

## ***FAQ's About Cognitive Therapy***

### **Q: What is cognitive therapy?**

A: Cognitive therapy is one of the few forms of psychotherapy that has been scientifically tested and found to be effective in over three hundred clinical trials for many different disorders. In contrast to other forms of psychotherapy, cognitive therapy is usually more focused on the present, more time-limited, and more problem-solving oriented. Indeed, much of what the patient does is solve current problems. In addition, patients learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

### **Q: What is the theory behind cognitive therapy?**

A: Cognitive therapy is based on the cognitive model, which is, simply that the way we perceive situations influences how we feel emotionally. For example, one person reading this might think, "Wow! This sounds good; it's just what I've always been looking for!" and feels happy. Another person reading this information might think, "Well, this sounds good but I don't think I can do it." This person feels sad and discouraged. So it is not a situation which directly affects how a person feels emotionally, but rather, his or her thoughts in that situation. When people are in distress, they often do not think clearly and their thoughts are distorted in some way. Cognitive therapy helps people to identify their distressing thoughts and to evaluate how realistic the thoughts are. Then they learn to change their distorted thinking. When they think more realistically, they feel better. The emphasis is also consistently on solving problems and initiating behavioral change.

### **Q: What can an individual do to get ready for therapy?**

A: An important first step is to set goals. Think specifically about changes the individual would like to make at work, at home, in relationships with family, friends, co-workers, and others. Think about what symptoms have been bothering the individual and which ones they would like to decrease or eliminate. Think about other areas that would improve their life: pursuing spiritual/intellectual/cultural interests, increasing exercise, decreasing bad habits, learning new interpersonal skills, improving management skills at work or at home. The clinician will help evaluate and refine these goals and help determine which goals an individual might be able to work at on their own and which ones they might want to work on in therapy.

### **Q: What happens during a typical therapy session?**

A: Even before a therapy session begins, the clinician may have the individual fill out certain forms to assess mood. Depression, Anxiety and Hopelessness Inventories help give the individual and the clinician develop an objective way of assessing progress. One of the first things a clinician will do in the therapy session is to determine how the individual has been feeling this week, compared to other weeks. This is what we call a mood check. The clinician will ask you what problem the individual would like to put on the agenda for that session and what happened during the previous week that was important. Then the clinician will make a bridge between the previous therapy session and this week's therapy session by asking the individual what seemed important that the individual discussed during the past session, what self-help assignments the individual were able to do during the week, and whether there is anything about the therapy that the individual would like to see changed. Next, the individual and the clinician will discuss the problem or problems that the

individual put on the agenda and do a combination of problem-solving and assessing the accuracy of the individual's thoughts and beliefs in that problematic situation. The individual will also learn new skills. The individual and the clinician will discuss how the individual can make best use of what the individual learned during the session in the coming week and the clinician will summarize the important points of the session and ask the individual for feedback: what was helpful about the session, what was not, anything that bothered the individual, anything the clinician didn't get right, anything the individual would like to see changed. The clinician and the individual are quite active in this form of treatment.

**Q: How long does therapy last?**

A: Unless there are practical constraints, the decision about length of treatment is made cooperatively between the clinician and the individual. Often the therapist will have a rough idea after a session or two of how long it might take for the individual to reach the goals that were set at the first session. Some patients remain in therapy for just a brief time, six to eight sessions. Other patients who have had long-standing problems may choose to stay in therapy for many months. Initially, individuals are seen once a week, unless they are in crisis. As soon as they are feeling better and seem ready to start tapering therapy, the clinician and therapist might agree to try therapy once every two weeks, then once every three weeks. This more gradual tapering of sessions allows the individual to practice the skills that were learned while still in therapy.

**Q: What about medication?**

A: Cognitive therapists, being both practical and collaborative, can discuss the advantages and disadvantages of medication with the individual. Many individuals are treated without medication at all. Some disorders, however, respond better to a combination of medication and cognitive therapy. If the individual is on medication, or would like to be on medication, the individual might want to discuss with the clinician whether the individual should have a psychiatric consultation with a specialist (a psychopharmacologist) to ensure that the individual is on the right kind and dosage of medication. If the individual is not on medication and do not want to be on medication, the individual and the clinician might assess, after four to six weeks, how much the individual has progressed and determine whether the individual might want a psychiatric consultation at that time to obtain more information about medication.

**Q: How can an individual make the best use of therapy?**

A: One way is to have the clinician supplement the psychotherapy with cognitive therapy readings, workbooks, client pamphlets, etc. A second way is to prepare carefully for each session, thinking about what an individual learned in the previous session and jotting down what the individual wants to discuss in the next session. A third way to maximize therapy is to make sure that the individual try to bring the therapy session into their everyday life. The clinician should leave enough time in the therapy session to discuss what would be helpful for the individual to do during the coming week.

Adapted from Judith S. Beck, PhD, Beck Institute for Cognitive Therapy and Research