

Cognitive Therapy's Second Generation: A Demonstration by Judith Beck

A review of the video



Cognitive Therapy

with Judith S. Beck

Washington, DC: American Psychological Association, 2006. American Psychological Association Psychotherapy Video Series I—Systems of Psychotherapy, Item No. 4310736. \$99.95

Reviewed by
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☰ With the increasing emphasis on evidence-based practice in mental health (Norcross, Beutler, & Levant, 2006), clinician training in and familiarity with therapies that have garnered empirical support are becoming more essential by the day. One of the approaches that have been extensively studied and found to be effective with a number of client populations is cognitive therapy. On the basis of the idea that thoughts are a major influence on both affect and behavior (with the latter exerting a reciprocal influence on thoughts), cognitive therapy has developed over the last half century through the efforts of such pioneers as Albert Ellis (1962) and Aaron Beck (see, e.g., Beck, Rush, Shaw, & Emery, 1979). Cognitive therapy relies heavily on helping clients identify maladaptive or dysfunctional thoughts, linking those thoughts to feelings (e.g., anxiety and depression) and behaviors (e.g., drinking alcohol or taking drugs in response to perceived stressors), and collaboratively developing alternative thoughts that may be more functional and adaptive for the client.

☰ Cognitive therapists have developed a massive armamentarium of techniques over the years. One compendium of techniques, *Cognitive Therapy Techniques: A Practitioner's Guide* by Robert Leahy (2003), lists nearly 100 different techniques and forms. This has led to a dilemma for those of us who are engaged in training cognitive therapists: Students often become too focused on technique and miss the essential aspects of the therapeutic relationship in which those techniques are applied. Cognitive therapy is characterized by a relationship style on the part of the therapist that is collaborative, empathetic, objective, and attentive to the client's wishes and needs. There is an emphasis in cognitive therapy on providing a clear structure to therapy sessions, which can assist the client and therapist in making most efficient and effective use of the brief time most clients spend in therapy each week.

☰ Although Ellis (1962), Beck et al. (1979), and their students have written extensively about both the theory and the technique of cognitive therapy, there is nothing like actually seeing cognitive therapy demonstrated to bring its process and power to life. To address this, Judith Beck (Aaron Beck's daughter and a skilled cognitive therapist in her own right) takes the lead in a video that is part of the excellent series of psychotherapy demonstrations hosted by Jon Carlson and produced by the American Psychological Association. As with other videos in the series, this one is divided into three sections. In the first, the "star" is interviewed by Carlson, and she provides a brief introduction and descriptive overview of cognitive therapy that sets the stage for the main portion of the video, a demonstration with a real client (albeit someone recruited specifically for the video). The demonstration is then followed by a guided replaying of the session, interspersed with questions from the host and analysis by Beck of the specific issues that are the focus of the questions. Most helpful in this regard are several "What were you thinking?" questions posed by Carlson that attempt to elucidate the hidden thought processes the therapist uses to make tactical and strategic decisions in the session.

Although no 2-hr video can fully illustrate the nuances of any particular approach to psychotherapy, Beck does a nice job of capturing the basics and presenting them in a way that makes the therapy approach comprehensible for both beginning students and more experienced professionals who may be interested in getting a quick overview of how a therapist from a particular school of therapy approaches a patient. In particular, Beck highlights the importance of establishing a caring, collaborative, and empathetic working alliance with clients and nicely demonstrates the positive effect such an alliance can have, even in the short span of a single therapy session. She also nicely shows how the therapist provides structure to the therapy session without that structure becoming intrusive or the primary focus of the session. Finally, she demonstrates several common cognitive therapy techniques and puts them in the context of a complete therapy session to show how the process of cognitive therapy unfolds in practice.

Having seen many similar videos hosted by Carlson, I can say that this one is fairly typical of his work and adheres to high standards of clarity and precision in a straightforward presentation of cognitive therapy. If there is any quibble, and this is a minor one, the introductory section might have focused more on addressing the extensive research supporting cognitive therapy as an effective approach with a variety of client problems.

I highly recommend this video, as well as the many others in the various American Psychological Association series on psychotherapy approaches. Even if one is not a fan of cognitive therapy, watching this video can provide an excellent basic understanding of how the premises of cognitive therapy are translated into practical techniques for working with clients. The video will also serve to challenge some of the misconceptions I have often heard from therapists who are not familiar with this model—for example, the notion that cognitive therapy is mechanistic or superficial. Neither mechanistic nor superficial, this demonstration by Beck reveals cognitive therapy in all its richness. This video and the series of which it is a part are a windfall for both students and teachers of psychotherapy, and this particular video is a very nice introduction to cognitive therapy as practiced by Beck.

References

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