COGNITIVE-BEHAVIORAL THEORIES OF COUNSELING

ABOUT THE AUTHOR

Dr. Marty Sapp is a Professor of Educational Psychology at the University of Wisconsin–Milwaukee. He earned his Ed.D. in Educational Psychology at the University of Cincinnati, and his substantive interests are cognitive-behavioral therapies, hypnosis, research methods and designs, measurement, and anxiety disorders.

Dr. Sapp is a licensed psychologist and Fellow of the American Psychological Association. In addition, he has published five books and authored more than forty-five journal articles. Moreover, he is an editorial board member of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy,* and he has served on the following editorial boards: *Multiple Voices for Ethnically Diverse Exceptional Learner, Cognitive and Behavioral Practice, Journal of Counseling and Development,* and *Journal of Mental Health Counseling.* Finally, he has served as a reviewer for the following journals: *The Journal of Counseling Psychology, The Counseling Psychologist,* and *Educational Foundations.*

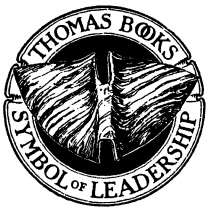
COGNITIVE-BEHAVIORAL THEORIES OF COUNSELING

Traditional and Nontraditional Approaches

By

MARTY SAPP

Professor
Department of Educational Psychology
(Counseling Area)
University of Wisconsin–Milwaukee



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

ISBN 0-398-07498-4 (hard)
ISBN 0-398-07499-2 (paper)

Library of Congress Catalog Card Number: 2004041181

With THOMAS BOOKS *careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use.* THOMAS BOOKS *will be true to those laws of quality that assure a good name and good will.*

Printed in the United States of America
GS-R-3

Library of Congress Cataloging-in-Publication Data

Sapp, Marty, 1958–
Cognitive-behavioral theories of counseling :
traditional and nontraditional approaches / by Marty Sapp.
p. cm.
Includes bibliographical references and index.
ISBN 0-398-07498-4 – ISBN 0-398-07499-2 (pbk.)
1. Cognitive therapy. I. Title.
RC489.C63S275 2004
616.89′142–dc22

2004041181

To my students

PREFACE

Cognitive-Behavioral Theories of Counseling: Traditional and Nontraditional Approaches is designed for clinicians who are interested in traditional and nontraditional cognitive-behavioral approaches to psychotherapy. Some readers may be aware of traditional behavioral approaches such as neo-behaviorism, applied behavior analysis, cognitive-behavioral theory, social learning theory, personal constructs psychotherapy, and multimodal theory; however, there are several nontraditional cognitive-behavioral approaches to psychotherapy theory, such as the following: Adlerian theory, transactional analysis, and reality therapy. Nontraditional cognitive-behavioral personality theories did not develop from academic schools of behavioral thought, nor are they associated with the largest behavioral organization—the American Association for the Advancement of Behavior Therapy.

Cognitive-behavioral theories are the strongest paradigm within the fields of psychotherapy and psychology. Even though many academic writers emphasize theoretical eclecticism, many theories of psychotherapy are epistemologically incompatible; nevertheless, a clinician can be eclectic within a general paradigm or classification of theories, such as cognitive-behavioral. Therefore, this book emphasizes to the clinician to be eclectic within the broad cognitive-behavioral umbrella, without haphazardly attempting to integrate opposing theories.

In summary, books that present clinicians an in-depth discussion of both traditional and nontraditional cognitive-behavioral approaches to theories of psychotherapy have not been heretofore available. Finally, this book emphasizes the current framework of psychotherapy and psychology-cognitive-behavioral theories.

ACKNOWLEDGMENTS

It took several individuals to bring this text into press. First, I would like to thank the students on my research team. Second, I offer thanks to the University of Wisconsin–Milwaukee School of Education word processing pool for typing this entire manuscript. Moreover, I thank Dr. Walter Farrell at the University of North Carolina at Chapel Hill. In addition, I offer thanks to my University of Cincinnati connections: Dr. Patricia O'Reilly, Dr. Judith Frankel, Dr. Marvin Berlowitz, Dr. Purcell Taylor, the late Dr. David L. Johnson, and Dr. James Stevens. I offer special thanks to Dr. Stevens, because he taught me how to embrace the quantitative aspects of being a psychologist. Finally, thanks also go to Mariana Gómez. In closing, comments or discussions concerning this text–both positive and negative–are encouraged. My address is The University of Wisconsin-Milwaukee, Department of Educational Psychology, 2400 E. Hartford Avenue, Milwaukee, Wisconsin 53211. My telephone number is (414) 229-6347, my e-mail address is sapp@uwm .edu, and my fax number is (414) 229-4939.

CONTENTS

COGNITIVE-BEHAVIORAL THEORIES OF COUNSELING

Chapter 1

PSYCHOTHERAPY RESEARCH

PSYCHOTHERAPY EFFECTIVENESS

How do we know that psychotherapy is effective? Bergin and Garfield (1994, pp. 31–66) found that all forms of psychotherapy were effective. However, various forms of psychotherapy differ in terms of effect sizes. Bergin and Garfield used **meta-analysis,** a technique that summarizes the effect sizes of several studies to show that psychotherapy was effective. When psychotherapy groups are compared to control groups, psychotherapy has an overall ***d*** **effect size** of .70 (Sapp, 1997a, 1999, 2002). In addition, clients undergoing psychotherapy are better off than the 79 percent of clients receiving no treatment. Some theorists such as Kirsch (1990) and Kirsch and Lynn (1999) believe that psychotherapy is mostly a **placebo effect,** or an **expectancy effect** and they base their position partially on automaticity theory.

Kirsch and Lynn's (1999) notion of **expectancy** comes from a group of behavioral theories called **social learning theories.** For example, Miller and Dollard, Rotter, and Bandura developed social learning theories (Sapp, 1997a). Neal Miller and John Dollard were the first theorists to use the term **social learning theories.** They took tenets from Clark Hull's theory of learning and extended it to reflect social and cognitive perspectives. Hull believed that **drives** (reinforcement) energized all behavior; however, they do not direct behavior; and he stated that there were two types of drives–primary and secondary. **Primary drives** are physiological needs such as food, clothing, and shelter; in contrast, **secondary drives** are associated, or acquire reinforcement value by being associated with primary drives. For example, money, diamonds, pearls, and stocks are some examples of secondary drives. **Cues** determine how people respond to drives. For example, if one were having dinner at a prestigious restaurant and did not know which fork to use while eating, one could observe others and determine from the social cues which fork to use. According to Dollard and Miller's social learning theory, social

cues are learned through a trial-and-error method. In essence, Dollard and Miller proposed a drive reduction theory in that reinforcement involves drive reduction. It is worth noting that Dollard and Miller were one of the first groups of theorists to attempt to combine psychoanalytic theory with behavioral theory, and their notion of drive reduction has the same meaning as it does within Freud's theory. Finally, Dollard and Miller's theory influenced the theories of Rotter and Bandura.

Rotter's social learning theory was the second development within the area of social learning. Rotter included more of a cognitive emphasis with his theory. Rotter's theory has four basic constructs: behavior potential, reinforcement value, expectancy, and psychological situation.

Behavioral potential is the potential for behavior, and it is the probability that a given behavior will occur in a situation, if it is reinforced. Reinforcement value is a client's preference for one reinforcer over another, and expectancy is a belief that a certain behavior will produce a certain reinforcer (Sapp, 1997a). The **psychological situation** is the context in which behavior occurs. Rotter's theory can be summarized as Behavior Potential = Function of (Expectancy and Reinforcement Value). This formula states that behavior potential is a function of the interaction of expectancy and reinforcement value; therefore, a client's subjective perception, not external reality, determines his or her behavior potential. Finally, Rotter stated that behavior has to be interpreted within the social context of the client, and one does not want to give too much influence to dispositional factors.

Bandura's social learning theory was the third development within the area of social learning. Even though Bandura started his career as a traditional behaviorist, he found that operant and classical conditioning could not explain complex behaviors. He found that clients who had requisite skills for certain behaviors could extend their repertoire of skills by observing a therapist perform specific behaviors. What is interesting about Bandura's notion of observational learning, learning by observing, is that the public assumes that modeling will occur if there is a model; however, there is an important ingredient for successful modeling—the client has to accept the model. This point is often missed by popular psychology books and individuals within the media.

In summary, Bandura's theory is a social-cognitive-behavioral one, and he stated that behavior is determined by the complex interaction of personal, behavioral, and situational factors-**reciprocal determinism.** Moreover, reciprocal determinism explains why clients think, feel, and do the things that they do.

Recently, Kirsch and Lynn (1998) and Wegner and Wheatley (1999), presented a **sociocognitive theory of automaticity.** According to Bargh and Barndollar (1996), the following four conditions are necessary and sufficient

for cognitive processes or behavioral actions to be **automatic** (Bargh and Gollwitzer, 1994):

1. The cognitive process of behavioral action is outside of the client's awareness.
2. The cognitive process or behavioral action cannot be prevented; therefore, the cognitive process or behavioral action is uncontrollable or unstoppable.
3. The cognitive process or behavioral action does not require cognitive resources to become initiated; that is, the client does not have to think about the cognitive process or behavioral action for it to be initiated.
4. The cognitive process or behavioral action does not require volitional effort to become initiated; therefore, the cognitive process or behavioral action is unintentional or nonvolitional.

Kirsch and Lynn's (1998) theory was influenced by several social cognitive theorists (Bargh, 1994; Bargh & Barndollar, 1996; Libet, 1985; Bargh & Gollwitzer, 1994; Dixon, Bruent, & Laurence, 1990; Dixon & Laurence, 1992; Lynn, 1992; Lynn & Rhue, 1994) and Kirsch's (1990, 1997) response expectancy theory. Kirsch and Lynn proposed that all routinized behaviors are automatic. The reader may be aware that theories such as **classical conditioning** describe responding as automatic (Pitsch, Sapp, & McNeely, 2001). For example, if a puff of air (unconditioned stimulus) is blown into one's face, the automatic response is to blink (unconditioned response). Moreover, a sudden loud noise tends to produce automatic startle responses. In addition, Van Den Hout and Merckelbach (1991) presented a persuasive argument that clients are genetically prepared to respond to certain conditioned responses, and that classical conditioning is not just the simplistic cue to respond, but clients' anticipations about the probable relationship between stimuli (Sapp, 1997a). In summary, this neo-Pavlovian theory states that clients can respond to automatic and intentional responses.

Kirsch and Lynn's (1998) theory is also influenced by Norman and Shallice's (1986) model. Norman and Shallice stated that all behavior is initiated automatically, and this happens through hierarchically organized interactive sensory motor **schemata.** Readers may remember that Bartlett (1932) and Piaget (1926) were the first to describe the concept called schemata. Schemata are composed of four interconnected concepts: cognitive structure, cognitive propositions, cognitive operations, and cognitive products (Granvold, 1994). **Cognitive structure** is how information is mentally stored in the brain or mind; **cognitive propositions** are the content stored with cognitive structures. **Cognitive operations select,** encode, and retrieve information. **Cognitive products** are the results of information processing, and they are self-

cognitions, self-judgments, self-expectations, and self-conclusions. Finally, schemata serve as the basis for attributing actions as automatic.

According to Norman and Shallice (1986), two complementary systems control the initiation of actions. The lower system is called **contention scheduling** and it handles routine actions and does not require attentional or conscious control or effort. The **supervisory attentional systems** control novel tasks and nonroutinized behaviors (Woody & Farvolden, 1998).

Clearly, with Norman and Shallice's (1986) two-tier model, volition is connected with the supervisory system, and this model is similar to Hilgard's (1994) **neodissociation model of nonvolitional hypnotic responding.** Hilgard explains automatic hypnotic responding through a **dissociation theory.** Actually, before Hilgard developed his theory, Jean Marie Charcot (1825–1893) and his student, Pierre Janet (1859–1947), presented a dissociation theory of hypnosis. They believed that dissociation was more likely to happen when a client was exposed to extreme psychological stress or trauma. According to their theory, when clients experience extreme stress or trauma, there is a tendency for ideas and behavioral patterns that normally associate to become dissociated or separated.

Hilgard's (1994) theory differs from Charcot's and Janet's in that he presented an incomplete theory of dissociation among cognitive systems, and his theory is based on cognitive psychology. Specifically, his theory has the following assumptions: (a) there is a central processing unit, called the executive ego, that evaluates activities; and (b) the executive ego has several hierarchical subsystems below it that govern cognitive functions. Hilgard suggested that automaticity within hypnosis is the result of a combination of dissociation among the executive ego and the cognitive subsystems and the erection of an amnesic or communications barrier among the dissociated parts. Woody and Farvolden (1998) modified Hilgard's theory, and they presented a dissociated control theory of hypnotic automaticity; however, they did not believe that automatic hypnotic responding was the result of an amnesic barrier; rather they believed it was the result of hypnosis weakening control of the frontal lobe brain functions, which results in a dissociation of brain functions (Woody & Sadler, 1998).

Kirsch and Lynn (1998) argued that **response expectancies** determine clients' subjective feelings of automaticity, and that response expectancies are self-confirming and they tend to generate the subjective and physiological substrates of automaticity. To illustrate, Kirsch (1999; 2000) found that the placebo-induced expectancies could produce changes in asthma, anxiety, depression, panic, sexual arousal, tension, heart rate, blood pressure, dermatitis, and bronchial constriction. In essence, according to Kirsch and Lynn, automaticity is the result of response expectancies; therefore, when a client expects to experience automaticity, he or she can modify his or her expectancy

for that response and it can occur as a result of response expectancy modification.

Kirsch and Lynn's (1998) position on automaticity theory explains one facet of automaticity, especially within the area of hypnosis. For example, Barber (1999; 2000), within the area of hypnosis, describes positively set clients as having positive motivations to perform well in experiences during hypnosis and have positive expectancies. Moreover, these clients are able to think with and imagine the suggested phenomena. In essence, these clients are conforming, trusting, and imaginative (Sapp, 2000; Spiegel & Connery, 1982). However, Barber described two other types of clients—amnesic prone and fantasy prone. Barrett (1990, 1996) found that certain clients had amnesia for hypnosis, and these clients had amnesia during their daily lives. Barber described these clients as amnesic prone. Moreover, Barber described a third type of hypnotic clients that he termed fantasy prone, and unlike the positively set clients and amnesic-prone clients, have a long history of make-believe and fantasy, vivid memories dating back to the age of three, and the ability to use their minds to affect their bodies. In summary, the fantasy-prone clients have well-developed fantasies, and they use their fantasies to live interesting lives.

In conclusion, Kirsch and Lynn's (1995; 1998) theory is too simplistic to explain all the features or mechanisms of automaticity. This is due to the fact that automaticity is a multivariate construct as opposed to a univariate or a common factor construct like some response expectancies. Automaticity includes, but is not limited by, suggestions, dissociation, fantasy proneness, and response expectancies. As Pashler (1998) pointed out, automaticity is a theory, not a fact; however, Kirsch and Lynn appear to assume that it is a fact. Finally, research will determine if theories of automaticity will provide empirical data that complement theories of counseling and psychotherapy.

Lambert and Bergin (1994) found that the average *d* effect size for placebo control groups was .42, which is a small effect size. Kirsch and Lynn (1999) even argued that antidepressant medications are placebos. The concept of placebo comes from expectancy theory, or the notion that expectations lead to change. Clearly, there is a placebo component to medications as well as psychotherapy; however, Hamburg (2000) voiced disagreement with this position. He reported methodological problems with placebo-control trials. For example, placebo-control trials of antidepressant medications are biased against antidepressants. Moreover, participants vary greatly in such studies, and drug effects are reduced or canceled out completely because of participants' individual differences. Hamburg concluded that the most effective antidepressants produce response rates of 60 percent, and that participants who are the most likely to respond are those with moderate-to-severe depression. If Kirsch and Lynn's thesis were correct about placebos, if one could increase the response expectancies of clients with moderate-to-severe depression, then

depression would decrease as a result of the placebo effect. Finally, there are fairly conclusive data that certain forms of hypnosis are correlated with changes in brain functions that are independent of placebo effects (Woody & Bowers, 1998).

META-ANALYSIS

Some questions the reader should have would include: What is meta-analysis? And what are effect sizes? The reader is familiar with traditional literature review, where a researcher or scholar summarizes studies within an area. Well, **meta-analysis** is a mathematical or quantitative method for summarizing or synthesizing the literature within an area into one overall value.

Many of my colleagues within counseling psychology assume that this is a new statistical technique; however, it is not new. For example, Cohen (1977) was one of the first researchers to describe meta-analysis and a related technique called power analysis (Sapp, 2002a). Cohen described the basic effect size measure, the statistic that is summarized, which is an analog to the *t*-tests for two group means. The reader may remember from elementary statistics that the *t*-test for two group means is the difference between two group means (the difference between the averages of two groups) divided by the standard error (the standard deviation squared for each group divided by the appropriate group size). The reader can consult Sapp (1999, 2002a) for a detailed discussion on how to calculate the *t*-test for two independent groups. Essentially, the *t*-test determines if two group means are statistically significantly different. Within meta-analysis, the *d* effect size is the difference between two means divided by the standard deviation (the amount of variability, Cohen, 1977; Sapp, 1997a, 2002a). One of the problems with the *d* effect size is that the standard deviation can be from the control group posttest measure; it can be the pretest standard deviation for the control group, or it can be some weighted standard deviation that involves the treatment and control groups. Finally, the *d* effect sizes are averaged, and the result is an overall effect.

Even though meta-analysis is a quantitative technique, many of my colleagues within counseling psychology confuse it with statistical significance testing. **Statistical significance** testing attempts to reject or fail to reject the **null hypothesis** (the population means do not differ greater than one would expect by chance). In contrast, meta-analysis addresses **practical significance,** or the degree to which the null hypothesis may be false (Sapp, 1997a, 1999, 2002a).

Cohen (1977) provided the following rough guidelines for interpreting the *d* effect size: ***d* = .2 small effect size, *d* = .5 medium effect size,** and ***d* = .8 large effect size.** Wolf (1986) cautions practitioners from blindly interpreting