

I Don't Believe It:

a case illustration of belief modification

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Introduction:

The principles of belief modification, one of the strategies employed within cognitive-behaviour therapy, are briefly described with reference to a case illustration of a 23-year old female client. She recently referred herself to the CMHT, initially expressing a preoccupation with distressing thoughts.

Cognitive-behaviour Therapy (CBT):

Although CBT has been described in depth elsewhere (Hawton et al, 1989), it is useful in setting the scene to briefly outline the cognitive-behavioural model upon which interventions are based. This is summarised in Fig. 1, which represents the core components of the model, particularly distinguishing the cognitive structures which incorporate automatic thoughts, dysfunctional assumptions or intermediate beliefs, and core beliefs (Beck, 1995; Hawton et al, 1989).

Of significance is the view that beliefs that are unhelpful can be unlearned and replaced with new or modified beliefs which are reality-based and functional, and can be developed and learned throughout the course of therapy.

Clients develop protective compensatory strategies to cope with unhelpful beliefs. Distress and disturbance results from the overuse or an over-reliance on these strategies (Beck, 1995). A client's perceptions, thoughts, emotions and behaviours will appear to make sense, given his/her particular history and set of beliefs.

Working with Beliefs:

Following the fundamental key principles of collaborative empiricism and guided discovery, the cognitive-behavioural approach moves through a structured sequence of stages:

- ⇒ the development and mutual agreement, between client and therapist, of an initial formulation, or cognitive conceptualisation, of the client's main problems, as has been illustrated in various forms (Beck, 1995, pp139; Persons, 1989);
- ⇒ the hypothesising or use of the vertical or downward arrow technique (Burns, 1980) to uncover the meanings (beliefs) of key automatic thoughts (Fig. 2);
- ⇒ establishing how core beliefs have developed and become maintained over time, in relation to previous experiences;
- ⇒ establishing how the client has coped, and continues to cope, with painful core beliefs (compensatory strategies);
- ⇒ deciding, with the client, about whether to work upon an identified belief;
- ⇒ providing the client with education about the nature and influence of beliefs;
- ⇒ implementing and evaluating belief modification strategies / exercises.

The decision to work with the client in modifying an unhelpful belief will be dependent upon a number of considerations, such as:

- ⇒ does the effect of the client working on surface automatic thoughts appear limited?
- ⇒ what is the belief?
- ⇒ how strong is the client's level of conviction in the belief?
- ⇒ if held strongly, how broadly does the belief affect his/her life?
- ⇒ if strong, does the client appear able and ready to work upon the belief at this time?

Fig. 1: Cognitive-Behavioural Model:

highlighting the cognitive structures

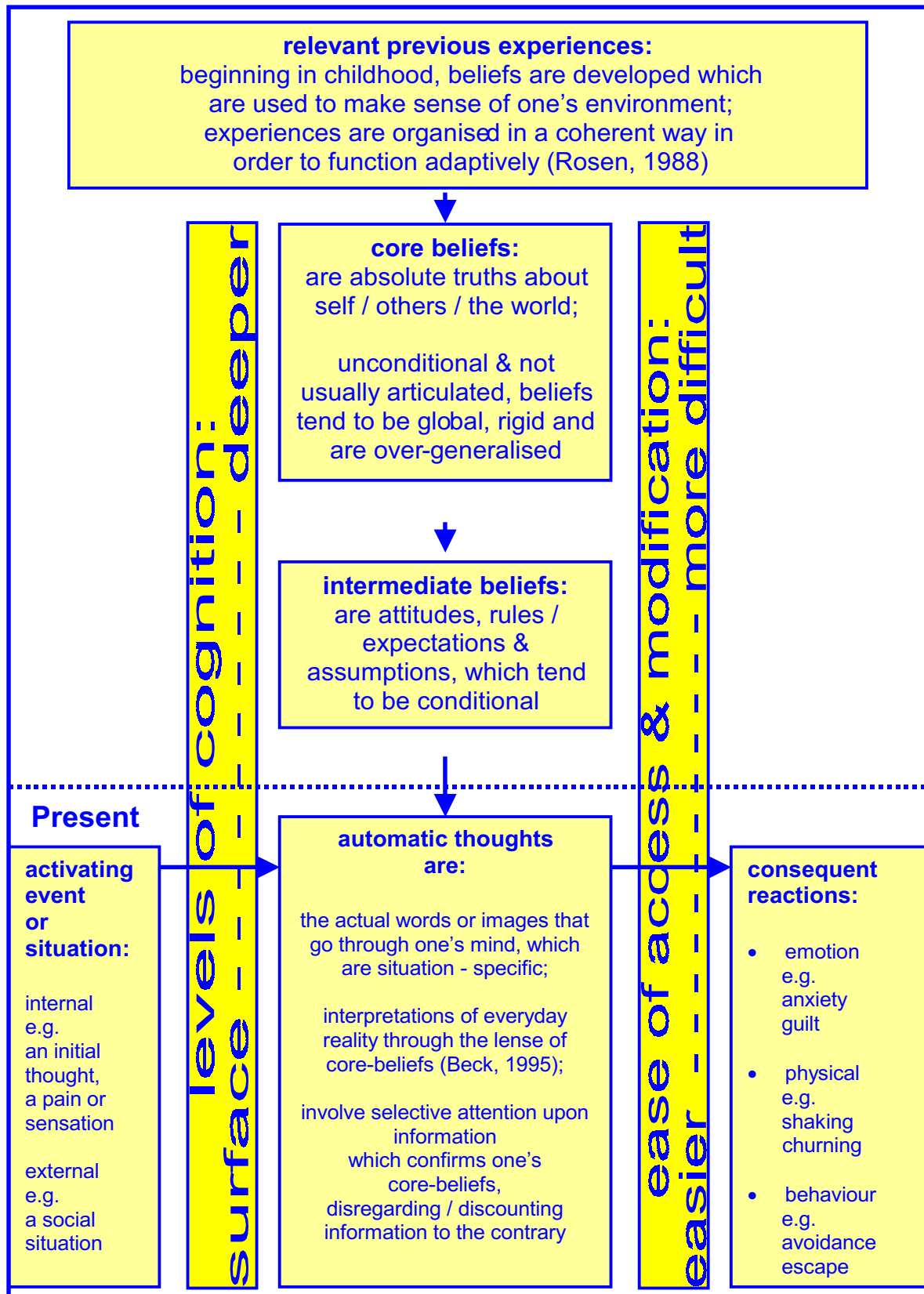


Fig. 2
Downward Arrow Technique (after Burns, 1980)

- identify a key automatic thought
- ask the client the meaning of the thought, supposing that the thought is true: *'If that's true, so what? What would that mean to you (for the intermediate belief) / about you (for the core belief)?'*
- continue this questioning technique until uncovering one or more important underlying beliefs, which will often generate a negative shift in the client's affect

Whilst a range of exercises and techniques have been described as useful in working with and modifying beliefs (Greenberger & Padesky, 1995; Beck, 1995; Padesky, 1994), the following case illustration briefly describes the application of a three-stage exercise, as described by Greenberger & Padesky (1995, pp139-146):

Belief Exercise:	Description of Exercise
Stage 1	self-monitoring evidence which does not support the unhelpful belief;
Stage 2	formulating a new, helpful belief in the client's words - although completed as a collaborative endeavour, it is likely that the therapist will mentally formulate a range of possible, more reasonable beliefs;
Stage 3	self-monitoring evidence in support of the new, helpful belief.

Case Illustration:

Client SC is a young single woman who lives with her parents, is soon to commence her teacher training, and described her main problem as a pre-occupation with the thought that she was going to die. Further in-depth assessment led to the development of an initial case formulation which was presented to, further modified and agreed with SC, as shown in Fig. 3 (after Persons, 1989).

Following effective education and guidance in her application of challenging / disputation techniques and behavioural tests in countering negative / unhelpful automatic thoughts, the downward arrow technique was employed in response to the key cognition that she was going to die. This revealed the following intermediate and core beliefs:

Core:

- I am a failure
- I am unattractive and boring
- I am unlikeable
- I am responsible for whatever goes wrong

Intermediate: (examples)

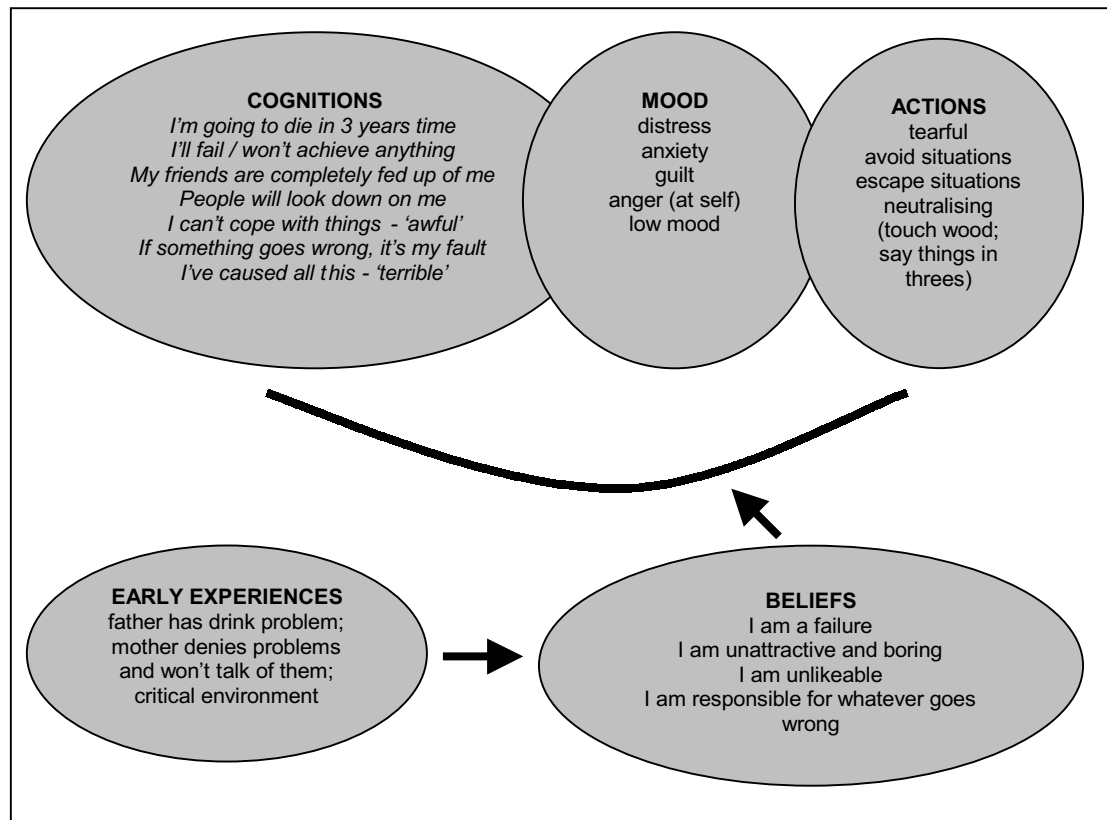
- I must always work very hard else I'll fail
- I must not upset others else they'll reject and blame me
- I must not do anything wrong else others will get cross and upset, and then they'll reject me

As a further component of her treatment programme, Greenberger & Padesky's (1995) three-stage exercise was then explained to and implemented by SC, first targeting the unhelpful belief that 'I am a failure' (helpless core belief), with which she reported a conviction level of 90% (an ideographic measure). In collecting evidence which did not support this belief, SC reported making several realisations: *'most friends say positive things about me..... I'm appreciated by colleagues at work..... I cope well when talking to new people..... what I think of myself is not how others see me'*.

After this initial stage, her level of conviction in the unhelpful belief reduced to 30%. Within session, a new and more helpful belief was agreed and written out, 'I am actually successful at most things I do', with which she held an initial conviction of 40%. SC then implemented stage 3 of the exercise, collecting evidence in support of this new and more reasonable belief: '*I am able to organise reading programmes (working as an assistant teacher)..... I find it easy to do lessons and practical things..... I reminded myself that I already have a degree..... People look forward to seeing me, so they presumably think I'm fun to be with..... People say how talented I am*'.

After this stage, SC reported an increased conviction in the new belief, to 70%, and a further reduced conviction in the old, unhelpful belief, to 10%. Her level of distress and pre-occupation with unhelpful automatic thoughts markedly diminished over the course of these sessions. She agreed to continue these exercises to both strengthen these gains and reinforce progress with alternative strategies.

Fig. 3: initial formulation of problems (key components shown)



Concluding Comments:

This short case illustration highlights the application of a very useful and practical cognitive-behavioural strategy. This was further complemented with the use of a range of other carefully selected techniques, each relating to an issue identified within the formulation, aimed at targeting key problem areas i.e. the use of continua (Padesky, 1994).

Belief modification strategies form an important component of the cognitive-behavioural approach, presenting both a valid and perhaps necessary method for enhancing the effectiveness of this approach, and contributing to relapse prevention effects, particularly with those clients for whom the initial focus upon the challenging of surface negative automatic thoughts proves limited in effect.

References:

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