

# Introduction

These pages introduce the basic model of cognitive behaviour therapy. I have not referenced specific sources but have drawn heavily on the work of people like Aaron and Judith Beck, Jeff Young, Christine Padesky, and past and present staff of the Oxford Centre for Cognitive Therapy.

## **A Definition...**

“Cognitive therapy is a system of psychotherapy that attempts to reduce excessive emotional reactions and self-defeating behavior by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions”

**Beck, 1976**

# Cognitive Limerick

Many people declared Aaron Beck  
have thoughts that are often suspect;  
their errors in thinking  
cause emotional sinking  
and they end up nervously wrecked

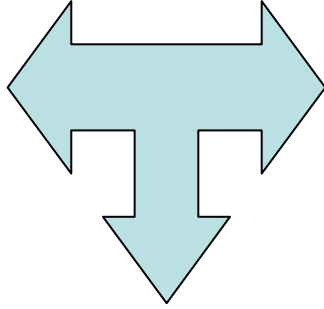
# Basic Tenets of Cognitive Model of Emotions

•**Equilibrium** – the process of homeostasis attempts to maintain congruence between our thoughts, feelings and behaviours.

•**Primacy of Cognitions** – all of our emotional reactions arise from conscious processing of information about our immediate internal and external worlds. This is debatable and there are exceptions, but it holds as a general principle for the purposes of therapy.

**Cognitive Specificity** – particular thoughts tend to give rise to particular feelings. If we know the feeling, we have clues about the kinds of thoughts the client may be having.

Cognitions



Behaviour

Affect

“Men are disturbed not by things but by the views which they take of them”

Epictetus, A.D. 55-135

“The mind is its own place, and  
in itself, can make Heaven of  
Hell, and a Hell of Heaven”

[John Milton]

# **Characteristics of Cognitive Therapy**

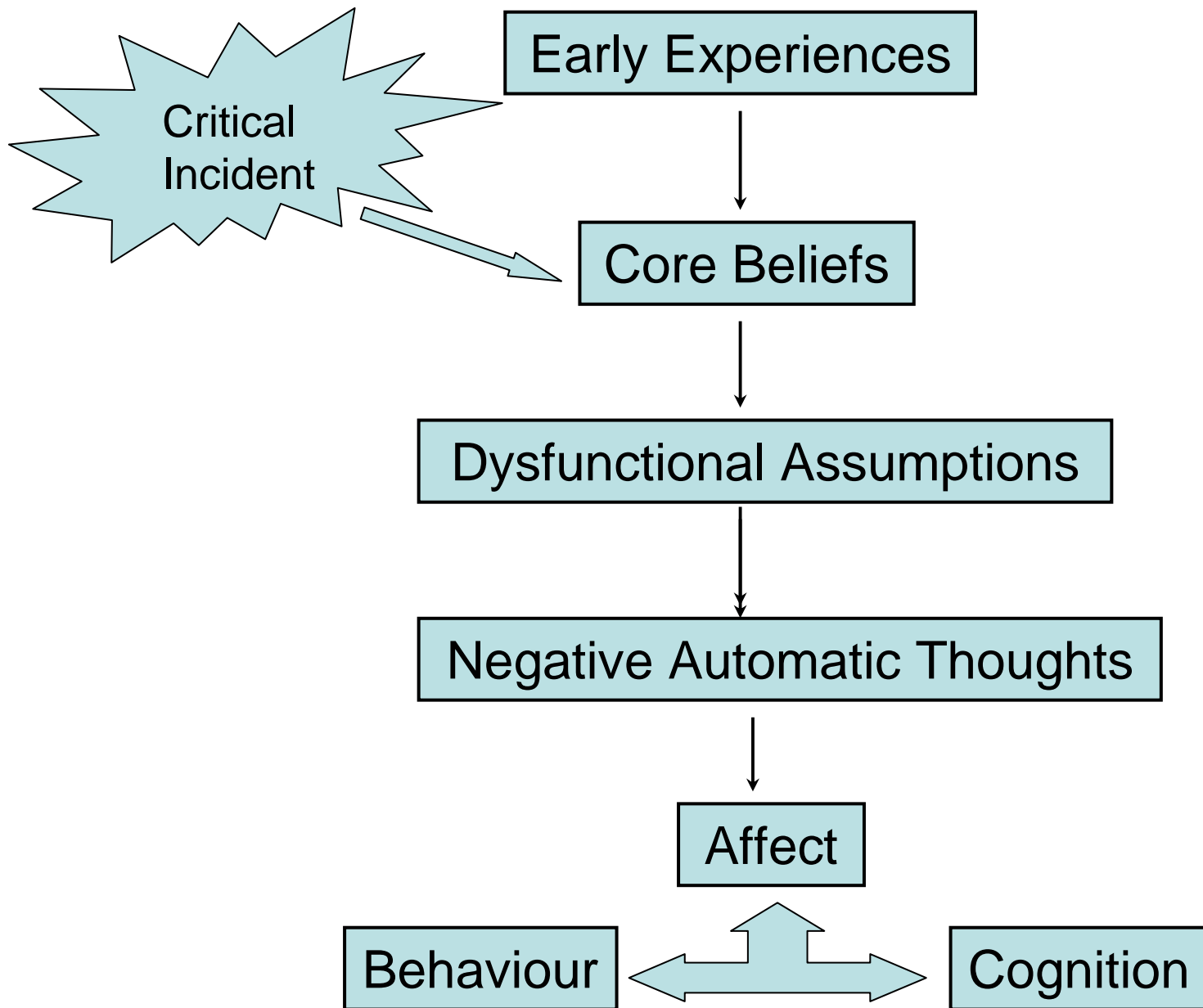
- Collaborative**
- Focus initially with current events**
- Structured and directive**
- Based on cognitive theory**
- Short-term (mainly)**
- Uses Socratic questioning**
- Problem-orientated**
- Active participation of client essential**
- Based on formulation (collaboratively done)**
- Uses problem-solving techniques**



# Levels of Cognition

- **Negative Automatic Thoughts**
- **Dysfunctional Assumptions**
- **Schemas**

The three levels are interconnected. The schemas (or “core beliefs”) can be seen as structures, the dysfunctional assumptions as processes (to manage interactions with the world, especially when maladaptive schemas have been activated), and the negative automatic thoughts are the moment to moment products of the underlying processes. Most CBT targets the top two levels, and there is evidence to suggest that this in itself can lead to changes at the schema level. Schema-focused CBT is not for the faint-hearted and should only be undertaken by experienced therapists with good clinical supervision.



“...perception is where cognition  
and reality meet ”

**[Ulric Neisser, 1976]**

# The Information Processing Model

