CHANGES IN THE COGNITIVE RESTRUCTURING TECHNIQUE DURING THE PSYCHOLOGICAL TREATMENT

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INTRODUCTION

•Traditional explanations of restructuring technique... have been based on constructs with little operational meaning and on circular explanations.

•An additional problem for this type pf intervention... is the absence of systematic guidelines for implementation

•There is not enough published processes research in the area. We have proposed a general model for explaining this technique (Froján, Calero, & Montaño, 2007) and we have published a case study (Froján, Calero, & Montaño, in press).

• Our study is based on previous contributions:

* Hamilton (1988), Follete, Naugle, & Callaghan (1996): therapeutic change consists of shaping new behaviours throught therapeutic relationship

* Poppen (1989): restructuring technique consists of changing erroneous client´s rules.

* Skinner (1957): verbal behaviour can be explained through pavlovian and instrumental conditioning.

OBJETIVE: to improve our understanding of the processes underlying the debate technique with the detailed study of a single case

METHOD

SAMPLE

❖5 recordings of fragments of different clinical sessions with the same client.

Fragment	Session	Duration of segment (mm:ss)
1	5	01:17
2	5	12:45
3	6	08:39
4	7	13:31
5	9	01:09

❖1 behavioral therapist, with 18 years' practice, from a private clinical centre in Madrid (Spain).

❖The client was a 29 years old woman attending for a problem of a low mood.

VARIABLES

1.The verbal interaccion between therapist and client.

The verbal behavior of the therapist was categorized in seven functions , based on basic behavioral operations:

Discriminative	Verbalizations that occasion a client's behavior (verbal or non verbal) followed by reinforcement or punishment .
Evocative	Verbalization by the therapist that elicits an observable emotional response
Reinforcement	Verbalizations that show agreement with, acceptance of and/or admiration for the behavior shown by the client.
Punishment	Verbalizations that indicate disagreement with, disapproval of and/or rejection of the behavior shown by the client.
Instructional	Guidelines offered by the therapist with the aim of promoting a certain behavior in the client outside the clinical context.
Motivational	Verbalization by the therapist that highlights the benefits derived from a given behavior shown by the client or the costs of maintaining a dysfunctional behavior.
Informative	Verbalization by the therapist that transmits his or her theoretical and/or clinical knowledge to the client

Registering was made using an observational code elaborated by the authors (Froján, Calero, Montaño,& Garzón, 2006), with a high level of observer precision (Cohen's Kappa=0.68-0.74, calculated with *The Observer XT 7.0*)

In the three- term sequence S- R- C, the terms S and C always referred to the therapist´s verbalizations, whereas the term R referred to the client´s verbalizations preceded and followed by the therapist´s bahaviors.

2. The client´s cognitions that were established as targets fot debate

PROCEDURE

❖We contacted the clinical centre. Both client and therapist gave their formal consent for the sessions to be recorded.

❖We identified 14 fragments of the debate technique about basically three topics. One topic was selected for analysis.

❖The five debate fragments that involved this topic were selected and literal transcriptions were made.

❖Two of the authors coded the fragments and discussed the differences. The transcriptions were analyzed on three levels:

Level 1	The three term sequences, S-R-C.
Level 2	The client´s target verbalizations that were dealt with through the debates and the strategies used to this effect by the therapist
Level 3	The moments in which the therapist changed the target of debate

RESULTS

Level 1- The S-R-C sequences. There were basically four types of sequences. These four types followed one another to produce the dialogue between therapist and client during the debate technique

DISC - R- (not C)
DISC - R- REINF
DISC –R- PUN
PREP (Informative, Motivational) or INST+ DISC- R- REINF/PUN

Level 2- The client´s verbalizations acted upon by the therapist and the strategies used to this effect.
The debating process started with the therapist announcing the final target verbalization.

Debate	Verbalization Set as Therapeutic Objective	Debating Strategy
1	*"I am a successful woman"* (final goal of the restructuring process)	Information about what is meant by a successful woman
2	"In general, my behavior is valuable", "My behavior at work is valuable"	Questions intended to evaluate the empirical evidence for the verbalizations. Information about how certain behaviors are learned Homework proposal: asking colleagues about how she is doing in the workplace. Question intended to evaluate the semantic clarity of the words "exceptional" and "special"
3	"At work I rank at the top"	
4	"My behavior at work is valuable", "I am above average at work", "I am exceptional in my work"	
5	*"I am a successful woman"* (final goal of the restructuring process)	Information about what is meant by a successful woman.

Level 3- The moments in which the therapist changed the target of debate. We identify three different ways in which the therapist directs the changes:

•The therapeutic goal is not meet, the therapist punishes (or does not reinforce) behavior, and changes her strategy.
•The therapist´s objetive is met, reinforcement may be delivered, and a change is made.
•The client changes her topic of conversation and the therapist engages in the debate for a while, digressing from the strategy she was following.

CONCLUSIONS

•Although of the important role of the behavioural strategies in cognitive restructuring procedures, we cannot ignore cognitive or verbal components.

•"The cognitive part" of the therapy, the activity of debating, may be better explained in behavioral terms. The cognitive restructuring may correspond to a shaping procedure in which the client changes from less to more adaptative verbalizations.

•Although the theorical explanation of what happens during restructuring differs from that presented by Beck and Ellis, the debate technique was implemented here in ways quite similar, wiht one important difference. In our case study, the final, target verbalization was presented from the outset. Might the present option be more convenient in therapeutic terms? Future research will permit us to study which of these two clinical approaches is more effective.

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