Cognitive Modification in DBT

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Acceptance and Change

Change Procedures:
Skills Training
Exposure
Contingency Management
Cognitive Modification

Four Factors that can lead to ineffective behavior

❖ Skills deficits
❖ Problematic conditioned emotional responses
❖ Contingencies
❖ Cognitive processes

Goal of cognitive modification

“Cognitive modification procedures in DBT help the patient assess and change cognitive content and modify cognitive styles”

(Linehan, 1993, p. 359)
DBT vs. CBT/Cognitive Therapy

<table>
<thead>
<tr>
<th>DBT</th>
<th>CBT/Cognitive therapy</th>
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<tbody>
<tr>
<td>In DBT, our priority is to “find and</td>
<td>In cognitive therapy/CBT, a main task is to identify</td>
</tr>
<tr>
<td>reinforce valid and functional beliefs,</td>
<td>cognitive distortions and challenge/change thoughts.</td>
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<td>expectations, rules, interpretations.”</td>
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<tr>
<td>Cognitive modification (change) is</td>
<td>More emphasis on changing thinking.</td>
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<tr>
<td>blended with validation.</td>
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<tr>
<td>Less formal. Interspersed throughout</td>
<td>More structured thought records may be used.</td>
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<tr>
<td>DBT</td>
<td></td>
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<tr>
<td>Use assessment first to determine the</td>
<td>Emphasize on identifying and changing schemas that are</td>
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<tr>
<td>role of cognitive content/style in the</td>
<td>viewed as maintaining problems.</td>
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<tr>
<td>maintenance of target behaviors and</td>
<td></td>
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<tr>
<td>emotions.</td>
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<tr>
<td>Distortions are often viewed as results</td>
<td></td>
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<tr>
<td>of problems, not fundamental causes.</td>
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<tr>
<td>Emphasis on intuitive knowing and</td>
<td>Emphasis on what is rational and empirical evidence.</td>
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<tr>
<td>effectiveness of thoughts.</td>
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Types of cognitive modification in DBT

❖ Contingency clarification
❖ Cognitive restructuring

DBT Model of Cognitions

Thoughts ➔ Emotions

AND

Emotions ➔ Thoughts

Contingency clarification

❖ Highlight contingencies: focus client’s attention on effects of behavior on current outcomes
❖ Highlight consequences as they occur
❖ Use self-involving self-disclosure
❖ Clarify future contingencies
❖ In therapy: What therapist will do, given client’s certain behaviors (suicidal/TIB), what client can expect from therapist and treatment procedures
❖ In life: Provide realistic information

(Linehan, 1995)
Cognitive restructuring

Four aspects of thinking are of interest:

1. Non-dialectical thinking (dichotomous, rigid, extreme thinking styles)
2. Faulty general rules governing behavior (beliefs, assumptions, ideas, expectations)
3. Dysfunctional descriptions (evaluative name calling, exaggerated labels)
4. Dysfunctional allocations of attention

[Linehan, 1993]

Cognitive restructuring procedures

1. Teach client to observe and describe their thinking style, rules, etc.
2. Identify and confront maladaptive cognitive content and style
3. Generate alternative, adaptive content and style
4. Develop guidelines for when to trust and when to suspect interpretations

[Linehan, 1993]

Check the Facts Skill

1. Ask: What is the emotion I want to change?
2. Ask: What is the event prompting my emotion?
3. Ask: What are my interpretations, thoughts, and assumptions about the event?
4. Ask: Think of other possible interpretations. Practice looking at all sides of a situation and all points of view. Test your interpretations and assumptions to see if they fit the facts.
5. Ask: What is the catastrophic thought?
6. Ask: Does my emotion align with the actual facts?

[Linehan 2015, ER Handout 8]

Other relevant skills

- Mindfulness
- Wise Mind
- Observe
- Describe
- Non-judgmental stance
- Distress Tolerance
- Meaning, Encouragement (IMPROVE)
- Comparisons (ACCEPTS)
- Mindfulness of Thoughts
- Emotion Regulation and Interpersonal Effectiveness: Challenging Myths
- Middle Path: Self-validation and Dialectics
Basis for Cognitive Restructuring

❖ Consistency with Wise Mind Beliefs
❖ Effectiveness
❖ Logical consistency
❖ Empirical evidence (hypothesis-testing experiments)

[Linehan, 1993]

DO

❖ Be alert to problematic thoughts that show up in chains or in session
❖ Note thoughts as thoughts (not facts)
❖ Validate valid components of thought (including based on past experience/learning) – find the wisdom in the thought
❖ Challenge the invalid or problematic aspect of the thought
❖ Consider thinking process as well as thought content
❖ Think big picture – water over a rock
❖ Practice in session (like all new skills)

DON’T

❖ Tell client their problems are “all in their head”
❖ Oversimplify client’s problems and imply that things would be fine if they just changed their “attitude,” thoughts or way of viewing things
❖ Reassurance/cheerleading
❖ Get into a power struggle with client about how to think
❖ Assume you have the truth/are right (non-dialectical)
❖ Forget to balance change with acceptance
❖ Overuse cognitive modification