Chapter 1.

An Introduction to Cognitive - Behavioral Therapy

About this workbook

This workbook will help you put into practice the new skills you will be learning in therapy. It is designed to follow the same pace as your face-to-face meetings with your therapist, so we do not recommend reading ahead or completing exercises before you and your therapist cover the new material together. It will really help you to bring this workbook to each session and refer to it for each new exercise. If something seems too difficult or frustrating, circle that part, continue with the rest if you can, and ask your therapist for clarification during the next session. Your therapist may also skip to sections that fit you best, leaving some parts to be covered later. Get in the habit of asking yourself after each section, “Do I understand this well enough to explain it to somebody else?” The answer to this question will let you know if you need to review the material again. Please work at your own pace; everyone progresses differently in mastering new skills to deal with difficult situations. Remember, if something in this workbook is confusing, ask your therapist!

A Summary of the Cognitive-Behavioral Approach

By now, you may be asking, “What exactly is this treatment that I am starting?” Before we get to the “nuts and bolts” of how this can help you, it will be useful to describe the four important components of the cognitive-behavioral approach and how they interact with one another to explain your depression or anxiety. These four components reflect on your current health status, your thoughts, your behaviors, and your emotions. This explanation might seem abstract, and it may be difficult to see how it might apply to your problems, so here is an example to show how the approach works:

John is a 66 year old retired, married man who has weekend plans to finish painting his wife's bookcases
(behavior). Unfortunately, he wakes up feeling ill on Saturday morning (health) and is unable to complete the project (behavior). As a result, he feels angry and anxious about not getting to his work (emotions), believing that he is disappointing his wife (thought). He thinks, "My wife will think that I do not care about helping her decorate the study." This belief raises his anxiety (emotion) as well as his frustration about not feeling up to par. This makes it even harder for John to figure out how to face the day, and consequently he stays in bed (behavior), which in turn only serves to raise his anxiety and strengthens his negative thoughts about his wife's reaction.

We can diagram the interaction of John's behaviors, health, thoughts, and mood to demonstrate how they affect each other:

![Cognitive/Behavioral Model](image-url)
Notice that each connection has an arrowhead in two directions. For example, John’s negative beliefs about his wife’s disappointment may have worsened his physical health status as well as his mood, which in turn, reinforces his behavior of staying in bed. Although you will be concentrating on how to change your negative emotions, please note that the relationships within this model also work for positive emotions.

Notice, too that we put the word “environment” surrounding the model. Environment refers to the events and the people around you that affect what you do and think, as well as how you feel physically and emotionally. In our example, John’s environment could be his plans to paint the bookcases and also his commitment to his wife to complete this project. Additional elements of the environment could be a friend moving away or the death of a family member. As you can imagine, any number of different situations might occur that could affect these components in either positive or negative directions. In the course of your therapy we’re going to be looking at many different situations in your environment to see how they affect these four components.

**Exercise: Choose an example of your own to illustrate this model**

**Behavior:** Recall the last time you had a successful outcome from a good job you did or a task that you just completed. Record it below:

________________________________________________________________________

**Thoughts:** What kinds of thoughts did you have about yourself?

________________________________________________________________________

**Emotional Consequences from thoughts and behavior:** What kind of mood were you in as a result?
**Health:** What was your health status that day?

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**Fill in the model:** Put your example in the model below:

**Date of event:**

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**How does therapy work?**

Keep in mind an important idea in Cognitive-Behavioral therapy is that events in these four components have a notable influence on one another, and that this influence is reciprocal in nature. Thus, a negative thought stemming from an unpleasant event can affect activities or emotions, which in turn can affect new thoughts and behaviors. In some instances these components can start a downward spiral of negative changes that can throw you into a tailspin, leading to depression or an anxiety disorder. See the following figure:
This illustration shows that “giving in” to the “slowed down” feeling that often comes with depression leads to a downward spiral -- do less -- feel worse -- do even less, etc. You will learn ways of stopping a tailspin and also reversing one. Notice that the figure on the right shows you that you can “pull out” of a tailspin.

The goal of your therapy will be to change the behaviors and the thoughts that could stop a tailspin before it gets started. You’ll also learn techniques to reverse the tailspin, and move yourself in an upward spiral.

As psychotherapists, we do not make medical interventions, (for example, we do not prescribe medications), so no direct changes will be made to your physical health. Many people, however, report that as their mood improves, their perceptions of their health status improves as well. Also, we believe that emotions are part of your experience that are the result of unhelpful thoughts.
and too few positive events. Therefore, direct interventions are made at the source: you will learn to improve your thoughts and your behaviors.

**Who does this help?**

A common response to the beginning of cognitive-behavioral therapy is, “It sounds good, but can this help me?” or “This is too simple (or too hard) to solve the problems I have.” But don’t dismay! Many research studies have shown that people with serious, complicated problems have found the cognitive-behavioral approach helpful. No matter whether you’re “a little blue” or even seriously depressed, or whether you feel a little nervous about something or have extreme panic, this approach might be the thing to help you feel better and function more effectively.

We also work with many older people who start therapy with the belief that they are “too old to change,” or that their beliefs have been around for so long, “it seems hopeless.” The research mentioned above has also included careful studies about whether older people have success in this therapy equivalent to younger adults. We discovered that they absolutely do! So, changing your thoughts and your behaviors can be done quite successfully as you learn and practice these skills!

**What to expect from cognitive-behavioral therapy:**

We know that each therapist and client has an individual style that makes therapy a unique experience, yet there are several basic components to cognitive-behavioral therapy that you are almost certain to encounter.

a.) The intake interview. The intake interview is the initial step to help you explain your concerns and your background to your therapist. It often consists of questionnaires for you to complete as well as a face-to-face interview. You have probably finished this process by the time you read this. Many people comment that this interview can help them remember details, gain some insight into what they’re struggling with, give them some ideas for treatment goals. It is important
for you to understand that the intake process is not just a time for you to tell your therapist about your problems. It is also a time for your therapist to learn from you about the scope of your life experiences and cultural background.

The intake process is also a good time for you to discuss with your therapist your expectations of psychotherapy. Meeting with a therapist is quite different than meeting with your physicians, and it often helps to start things off with a discussion of how you think therapy will help you. We know that for many people, this is a brand new experience, and your initial thoughts and questions are very important to the success of this work. If you did not get a chance to discuss these issues during the intake process, take a few moments to think about your expectations and understanding of psychotherapy and bring it up next time.

b.) Goals for therapy. After the initial interview, it is essential that you and your therapist outline specific goals for therapy. This kind of therapy works best when there are specific goals that make tracking your progress an easy task. This process is reviewed in the next chapter.

c.) Homework. We cannot put enough emphasis on the importance of practicing your new skills between each session. Practice is one of the best ways we know for you to make the therapy skills a routine part of your daily life. We call this practice “homework,” even though the term can bring back unwanted memories of school assignments! Unlike school, you will find that you and your therapist will often collaborate to design a homework assignment that is an extension of what you discussed in therapy. Many of the techniques you will learn in therapy are designed to become automatically used as problems arise in your daily life, therefore homework is the way to practice! practice! practice!
Sometimes homework is hard to do.

Many circumstances make it difficult to complete homework. For example, time constraints, the difficulty of assignments, or fears that you are doing it "wrong" commonly interfere with completing homework. Some people may not like a therapist "telling them what to do," or sometimes people think that the homework is silly, or useless. Avoiding homework can seriously interfere with feeling better, so consider our thoughts about approaching a challenging homework task.

There is no way to do homework wrong the first time. Think about when you learned to ride a bicycle. Did you ride it "wrong" the first time, or did it just take a little practice? You will not know if the homework is helpful unless you try it. Just like your first bike ride, get on and start pedaling! If you think that you are “too busy” to do the homework, try to plan a time. Most importantly, your therapist will always want to talk with you about your difficulties with the homework to clarify the instructions or the goals of the task, as well as help you plan a good time to do it.

Your role as a client and your therapist’s role

You and your therapist are embarking on a unique relationship which should begin with a conversation about the expectations that come with being a therapist and a client. We have already mentioned that you and your therapist will discuss your expectations for therapy which is also part of this topic.

What can you expect from your therapist? You can expect that your therapist is an expert on the latest techniques in cognitive-behavioral therapy with older adults. You can also expect that your therapist is quite experienced in working with the unique concerns of older people. Expect that your therapist will work very hard to understand your problems and to help you learn the skills you need to reach your therapy goals. Expect your therapist to be prepared to continue the work from last session and introduce new insights about your
concerns. You can also expect that your therapist is quite concerned about the continuity of your work, and will make every effort to reschedule appointments if cancellation of an appointment becomes unavoidable. Also, expect that your therapist expects you to be an active participant in this therapy and will be quite interested in your questions and encourage your collaboration on practice assignments.

What is involved in being a client of cognitive-behavioral therapy? As a client, you are asked to be open with your therapist about your concerns and any difficulties you are having with the material. You are expected to arrive on time for sessions and to call if you need to cancel or reschedule. As stated earlier this kind of therapy works best when the client is an active member the relationship, which involves practicing your skills in between sessions and being open to discussing the difficulties in completing homework.

The gift of rewards

You are about to commit to actively change certain areas of your life that are causing you distress. As stated earlier, this is hard work that will require a good deal of your attention. How can you treat yourself well as you work on these difficulties? We strongly encourage that you think about nice things that you can do for (or say to yourself) as celebrations for even small steps of success. We know that right now it may be hard to consider that you deserve to treat yourself well, but at least consider the idea as you begin therapy and introduce rewards as you go along. If you can't think about this now, don't worry, your therapist will be quite active in discussing with you ways to reward yourself as therapy progresses.
The importance of summary and review

One of the things you’ll notice right away about your therapist is that he or she will always be asking you to summarize what has just taken place in therapy. How many times have you suddenly had a brilliant idea or insight into a difficult problem, and you made a mental note that you should write it down as soon as it was convenient for you, only to discover several hours later that you had completely forgotten what this brilliant idea was? Had you taken the time to write the idea down or rehearse it in your mind several times, then in all likelihood you would have remembered it later. This is exactly what happens in therapy! When you come up with a good solution or insight about your problems and what you need to do about them, you’re much more likely to remember and apply it if you rehearsed it before it fades away. Summarizing what occurred during the therapy session is a good tool for rehearsing new ideas.

You will be asked to verbally summarize the material with your therapist in each session, and you can write some summary notes at the end of each section of this workbook. Let’s get started summarizing the material from this chapter:

What were the key points brought up in this chapter?

1. 

2. 

3. 

What skills did I learn?

1. 

2. 

3. 

What assignments might help me practice these skills?

1. 

2. 

3. 

Additional thoughts or questions I have about this material?