Cognitive Restructuring: The effect on Generalized Anxiety Disorder and Major Depressive Disorder

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Description of the Intervention

- Cognitive Restructuring is a cognitive behavioral therapy (CBT) strategy that is utilized to address a client's negative automatic thoughts. The goal of this intervention is to have the client to be able to first have the individual gain awareness of their thoughts and beliefs. Then the individual will identify how their negative automatic thoughts can result in maladaptive behaviors or psychological distress.
- An example exercise is "thoughts on trial", in this exercise the client selects a negative automatic thought. The client is then tasked with giving evidence in support of their thought, and evidence that refutes the thought. The counselor will facilitate the exercise in order to make sure the evidence is presented by fact opposed to feelings. In the end, the client will give a verdict on whether the thought should be supported, and if they feel like the verdict was fair.
- The result should have the client gaining more awareness into their negative automatic thoughts as well as being able to develop alternative ways of thinking, contesting negative thoughts, and developing adaptive thought patterns.

Brief Review of the Research

- In a study by Gómez Penedo, Coyne, Constantino, Krieger, Hayes, & grosse Holtforth (2020), researchers found that cognitive restructuring was able to reduce cognitive and behavioral avoidance as well as lower depression outcomes on follow up. The article showed that across the treatment categories that the cognitive restructuring treatment maintained consistent in its efficacy.
- Another study by Shikatani, Fredborg, Cassin, Kuo, & Antony (2019), showed that individuals who were given cognitive restructuring interventions rated higher than mindfulness interventions when asked about current and predicted helpfulness. Additionally, the individuals felt like they were more likely to use the interrvention in the future. The results that cognitive restructuring intervention showed between a .20 -.30 difference in the ηp^2 values compared to the control group.

Clinical Problem Addressed

- The client is a 15-year-old white heterosexual, cisgendered male. He was described in the intake as having a normal development, and he is the older middle child. The client has three siblings: older brother 18, younger sister 12, and younger brother 17. The client mainly lives with his mother, grandparents, and siblings. His father used to be at a different residency, but he has recently moved in due to the pandemic. The client has a strong relationship with his mother, grandmother, and siblings. He reports not having a good relationship with his father. The initial intake showed that his father has a comorbid diagnosis of anxiety and depression, and his paternal uncle had depression and died by suicide. He is currently on the following medication: Scalipram 1x daily 10 mg; Razipram 1x daily 10mg. Client has experience with counseling in the past.
- The client meets DSM-5 criteria for *Generalized Anxiety Disorder* 300.02 – (F41.1) and *Major Depressive Disorder* 296.21 – (F32.0). In the process of ruling *Obsessive Compulsive Disorder* 300.3 (F42.2).
- The client experiences the following symptomology patterns of Avoidance, Poor self-image, Will transition between Anxiety and Depression, Occasional Suicidal Ideation, no plan or intent, Rigid thinking, Aims for perfection, Lack of motivation during depressive episodes, Fatigue, and the client is self-critical.
- The client reports experiencing the symptomology since middle school.

Conceptualization of the Intervention

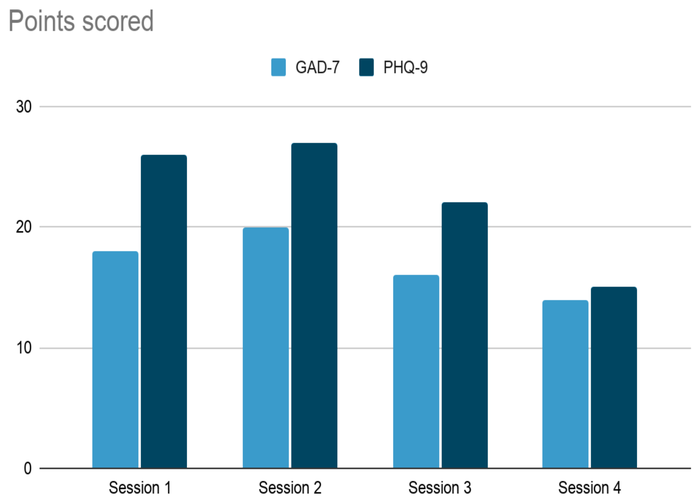
- The client has a rigid automatic thought process that often causes psychological distress. The client claims to have a constant stream of thoughts regarding his anxieties (tests, social interactions, systemic issues, and how other people perceive him). For example, the client will focus on the US's economy and will focus on how he will change the problem. The client will feel shame, guilt, or loss motivation due to the weight of the issue. When the client reframes his thinking, he attributes it to looking at it from a family members or friends' point of view. The client feels overwhelmed from a constant cycle of negative automatic thoughts and does not know how to cope with the thoughts. He has reported he usually just tries to ignore the thoughts, or sleep. The client feels cognitive dissonance since his thoughts differ form what he wishes his actions were.
- The intervention is aimed at addressing the client's negative thought patterns and to provide strategies in order to build healthy coping skills. As well as reducing cognitive dissonance by not relying on the perceptions of other people in order to change his thinking.

Implementation

- Session1: In session 1, the client and I utilized the "Thoughts on Trial" intervention. During the session we chose the thought "I'm better off not here". We discussed the supporting and refuting evidence around the thought and came to a verdict. The client knew the verdict should be refuted however expressed he felt it was true. We debriefed; the client felt if this was a different person then his verdict would be different.
- Session 2: In the second session, we did a "catastrophizing worksheet". Similarly, to the first exercise we completed the worksheet regarding the client's thoughts. When the client answered how anxious he would be about an event 1 week, a month, and a year after. He reported that he would feel 90% anxious across all three amounts of time. We processed the thoughts and I asked if he had any events that supported this level of anxiety. The client provided examples,
- Session 3 & 4: The writer switched to different techniques due to an increase of symptomology from baseline as well as behaviors during session. The remainder of the sessions the writer used the perfect world technique and mindfulness exercises. Discuss how the intervention was implemented in each session.
- Throughout the sessions the client responded well to me, he was willing to engage in all the interventions and was an active member during session. I reflected the client's strengths and utilized a more informal approach to our sessions.

Evaluation and Outcome

- The GAD-7 is a 7-item questionnaire that assesses anxiety, and the PHQ-9 is a 9-item questionnaire that assesses depression. These measures were aimed at assessing the client's anxiety and depression symptomology over the course of our sessions.
- Since I initially used the PHQ-9 and GAD-7 I utilized the measures for the 4 sessions.
- In session 1 the client's the reported symptomology was high the client showed the presence for sever anxiety (score 18) and severe depression score (26). This increased in the second session when we utilized the cognitive restructuring intervention again GAD-7 score (20) and PHQ-9 score (27).
- When the writer abandoned the cognitive restructuring due to client's self report and psychological distress. The client's GAD-7 scores and PHQ-9 scores decreased. In session 3 the client's scores were 16, 22. Session 4 the client's scores continued to decrease to 14, 14 which meant the client qualified for a moderate anxiety and moderate depression diagnosis.



References

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