasant or unwanted have to be eliminated, or that these thoughts are out of control. I hope this chapter provides the clinician with some techniques that will innovate change.

For those familiar with my writing, it will come as no surprise that I've included a chapter on "Modifying Worry and Rumination" (Chapter 8), which provides a great number of techniques that can be combined with the many techniques on coping with intrusive thoughts. This material will be relevant to helping people with worry, rumination, and intrusive thoughts in posttraumatic stress disorder and in other disorders. In Chapter 9, "Putting Things in Perspective," I provide numerous techniques that can be helpful in supporting patients in reducing their tendency to overreact to events and to assist in accepting the inevitable difficulties in life. Chapter 10, "Identifying and Modifying Schemas," illustrates a wide range of techniques that one can use to address long-standing schematic issues, often associated with personality disorders or "personality styles." Clinicians working with patients who experience recurrent problems in relationships, with self-identity, and at work, and who often benefit from longer-term CBT, may find these techniques helpful. Chapter 11, "Emotion Regulation Techniques," also reflects some of the work by many other clinicians, my colleagues, and me on helping patients utilize coping skills to live with turbulent emotions. Indeed, it may be that some patients will need emotion regulation work before they can even use the other techniques in this book.

The last section of the book includes a brief chapter (Chapter 12) with examples of how to address each of the cognitive distortions mentioned earlier. Then I provide three short chapters that address techniques for common problems, such as "need for approval" (Chapter 13), "self-criticism" (Chapter 14), and "anger" (Chapter 15). We could cover many other problems, but I hope these examples will serve as a guide to how clinicians can actually use a wide range of techniques for other common and not-so-common problems.

My hope is that clinicians will be able to integrate additional techniques and strategies to overcome impasses that inevitably occur, and provide patients with new skills to use in handling the difficulties that they face. No technique is a panacea, and no model is perfect. Given the world of limitations in which we live, having additional coping skills can make the difference between getting stuck and making the change that really matters. It's part of the flexibility that we should all embrace.

Acknowledgments

One of the pleasures in writing a book is to acknowledge the influence and support that I have received over the years. First, I want to thank Jim Nageotte, who has been a wonderful editor since working on my first book with The Guilford Press. Also, Jane Keislar and Jeannie Tang from Guilford and copyeditor Margaret Ryan have been remarkably conscientious in making much of this into a reality.

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