

CONTENTS

Topic	Page
The effective counsellor.....	2
Ethical Issues in counselling.....	4
Psychoanalytic therapy.....	6
Adlerian Therapy.....	8
Behaviour & cognitive behaviour therapy (CBT)	10
Existential therapy.....	12
Gestalt therapy.....	12
Person Centred Therapy.....	14
Mindfulness.....	16
Family therapy.....	18
Group therapy.....	20
Post-modern approaches.....	21
ACT.....	22
Research Issues in counselling.....	23
Feminist therapy.....	25
Integration Termination.....	25
Termination.....	26

Key

Sometimes if there are two topics discussion **THIS FONT** will be used to distinguish

Heading

- Subheading
- Sub-sub heading

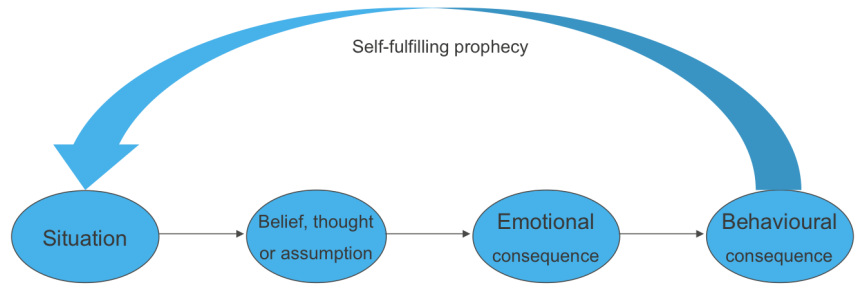
Week 5 – CBT

- System one does processing in optical illusions. Can't use system 2 even if you want to
- System 1 is far more efficient – people take shortcuts when possible to reduce the mental effort of making decisions
- Common mistakes that people who seek counselling make:
 - All or nothing thinking:** somethings called 'black and white' thinking; *If I'm not perfect, I have failed. Either I do it right or not at all*
 - Overgeneralising:** seeing a pattern based upon a single event or being overly broad in the conclusion we draw; *Everything is always rubbish; nothing good ever happens*
 - Mental filter:** only paying attention to certain types of evidence; *noticing our failures but not seeing success*
 - Emotional reasoning:** assuming that because we feel a certain way, what we think must be true; *I feel embarrassed so I must be an idiot*
 - Jumping to conclusions:** there are two key types of jumping to conclusions:
 - Mind reading: imagining we know what others are thinking
 - Fortune telling: predicting the future
 - Labelling:** assigning labels to ourselves or other people; *I'm a loser; I'm completely useless; they're such an idiot*

System 2 – slow	System 1 – fast
Deliberate	Automatic
'Rational'	Emotional
Conscious	Unconscious
Effortful	Effortless
Logical	Intuitive
Sceptical	Gullible
Purposeful	Habitual
Use occasionally	Default system

Where do emotions come from?

- Self fulfilling prophecy: "I'm going to hate this party, even when people are being nice to me they are just being two-faced" → don't talk to anyone at the party → leave feeling miserable → think "I told you so"
- Often we are feeling a certain way & we don't know why because the belief or thought that we had is completely unconscious (system 1)
- 50% of thoughts are caused by situations, the other 50% are internally generalised
- E.g. Class presentation → "I'm going to suck" → fear → special consideration
- Behavioural consequence leads to another activating situation (e.g. getting special consideration → not doing assignment → I'm really bad at Uni → hopelessness → giving up/deferring)
- If you influence what you think, you can influence your behaviour, then you can influence the situation



Positive vs. helpful thinking

- Positive thinking can still be delusional or incorrect and can be a form of denial (e.g. if you have a chronic illness)
- Positive thinking can sometimes lead to bad outcomes (e.g. I am great, I can fly) and can be UNHELPFUL
- Positive thinking is pleasurable, but that doesn't mean it's good for us
- Helpful thoughts are those that are likely to be accurate and allow us to feel and behave in ways we want to
- CBT is about helpful thinking, not positive thinking

Behaviour therapy (BT)

- Skinner, Bandura, & Lazarus – altering our behaviour with specific behavioural techniques was an alternative to psychoanalysis
- Only interested in observable and empirically testable things (e.g. cognitions that can be measured)
- Focused on why people are doing specific behaviours – not interested in emotions or childhood memories etc.
- Assumes that behaviour is learned from environment & symptoms acquired through classical & operant conditioning
- When intervening, BTs use: flooding, systematic desensitisation, exposure & response prevention, virtual reality, aversion therapy
- Event causes a behaviour, what is the consequence of that behaviour? (E.g. A – coming home from hard day at work, B – drinking alcohol, C – feeling good)

Cognitive behavioural therapy (CBT)

- Brief, cost-effective, evidence-based, collaborative, overt, accessible, understood by clients

Rational Emotional Behaviour Therapy (REBT)

- Albert Ellis
- We are born with a potential for both rational & irrational thinking
- Mental illnesses are caused by disturbances in self-talk
- Puts a bit of blame on the client (like saying "this is your fault, why can't you think better/more normally")
- We have the capacity to change our cognitive, emotive & behavioural processes

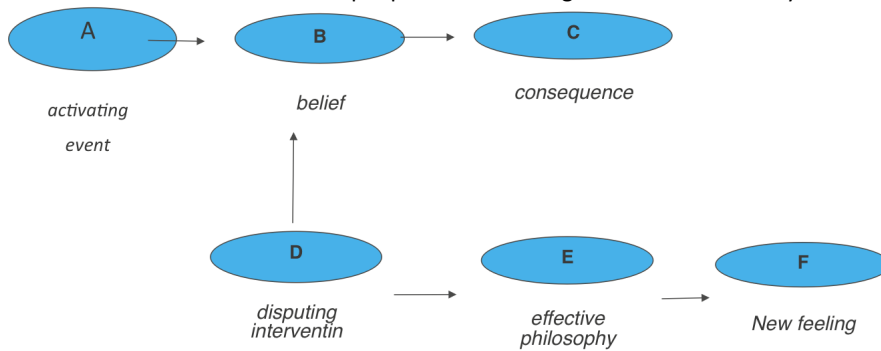
A-B-C model (in Behaviour Therapy, Functional Assessment of Behaviour)



A-B-C model in CBT



- Clients learn: to identify the interplay of their thoughts/feelings/behaviours, identify and dispute irrational beliefs that are maintained by self-indoctrination, to replace ineffective ways of thinking with effective and rational cognitions, to stop absolutistic thinking, blaming & repeating false beliefs
- Aim of CBT to talk these people out of the negative beliefs that they have about themselves



- Assumes that cognitions, emotions & behaviours interact and have a reciprocal cause-and-effect relationship
- Very directive, and concerned as much with thinking as with feeling
- Teaches that our emotions stem mainly from our beliefs, evaluations, interpretations & reactions to life situations
- Puts system 2 thinking into the system 1 part of the brain that automatically occurs without our conscious awareness
- Doesn't focus on how they feel, but what they were thinking

Beck's Cognitive therapy

- A lot of focus on depression
- Time-limited, directed, present-centred, empirical, structured, problem-oriented, collaborative
- Emphasis on homework – write down helpful & unhelpful thoughts (realise most of them were irrational); write down more helpful thoughts so that during the week, the person learns to challenge their own thoughts



• Difference between a thought and a core belief

- Someone who has only been depressed for a year may not have many core beliefs, just unhelpful thoughts
- **Core belief** is not easily changes, it is an underlying assumption we make about the world. Everything we do is based on this assumption. Sometimes they are so engrained that we don't even think about it
- **Thought**: something that happens in the moment. It is fleeting and contextual
- More bidirectional than ABC (situation → thoughts → behaviour) – everything interacts
- A situation happens when we interpret this through our core beliefs and then we have a thought, which influences our feelings, behaviours and bodily sensations
- E.g. someone may have a core belief that their emotional needs are not being met. They will make assumptions based on this core belief; they will do the behaviour of getting themselves into a relationship where their core beliefs aren't met.
- When someone has a destructive core belief, it can lead to self-fulfilling prophecies
- You can't have a thought that is inconsistent with a core belief

Theoretical assumptions

- Our internal communication is accessible to introspection (looking inside oneself; vs. elastic band for punishment where you can just put it on and assume that you somehow want to change your behaviour/no introspection required. But CBT is focusing on cognitions & thoughts so requires people to look within themselves)
- Our beliefs are highly personally meaningful
- These meanings can be discovered by the client and not taught by the therapist

Principles of CT

- Automatic thoughts – mostly negative & mostly contrary to objective evidence
- Core beliefs set views about self, world future
- Cognitive distortions of errors – distort objective reality
- Magnification (catastrophizing)

