

Chapter Ten

Addressing Cognitive Distortions

Basic Principles

Treatment for cognitive distortions, negative explanatory style and core beliefs has been used for bipolar spectrum disorder for decades. In addition to the better-known approaches for treatment of depression, additional treatment methods for episodes of mania have been developed. The approach differs because of the distinct differences in the cognitive distortions found in depression and mania. In depression, the focus is on understanding the link between thoughts, beliefs and feelings. The intervention is to refute cognitive distortions by replacing maladaptive core beliefs and challenging the negative explanatory styles.¹

In contrast, cognitive therapy during episodes of mania or hypermania focuses on the link between thoughts and behaviors. The goal is to extend the interval between the two so that reality testing can take place.

Overview of Intervention

The first step is to assess cognitive distortions (also called cognitive errors), negative explanatory styles and core beliefs. (See Chapter Four: In-Depth Assessment and Assessment Tools in the Bipolar Toolbox.) Next, the client is helped to realize the effects these have on mood and to learn tools for cognitive restructuring. An important principle of treatment for Bipolar

spectrum disorders is to recognize cognitive symptoms early in a given episode in order to intervene prior to the extremes of depression, but particularly in the case of mania, before psychosis and other symptoms can make it difficult to deal with cognitive realities.

Interventions for Cognitive Restructuring in Depression

The first step in addressing thought distortions associated with depression is helping the client learn to recognize distorted thinking. More often than not, the client is unaware of her distorted thinking. The next step after identifying the client's distorted thinking patterns is to point them out and contrast them with other ways of thinking about issues and situations. Share with the client a list of thinking patterns identified in the assessment and help her learn to identify the distortions by examining her thought responses in the context of real life situations or in anticipation of future events.

Next, practice with the client ways of refuting the distortions. Basic CBT interventions can be used, such as listing automatic thoughts and comparing them to alternate explanations. Role-playing alternate responses can be helpful with the therapist modeling different explanatory styles or with the client playing the role of refuting the distorted thoughts.

Have the client assign a numerical score indicating strength of belief of both automatic thoughts versus alternative explanations and how strength of belief can change after considering alternatives. For example, before the exercise the client may be 90 percent certain that he will never make friends because people do not like him. This is identified as black and white thinking as well as fortune telling. Dur-