

Cognitive Therapy for Challenging Problems: What to do when the basics don't work.
Judith S. Beck. New York: Guilford Press (www.guilford.com). 2005, 324 pp, \$39.00
(hardcover).

Common criticisms of cognitive therapy are that it can be technical, and may not address the many nuances and complexities evident in client problems and therapeutic relationships. Critics of cognitive therapy should be encouraged to read Judy Beck's recent book, however, to see how these issues can be effectively addressed in cognitive therapy. An excellent follow-up to *Cognitive Therapy: Basics and beyond* (1995), this text offers many insights and practical suggestions on managing the complexities that can and often do occur in clinical practice. The debate continues regarding whether therapy is an art or a science and Beck refers to the "art of conducting cognitive therapy" in this text. She, however, carefully observes and thoughtfully deconstructs the process of cognitive therapy so that both new and experienced clinicians can easily see that what may appear to be an art is actually carefully constructed cognitive therapy based upon theoretical principles. What may initially appear intuitive is based upon Beck's years of experience and close observations of clients and therapists.

The first chapter sets the stage for the remainder of the book. It encourages clinicians to identify the specific problem that is faced with challenging patients. Common problematic behaviors are identified, and categorized into patient pathology, therapist error, factors inherent in treatment or factors external to treatment. Beck raises a number of questions within each of these categories, and then offers numerous strategies to help the clinician avoid problems that could arise in therapy. Some of these strategies are basic, such as ensuring that there is an accurate diagnosis and clinical case formulation, as it is common for clinicians to make basic errors.

The second chapter presents the cornerstone of cognitive therapy, which is cognitive conceptualization. The cognitive model is briefly described in a very straightforward and understandable way. Challenging clinical examples are used throughout this as well as all other chapters. The diagrams and charts used in this chapter will be very useful for graduate students and novice therapists. In turn, these diagrams are likely to be used by therapists to help their patients understand their own problems. Beck describes how the patient's childhood experiences shapes his or her core beliefs and how subsequent assumptions about therapy will lead to coping strategies and automatic thoughts within the therapy session. These direct links between the patient's beliefs and the impact upon the therapy and the therapist are seldom as clearly described as they are in this chapter.

Most therapists view clients with personality disorders as challenging. Chapter 3 discusses this issue, and describes the development of Axis II disorders from a cognitive theory perspective. Typical dysfunctional overdeveloped and underdeveloped strategies that patients use to deal with the problems in their lives are described in a neutral, non-patient blaming way. These dysfunctional strategies are used by the patient time and time again even when they are ineffective or even damaging. The cognitive profiles of each of the Axis II disorders are presented, including typical therapy-interfering beliefs and behaviors, as well as a case example for each disorder. Therapists who read this chapter will be able to clearly understand Axis II disorders using cognitive theory. It is common for therapists to become frustrated dealing with these types of challenges in therapy. Therapists who have a solid understanding of cognitive theory are likely to have their frustration eased and be more effective therapists.

The next chapter discusses some of the challenges faced in developing a therapeutic alliance with challenging patients. Numerous strategies are offered to help build the alliance, including active collaboration and adaptation of therapeutic style to match the patient's particular characteristics. Specific clinical examples are used, along with ways in which to repair any alliance ruptures that may occur. Beck discusses strategies for how to use the relationship alliance within sessions to work towards therapeutic goals. This section is a very useful contribution to this book, as most cognitive therapists see the therapeutic alliance as a precondition for change, but seldom use the relationship as a vehicle for change. Most challenging patients have interpersonal difficulties and the therapeutic relationship provides a powerful and immediate forum in which to work on these issues. While Chapter 4 describes ways to build the alliance and identify and solve alliance problems, Chapter 5 provides case examples of common difficulties and how to overcome them.

As an experienced cognitive therapist, Beck is aware that therapists may have dysfunctional reactions to their patients. She guides the reader through their own possible automatic thoughts and the cognitive errors that they may make regarding the patient, or about their own ability to help the patient. The therapist can conceptualize their own reactions through a series of questions provided by Beck, and then follow the appropriate strategy to deal with the reactions. Strategies include setting limits, ensuring that therapist self-care occurs or at times, transferring the patient to another clinician if deemed appropriate. Case examples of therapist dysfunctional reactions to their patients are provided, such as when therapists feel overburdened, demeaned or threatened by their patients.

Goal setting with patients is theoretically simple, but is surprisingly difficult for many patients and therapists to complete. Chapter 7 addresses some of the challenges in setting goals, and provides standard and unique methods for doing so. For example, using imaginal techniques, or addressing dysfunctional beliefs about actually setting goals, may be tools that therapists may not typically consider. Beck provides an accessible list of therapeutic strategies to use in goal setting and case examples for typical challenges, such as "the patient who sets existential goals".

The following chapter addresses challenges that cognitive therapists frequently experience in utilizing the structure of cognitive therapy sessions. As with goal setting, session structure may be straightforward, but difficult for a therapist to follow, particularly for patients with complex problems or challenging interpersonal styles. Beck describes the standard structure, as well as when and how to modify it. She also describes how to address patient and therapist's assumptions about structuring techniques, such as interruptions. She also provides guidelines regarding when not to structure or when to provide less structure to a session. Another very common challenge that all cognitive therapists face is lack of homework adherence. Chapter 9 addresses ways to facilitate within session problem solving, and between session homework completion. Sensible suggestions are included as well as ways to vary standard procedures to enhance homework completion.

The next chapter focuses upon challenges in identifying cognitions. Some of the types of challenges that clients face may be unfamiliar to readers, such as recognizing cognitive avoidance or using imagery or role play to help identify automatic thoughts if standard procedures are not effective. Beck discusses the use of imagery techniques in several chapters, including this one. She suggests using them in creative ways, which will be helpful to many cognitive therapists. Once the cognitions are identified, the challenges to modify both the thoughts and the images are reviewed in Chapter 11. Techniques that can be used for automatic

thought level images, metaphorical images and images in the form of memories are described, along with case examples.

Beck reviews challenges in modifying deeper level assumptions and core beliefs in Chapters 12 and 13. More tools and an extended case example are provided in Chapter 12. Beck is realistic about the modification of core beliefs. The description of an information processing model for use with clients is a useful addition to Chapter 13. She builds upon this model with a case example, to demonstrate possible belief changes and ways to motivate and enhance core changes. Finally, Beck notes a number of tools that can be used with the same case, such as environmental change, family involvement or other modalities of therapy.

This text should be required reading for all clinicians who face challenges with their clients, which is likely to include virtually all cognitive therapists. Beck provides a practical and accessible guide to dealing with challenges in cognitive therapy. The description of standard tools, how to modify and add to them with many different types of challenges that arise, is extremely useful. Beck also writes in a readable, interesting style that graduate students and both new and seasoned clinicians will all find helpful with their clients.

References

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