

Cognitive theory detailed outline

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* Cognitive Theory Outline I. Theory: Cognitive Theory (CT) a. Key Concepts:

i. The way a person's mind collects and categorizes information is built into schemas. Those schemas help build associations with future thoughts, emotions and behaviors, as they determine how we categorize an experience. Schemas influence our recall of an experience (good or bad), our emotion (positive or negative), and our behavior (acceptance or avoidance), and how we relate it mentally to similar new situations that we encounter.

If the schemas that are built within are faulty, they can cause a domino effect of inappropriate thoughts, emotions and behaviors until the faulty view is challenged and the old schema is replaced with a new one. ii. The most primitive schema houses our automatic thoughts. iii. Automatic thought can be visual or verbal. Other characteristics of the three types of automatic thought show that it; (1) is distorted, yet occurs although no evidence exists to support the distorted thought (ex.

Telling yourself you are the worst person in the world and believing it); (2) is a correct automatic thought, but the conclusion the patient draws isn't (ex: I failed the test, so that means I'm stupid); or (3) is an accurate thought, but still dysfunctional (It will take me all night to finish his project! The behaviors associated with this thought becoming overwhelming and cause anxiety, which lessens the concentration and work output) (Murdock, 2009, p. 318).

iv.

Automatic thoughts are coexistent with our deeper thinking thoughts, as they are quick snapshots of thought that come about spontaneously without any reflective thought (Murdock, 2009, p. 318). v. CT Theory doesn't believe that humans are innately good or bad, but rather neutral, whereby humans

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are seen as “ organisms adapting to the environment” (Murdock, 2009, p. 319). vi. “ CT assumes both an external, objective reality and a personal, subjective, phenomenological one” (Murdock, 2009, p. 319). vii. CT is most a “ theory of psychological dysfunction” (Murdock, 2009, p. 319). viii.

Murdock (2009) provides that Clark and Beck concluded that “ cognitive processes evolved to enhance adaptation to the environment, and hence, survival (p. 319). ix. In CT, the “ basic needs of humans are thought to be preservation, reproduction, dominance, and sociability’ (Murdock, 2009, p. 320). x. The cognitive model says that perception determines emotions and behavior. xi. Three types of cognitive processes that individuals have are; automatic (can be innate- suited to preservation and survival); conscious (the actual act of thinking), and metacognitive (an examination of how we think). ii. “ Two kinds of cognitions are important in CT: core beliefs and assumptions, roles and attitudes” (Murdock, 2009, p. 323). xiii. CT theory asserts that human functioning is a product of what you learn and genetics. xiv. Recently, two types of temperaments have been presented within the theory- autonomy and sociotrophy. Autonomous people strive towards mastery and control and rated self-worth and achievement without regard to others, while sociotrophic people rank themselves against others in terms of worth.

These types approach thinking, and life differently based on their perspectives, therefore they feel and react differently. xv. CT recognizes that people can be illogically functional, meaning that you can function even if you have illogical beliefs, i. e. , someone who is functionally depressed. xvi. Issues are born in how an individual constructs his or her reality, which is

based on “ innate, biological, developmental, and environmental” factors (Murdock, 2009, p. 327). b. Key Theorists: xvii. Aaron Beck is the key theorist for Cognitive Theory.

He also recognizes other cognitive theorists as influences, including Magna Arnold, George Kelly, and Albert Bandana. c. Appropriate Populations for the Theory: xviii. Appropriate populations for this theory may be those that need anger management, are suffering from depression, bipolar disease, manic depressives, substance abuse disorder, panic disorder, anxiety disorder, eating disorders, schizophrenics, personality disorders, and social phobias; Western populations, Chinese and other Asian populations . Inappropriate Populations for the Theory (Explain why.) xix. Possibly some non-Western cultures, Latinos, Asians, American Indians, those that are highly spiritual, Indian populations, and those who are gay, lesbian, bisexual or transgendered may experience challenges with regard to this therapeutic approach. e. Therapist’s Role: xx.

The therapist is to assess the client’s thoughts, get a full psychological evaluation, examine client cognition to bring awareness to client as a means for improving cognitive thinking (by asking questions that lead the client to arrive at a counselor predetermined destination, thus giving them ownership and responsibility), help the client make specific goals, analyze those goals from a CT prospective, develop a cognitive plan for clients, and teach the CT model. f.

Client’s Role: xxi. The client is to establish goals for therapy, remain independent throughout the process, learn and implement the CT model and remain active and engaged in the therapeutic services. xxii. The client is a

student who collaborates with the therapist, and eventually, leads therapy as sessions show proof of the client's growth. g. Theory Strengths: xxiii. This theory's roots " lie in both behavioral and psychoanalytic approaches" (Murdock, 2009, p. 319). xiv. CT is " structured active, collaborative, and psychoeducational" and " emphasizes a scientific approach" (Murdock, 2009, p. 332). xxv. " The goals of CT are to identify and change faulty information processing and to modify beliefs that support psychological dysfunction to ones that are more adaptive" (Murdock, 2009, p. 333). Rebuilding or rewiring thought processes as they relate to primal schemas should allow the individual to present with more adaptive behavior. xvi. Cognitive and behavioral techniques are used in CT. Some of those techniques include; questioning (socratic, or leading questions), downward arrow (diagram of thoughts, starting with those close to the surface and moving down to the core), thought recording (journal worksheet), behavioral environments (choosing behaviors that challenge faulty beliefs- ex: if you say I never have fun, choose to start oing things that you think would be fun), activity scheduling (build a calendar that keeps client engaged in life), graded tasks (breaking bigger tasks into smaller ones as to not be overwhelmed), problem solving, imagery (replacing negative images, or turning them off by interrupting the associated thought), role-playing (or behavior reversal). h. Theory Limitations: xxvii. The length of time can be considered a limitation of CT, as it is typically a short term intervention (Murdock, 2009, p. 332). xxviii. Change in schemas may need more time to occur than suggested in CT, specifically if the dysfunction resides in a core schema structure. xxix. The theory is difficult to use, as it may be harder to locate the root issues built

within the deeper schemas. xxx. CT ignores the client's emotion and history in favor of his thinking (Murdock, 2009, p. 343).

i. Key Terms (Write a short definition for each.):

xxxi. Cognitive Therapy describes systems that highlight awareness and understanding of dysfunctions to bring about interventions and changes in the way people think, react, feel and behave.

xxii. “ Schemas are cognitive structures that organize the barrage of information with which we are constantly confronted” (Murdock, 2009, p. 320)

xxxiii. Stereotype threat is “ the anxiety aroused by the prospective risk of believing and confirming a negative stereotype about yourself because you belong to a group that has been negatively stereotyped “(ex: poor people are uneducated) (Murdock, 2009, p. 322).

xxxiv. Core beliefs are stored within our schemas, and contain our most basic, fundamental beliefs, and are therefore the hardest to modify.

xxv. Immediate beliefs are “ assumptions, rules and attitudes” about what “ should” and “ must” be (Murdock, 2009, p. 323).

xxxvi. Simple schemas involve “ physical objects or very distinct, simple, ideas, such as dogs, books, computers and so forth” (Murdock, 2009, p. 323).

xxxvii. Automatic thoughts are spontaneous assessments or pictures that exist along with our more conscious, deeper thoughts (Murdock, 2009, p. 323).

xxxviii. The mode is defined as “ networks of cognitive, affective, motivational, and ehavioral schemas that compose personality and interpret ongoing situations” (Murdock, 2009, p. 324).

xxxix. The conscious control system is responsible for metacognition and intentional behavior, such as that based on personal goals and values (Murdock, 2009, p. 324).

xl. Primal modes promote preservation, survival, reproduction, and sociability. (Murdock, 2009, p. 324).

1. There are four types are primal modes; threat, loss, victim (evolved to protect and preserve

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survival) and self-enhancement (helps the person adapt) (Murdock, 2009, p. 24). xli. Primary modes that are dysfunctional are caused by changes in environmental factors. Those changes caused a reaction in the individual which may present as a person with dysfunctional thinking. xlii. Constructive modes help you build through the experiences you encounter as you live. “ They are associated with positive emotions and adaptive characteristics and include (a) the capacity for intimacy, (b) personal mastery, (c) creativity, and (d) independence” (Murdock, 2009, p. 25). xliii. Minor modes are conscious and narrowly “ focused on everyday life situations, such as reading, writing, social interaction, athletic activities” (Murdock, 2009, p. 325). xliv. Photoschemas are “ inmate patterns that interact with experience to develop the modes”, as the modal theory explains (Murdock, 2009, p. 326). xlv. Health is “ information processing that allows the individual to meet his goals of survival, reproduction, and sociability” (Murdock, 2009, p. 327). xlvi.

Cognitive triad is the “ depressive’s negative views towards the self, the world, and the future” (ex: I’m a bad person, the world caused me to be this way, and we’re all going to hell.) (Murdock, 2009, p. 328). j. Is this theory research based? Evidenced based? (Justify your rationale.) xlvii. This theory is research based, as Murdock shares that “ Cognitive Therapy is perhaps that most well-researched counseling approach in existence, with an overwhelming amount of empirical support for its effectiveness with a variety of client problems. She also notes that the “ evidence for the theoretical assumptions and structure is less impressive” (Murdock, 2009, p. 344). k. Special training requirements: xlviii. This therapy requires the therapist to be culturally aware and sensitive to the client’s needs. Reference

Murdock, N. L. (2009). Theories of counseling and psychotherapy: a case approach (2nd Ed.). Upper Saddle River, NJ: PearsonEducation.