The goals and techniques of Cognitive Behavioral Therapy

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Abstract

According to Beck's model, maladaptive cognitions include general beliefs or schemas about the world, the self, the others, and the future of a person, giving rise to specific and automatic thoughts, most of the times negative in certain situations. The model proposed by Beck argues that therapeutic strategies aimed at changing these maladaptive cognitions lead to changes in the direction of decreasing emotional stress and problematic behaviors (Clark, & Beck, 2010).
The goal in cognitive-behavioral therapy is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel (Wright, & Davis, 1994).

Keywords: *Cognitive Behavioral Therapy, depression, therapeutic strategies, Socratic dialogues, action plan*

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I. INTRODUCTION

The goal in cognitive-behavioral therapy is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel (Wright, & Davis, 1994).

A broad research conducted in 2012 that examined 269 meta-analyses has shown the importance of cognitive-behavioral interventions for a variety of issues, including: depression and dysthymia, bipolar disorder, anxiety disorders, somatic symptom disorders, eating disorders, insomnia, substance abuse disorders, schizophrenia and other psychotic disorders, personality disorders, aggression, criminal behaviors, general stress, stress due to general medical conditions, chronic pain and fatigue, stress related to pregnancy complications and female hormonal disorders. Also, a series of meta-analyses examined the efficacy of CBT for various problems in children, young and elderly (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).

Although cognitive-behavioral approaches differ from one another, they share the following features:

- The existence of a relationship based on collaboration between the client and the therapists (Bachelor, 1995);
- The concept that psychopathological disorders are due to cognitive distortions or maladaptive cognitions (Kovacs, & Beck, 1986);
- The therapeutic process is focused on changing cognitions for the desired restructuring at the level of affective processes and behavior (Samoilov, & Goldfried, 2000);
- The time-limited nature and psychoeducational approach to which there is included the use of well-structured problem-solving strategy (Hayes, 2012).

Also special attention is paid to the achievement of homework, the client being assigned the responsibility of change, playing an active role in the psychotherapeutic process (Beck, 2011).

II. CONTENT THE ROLE OF COGNITIVE BEHAVIORAL THERAPY IN DEPRESSION

Beck (1987, 1979, and 1988) considers that the negative and distorted way of thinking is the foundation for depression. In 1987, the quoted author wrote about the so-called cognitive triad that leads to depression. The first element of the cognitive triad refers to the fact that the subject has a negative image of his or her own person. The client minimizes his qualities and accentuates his flaws, considering that his flaws prevent him from being happy.

The second element of the triad consists in the tendency of the subject to negatively interpret the life events by selectively extracting only those elements that come to confirm their

conclusions (the selective abstraction process). The third element concerns the pessimistic vision of the depressed about the future. He believes that his problems and difficulties will continue indefinitely, anticipating only misfortunes and failures for the future (Beck, 1979).

Depressive people generally set rigid, perfectionist, impossible targets. Their negative expectations are so strong that even when they are successful they expect failures in similar actions they will undertake in the future (Holdevici, & Crăciun, 2015).

The negative thoughts of depressed people are centered around disasters, irreversible losses and failures, which gives them sadness, disappointment, and apathy. The cognitive approach focuses on the specific problem area and the reasons the subjects invoke for their depressive state. Thus, some of the behavioral symptoms of depression are: inactivity, withdrawal, and avoidance. Clients say they are too tired to do something, they will feel even worse if they try and fail whatever they want to do (Beck, 1998).

The therapist will use the Socratic dialogue, asking those questions such as: "What happens if you try to do this?", "How do you know that it is useless to try?" etc.

The therapeutic strategy will consist of establishing a program that will include gradual activities that will be performed by the client. In the beginning, we draw easy tasks that are likely to be successful and which will contribute to forming a more optimistic attitude of the subject. The therapist will convince the client that if he does something he will feel better than if he does nothing (Mor, & Haran, 2009).

A difficult situation is where some of the depressed clients develop suicidal thoughts. In such cases, the therapist will help them find alternatives to the situation they are part of (in addition to giving up life) and to split complex issues into some smaller ones, prone to be easier to solve. For example, you can ask the client to compile lists of the reasons for living and of the ones to die. Next, we can identify alternative ways of seeing problems and solving them constructively.

A particular feature of the depressed client is the inclination towards self-criticism. The attitude of inadequacy, weakness and lack of accountability are at the basis of the person's self-worth.

The therapist will ask the client the following questions: "If I make such a mistake, do you despise me as much as you despise yourself?"

The absolutism of categorical imperatives that generate depression and negative self-image will also be highlighted and examined. Depressive subjects also claim that they feel a lot of suffering and that nothing can make them better (Young, Weinberger, & Beck, 2001).

In such situations an effective strategy may be the use of the sense of humor, made in connection with the experiences or behaviors of the client. If the client manages to amuse himself a little, this may be an antidote to the state of sadness.

Another particular feature of depressed people is that they tend to exaggerate the importance of external problems, demands and pressures. Subjects feel surpassed by how many things they have to accomplish and think they will never be able to carry them out (Beck, 1991).

After discussing the issues that trouble them, clients start to realize that they tend to amplify their personal difficulties. As a result of the therapeutic treatment, clients gain a new perspective on their existence and the tasks they have to accomplish with the therapist, they can make a list of responsibilities, prioritize and develop realistic action plans (Beck, & Dozois, 2011). Since the implementation of these action plans is often inhibited by disruptive negative thoughts, the therapist will help clients identify and modify them through cognitive strategies. After learning to fight against their doubts by fighting them during the psychotherapy session, clients will be helped to apply the new cognitive and behavioral skills to real life situations.

III. CONCLUSIONS

Cognitive therapy is a short, time-limited intervention focused on current events, although some aspects of the client's life history can be addressed in the course of the action in certain situations (Beck, & Beck, 1995):

- When the client has an imperative need to talk about his past;
- When the therapist considers that past data is essential to highlight how basic dysfunctional beliefs have been formed and structured.

The goals of the therapeutic process involve reducing symptoms, solving client's problems and preventing relapses. The therapeutic relationship in cognitive therapy is warm, empathetic, non-evaluative and based on trust.

The therapist does a conceptualization of the case, is active, creative and guides the client during the Socratic dialogue towards self-discovery and the use of cognitive and behavioral problem-solving techniques. The role of the cognitive therapist is a catalyst that helps the client understands how thoughts, attitudes and beliefs influence their thinking and action. The therapist will act by correcting the clients' cognitions, which will facilitate the change process and help him form new habits (Beck, 1979; Raue, & Goldfried, 1994).

The client will also play an active role during the therapeutic process, presenting the problems he/she wants to work with, identifying and modifying cognitive distortions, understanding the essential elements of therapy and carrying out homework.

The therapist and the client will work together to conceive assumptions that will then be tested to confirm or invalidate their veracity. Beck (2005) is of the opinion that it is more effective for the patient to discover by himself alternative ways of thinking than to be suggested

by the therapist. Finally, clients learn to become their own therapists, able to restructure their dysfunctional thinking style, solve their problems, and prevent possible relapses.

Homework or "action plan" is structured according to the specific issues of each client, the goal of which is to teach clients new problem-solving skills and to test their beliefs in new life situations (Beck, & Dozois, 2011).

Regardless of the issues addressed, the therapist will help the client to come to alternative interpretations of life situations that disturb him/her. For example, a depressed student can assess the situation where the assistant does not ask him to speak at the seminar, saying: "He thinks I'm stupid and I have nothing interesting to say; of course he is right because all my colleagues are smarter and better prepared than I am... I felt inferior to others".

Under the guidance of the therapist, the client will find other possible explanations for the assistant's behavior: he is rushing; he already knows the point of view of the student in question; he wishes to test the level of training of other students etc. In this example, dysfunctional thoughts and beliefs will be debated and replaced by some realistic alternatives.

In cognitive-behavioral approach the client's involvement and motivation represent basic arguments in the success of the therapy.

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