Cognitions
- Cognitive events
- Cognitive processes
- Cognitive structures

Cognitive Events
- Thoughts
- Images
- Day dreams
- Dreams
- Automatic thoughts

Automatic Thoughts
- Occur automatically
  involuntarily
  repetitive
  autonomous

Patient makes no effort to elicit them
Difficult to “turn off”

Evaluative cognitions or “hot cognitions”
  self-referential, negative

Non-evaluative cognitions or “cold cognitions”

Cognitive Process
- Errors in the recognition
  processing
  of information
- “Cognitive appraisals”
  Attention
  Encoding
  Retention

Cognitive Distortions
- Are distortions in the processing of
  information
Selective abstraction
Arbitrary inference
Overgeneralization
Magnification/exaggeration
Dichotomous or polarized thinking
Mind reading
Personalization – extent to which a particular event is related to one’s self (overestimation)

In making judgements under uncertainty people have great confidence in their fallible judgement and have difficulty searching for disconfirming information to test hypotheses.

Ordinary people rely on a limited number of heuristics, which sometimes yield reasonable judgements and sometimes lead to severe and systematic errors.

What distinguishes ill people is the fact that several types of dysfunctional cognitive appraisals occur together in clusters and in a significantly higher frequency of situations than in ordinary people.

**Cognitive Structure or Schema**

- Basic assumption, belief system, core construct, concept, meaning structure
- Systems for classifying stimuli
- Relatively enduring aspects of cognitive organization
- Used to label, classify, interpret, evaluate, assign meaning
- Making inferences about situations that are not as yet observed

“a complex pattern which is considered to be assimilated by a person through experience. In combination with an object how the object is recognized and how a new interpretation is formed” (English & English, 1958)
**Goals of Cognitive Psychotherapy**

- To help patients to become aware of their most fundamental dysfunctional assumption or dysfunctional life rules and help them recognize the cognitive distortions that sustain these dysfunctional self-images
- Correct cognitive distortions
- Restructuring self-scheme and therapeutically guided recollection of the development of dysfunctional meaning structures

**Principles of Individual Therapy**

1. Therapeutic relationship
2. Collaborative empiricism

   - It is important in an early phase that the patient is given the opportunity to learn the most elementary principles of therapy and to understand what is expected

3. The Problem Inventory and Goal Setting

   - Various symptoms count as problems
   - Use rating scales (self-rating)

**Characteristics of the Cognitive Psychotherapeutic Dialogue**

Use of the Socratic Method

- The main aim is to refine the patient’s CAUSAL MODEL and refine his/her PREDICTIVE ABILITY

**Hypotheses** are derived through Socratic method and are subjected to verification through further deductive questioning – home work assignments
Barriers to Participation

Passivity and lack of structure to the day
Absolutistic and enmeshment
Dysfunctional thinking
Procrastination
Task Interfering thoughts

Breaking Passivity and Structuring the Day

Distancing

Absolutistic — relativistic and flexible

Dealing with Dysfunctional Thinking

• Use of Socratic method

Procrastination and Task-Interfering Thoughts

• Cognitive Rehearsal: relate through visualization anticipated difficulties and how to overcome them
• Making lists of pros and cons of carrying out certain tasks
• These focus on relatively superficial problems, suitable in initial phases

Recognition of Cognitive Distortions

• Pin-point a trying situation
• Record feelings and thoughts related to it
• 3 – 4 column technique
• Corrections using Socratic method
• Experiments to understand distortions validity
• Approach a “less important” distortion first
• When learning has occurred, apply to the distortions of a paranoid dimension

**Predicative Thinking**

• Premature assignment of meaning

**Egocentric Over-inclusiveness**

• Inability to keep responses to the external world separate from the fantasy processes that are going on at the same time

• Includes a much greater number of objects (stimuli) that that really belong to a given set

**DELUSIONS**

**DIMENSIONS**

1. **CONVICTION**: Extent to which the patient is certain of the validity of the delusions.
2. **EXTENT**: Degree to which the delusions includes different aspects of the patient’s life.
3. **SIGNIFICANCE**: The belief’s importance in the patient’s overarching meaning system.

4. **INTENSITY**: The degree to which it prevents or displaces more realistic beliefs.
5. **PERVASIVENESS**: The extent to which the patient is pre-occupied with the delusions. Goals dictated by delusions interpret different experiences on that basis.
6. **INFLEXIBILITY**: Degree to which the belief is impenetrable to contrary evidence, logic or reason.

**CONTENT**

**** Reflects everyday concerns such as being demeaned, excluded, manipulated and attacked.

**** Reflects patients pre-delusional beliefs. Ex: Religious, paranormal, grandiose, paranoid.

**** Extreme end of a belief continuum rather than categorical abnormality.
COMMON COGNITIVE CHARACTERISTICS

EGOCENTRIC BIAS:
Patients become locked into an egocentric perspective
Irrelevant events become self-relevant

EXTERNALIZING BIAS:
Internal experiences are attributed to external agents

INTENTIONALIZING BIAS:
Malevolent and hostile intentions are attributed to other people’s behaviour

EXAGGERATED SELF-SERVING BIAS
Blame others when things do not go well

COGNITIVE THERAPY OF DELUSIONS

GOAL: Delusions as hypotheses about the meaning of events rather than as absolute, rigid “truths”

MEANS: Undermine the rigid conviction and centrality of the delusion

THE PROCESS

1. Understand the patient’s life context
   Important past life events
   Their appraisal

2. Assessment phase:
   = Pre-delusional beliefs through daydreams, fantasies.
   = Proximal events critical to the formation of the delusion

SPECIFIC TRIGGERS

EXTERNAL
INTERNAL

SPECIFIC CONSEQUENCES
Emotional: fear, anger, sadness
Behavioural: withdrawal, avoidance, confrontation

EDUCATION

= COGNITIVE MODEL

= Learn to identify links between thoughts, feelings, and behaviours
LEARN THE ROLE OF COGNITIVE BIASES

DISTORTIONS:
- MAGNIFICATION
- SELECTIVE ABSTRACTION

COLLABORATIVE, Socratic Approach

* Initially deal with interpretations and explanations that are more peripheral.

Questioning:
- What leads you to believe this is likely?
- What is the evidence that supports this?
- What alternative explanations?

Visualize and describe the people and events.

Behavioral experiments

Test the accuracy of interpretations.

Hallucinations

Content of voices

Identity of voices

Externally attributed negative thoughts form the content.

Agent of the voice is perceived as powerful, controlling, and all-knowing.
FIRST

IDENTIFY, TEST AND CORRECT DISTORTIONS IN THE CONTENT OF VOICES

SECOND

IDENTIFY, QUESTION, AND CONSTRUCT ALTERNATIVE BELIEF ABOUT THE VOICES' IDENTITY, PURPOSE AND MEANING.

THOROUGH ASSESSMENT OF FREQUENCY DURATION INTENSITY VARIABILITY OF VOICES TRIGGERS

VOICES MORE LIKELY IN THE CONTEXT OF INTERPERSONAL DIFFICULTIES NEGATIVE LIFE EVENTS INTERNAL CUES

USE THOUGHT RECORD

GET VERBATIM ACCOUNT OF THE VOICES

RELATION BETWEEN SITUATIONAL TRIGGERS MOOD STATES ACTIVATION OF VOICES

ELICIT BELIEFS PATIENT HAS ABOUT VOICES

ASSESS LIFE CIRCUMSTANCES DISTAL AND PROXIMAL TO THE ONSET PRECEDING EVENTS TRIGGERS

ASSESS PATIENTS REACTION TO THE VOICES

UNCONTROLLABILITY

DEMONSTRATE THAT THEY CAN INITIATE, DIMINISH, TERMINATE

OMNIPOTENCE OMNISCIENCE

SET UP EXPERIMENTS THAT WILL DEMONSTRATE THAT THE PATIENT CAN IGNORE COMMANDS WITHOUT CONSEQUENCES
PARALLEL RECORDS

- THOUGHT RECORDS
- VOICE CONTENT RECORDS

DEMONSTRATE OVERLAP