Cognitive Processing

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Cognitive Processing Goals

- Correct dysfunctional beliefs created by traumatic events

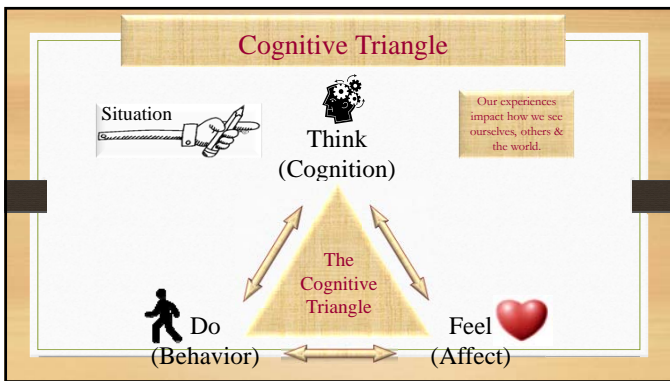- Develop understanding of the trauma within the context of the child's life

Cognitive Triangle

Situation

Think (Cognition)

Our experiences impact how we see ourselves, others & the world.

The Cognitive Triangle

Do (Behavior)

Feel (Affect)

Where do I start? Identifying Distortions

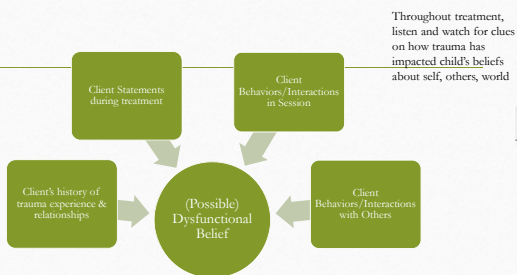|	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a bad kid. I am worthless. I am only valuable for….	People are bad, will hurt you.
Intimacy	I shouldn't get close to people.	Others will take advantage of me. Relationships cause pain.
Safety	I am unsafe. Something bad will happen to me….	Adults won't keep me safe. Adults are dangerous.

Identifying Dysfunctional Beliefs

Throughout treatment, listen and watch for clues on how trauma has impacted child's beliefs about self, others, world

Client Statements during treatment

Client Behaviors/Interactions in Session

Client's history of trauma experience & relationships

(Possible) Dysfunctional Belief

Client Behaviors/Interactions with Others

Identifying Dysfunctional Beliefs- "Cassie"

"I wonder if man in waiting room abuses his daughter."

Writing assustants

Defensive with therapist
Assumed therapist blamed her
Often disengaged

Sexual abuse by stepfather for 10 yrs
Love/affection from father; poor relationship with mother
Mother did not believe; Placed in fostercare
Previous therapist unsupportive

I'm only valuable for sex.
Men can't be trusted.
People will hurt you.

Casual sexual encounters
Few close relationships; tumultuous
Desire to recant to return home

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Identifying Dysfunctional Beliefs- Ms. M

"I've failed as a mom."
"I should have known."
"We aren't as close anymore."

Tearful in session
Hypervigilant for symptoms in child

Own childhood hx of sexual abuse
Daughter sexually abused by extended family member
Requested child not be alone with perpetrator

Responsible for abuse.
Irreparable damage from abuse.

Withdrawn from others.
Attentive to negative functioning.

How Do Dysfunctional Beliefs Change?

- Awareness of Conflicting Information
  - Psychoeducation
  - Cognitive Processing
- Corrective Experiences
  - Trauma Narrative
  - Conjoint Sessions
  - Healthy Interpersonal Relationships (Parenting)
- Purposeful Change in Thinking
  - Cognitive Processing

➢ Gradual, Effortful Process

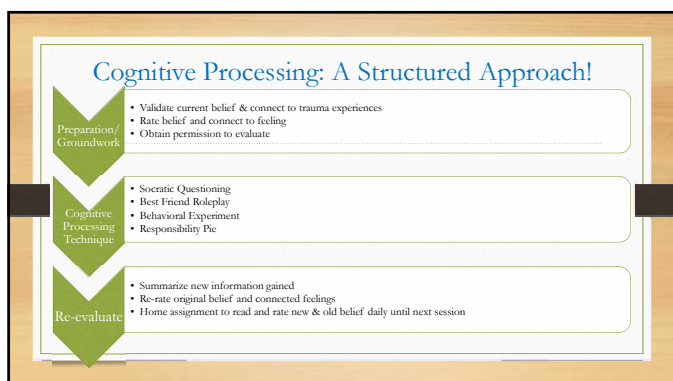## Cognitive Processing: A Structured Approach!

Preparation/ Groundwork
- Validate current belief & connect to trauma experiences
- Rate belief and connect to feeling
- Obtain permission to evaluate

Cognitive Processing Technique
- Socratic Questioning
- Best Friend Roleplay
- Behavioral Experiment
- Responsibility Pie

Re-evaluate
- Summarize new information gained
- Re-rate original belief and connected feelings
- Home assignment to read and rate new & old belief daily until next session

Techniques for Challenging

- Best Friend Roleplay
- Responsibility Pie
- Socratic Questioning

Best Friend Roleplay

- May be easier for client to show empathy for 3rd person than themselves
- Inquire how they would respond to their best friend
- Roleplay with therapist playing part of best friend (making unhealthy/distorted thoughts) and Client provides the reframe

Responsibility Pie

- Both a way to assess and a technique
- Have client list all who are responsible for abuse
- Then have client assign pieces of pie to all. Start with others (not the child)
- May use another technique to attempt to reduce child's responsibility
- Repeat activity at end of session.
- Goal for change… May not be zero.

Socratic Questioning

- Help clients identify, understand, and make changes to thoughts, beliefs and behaviors contributing to their current problems.
- Questioning that helps empower individuals to examine and determine the helpfulness or validity of their thoughts, beliefs and behaviors in a safe environment.
- Collaborative endeavor in spirit of guided discovery
- Therapist has end goal

"… any type of open questioning gets called Socratic Dialogue. Maybe it sounds better saying I engaged in Socratic dialogue with the client compared to I questioned them about themselves for an hour."

Socratic Questioning

Steps for the therapist:
- What is your end point/possible end point?
- What questions do you ask to get them there?
- Eventually you may/will have to provide some information, but use questioning technique as much as possible.

Adapted from slide by Shannon Dorsey, Washington Department of Psychiatry and Behavioral Science

Socratic Questioning Guide

Old Thought: It's my fault we're in foster care. I never should have told.

Possible Endpoint: When I told, I kept my siblings safe.

What I want to tell her	Turn into eliciting questions
•	•
•	•
•	•

Adapted from slide by Shannon Dorsey, Washington Department of Psychiatry and Behavioral Science

SQ - Independent Activity

Old Thought: **It's my fault my daughter was abused. I should have known.**

Possible Endpoint:

What I want to tell her	Turn into eliciting questions
•	•
•	•
•	•

Adapted from slide by Shannon Dorsey, Washington Department of Psychiatry and Behavioral Science

Let's Practice!

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Troubleshooting

- Client appears "lost" in discussion or Therapist feels going in circles
  - Be explicit in focus
  - Add structure or visuals
  - Use ratings to measure progress
- Client "arguing" for current belief or disengaged
  - Allow client to fully educate you on why he/she thinks this way
  - Validate current belief "It makes sense given your experiences of xyz…"
- Therapist struggling to find acceptable & true endpoint
  - Occurs when ideal isn't reality (child may never see parent again, neighborhood is dangerous, etc)
  - Belief often overgeneralized – What part isn't true?
  - May seek consultation

Troubleshooting

- Dysfunctional belief is vague – hard to challenge
  - Turn into an "If-then" statement.
  - "I have to be in control" → "If I am not in control, I will get taken advantage of."
- Child can't do solely verbal activity
  - Actively connect belief – feeling in triangle walk through
  - Look for evidence & paste under old & new belief

Case Example 1

- 10 year old female
- Sexual abuse by teenager over period of several years
- Had learned "not my fault", but continued to have self-blame
- Very concrete in thinking; distractible in session; zones out during verbal activities

Cognitive Processing - Preparation

- The sexual abuse happened because I said yes.
  - Did he say ok, fine when you said No?
  - Is he your age? Size?
  - Did you have a reason to trust him?
  - Can you give consent legally?
- I can never be happy because sexual abuse happened.
  - What makes you happy?
  - When you think about future, how do you feel?
  - Are there things you've done since SA/times you've been happy?
  - How do you know when you're happy? What's it look like?

Case Example 2

- 9 yr old male
- History of physical abuse and neglect; Adopted
- Completed TN, but holds onto belief "I'm lame. My life is going to be bad."
- Cognitive Processing – Conducted real and role-played interviews with people who knew child well (friends, parents, school counselor, teacher)… "What do you think about _____ ? Is he lame? How do you know he isn't lame?"