

THE WETC PSYCHOLOGY NEWSLETTER

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Cognitive Behavior Therapy

I am virtually certain that every attorney and adjuster who has been working on personal injury or workers' compensation claims for more than a month has read a psychological or a psychiatric report that has recommended psychotherapy or counseling. However, you probably have to have been working such cases for two months to see a recommendation for a specific form of psychotherapy called Cognitive Behavior Therapy. Well, just what is that treatment?

Cognitive Behavior Therapy is a widely used form of talking psychotherapy based upon a specific set of beliefs that uses a variety of techniques to alleviate psychological symptoms. Historically, it can be traced back to Dr. Albert Ellis, a psychologist, who in a survey taken at a time when his influence was probably at its height, placed second among the most influential psychotherapists in history. No, Sigmund Freud was not first, Carl Rogers was! Regardless, Ellis did his major work in the 1950's and my favorite book of his is How to Live With a Neurotic, which despite its title also tells you how to live with yourself.

Seemingly ignoring the issue of biological determinants of psychopathology, the major tenet of Ellis's work is that it is not the bad things in one's

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life that create most mental symptoms or illnesses, it is the dysfunctional or “crazy” things we tell ourselves when these so-called “bad things” happen. Mostly, we tell ourselves “crazy” things even when the circumstances are not really that bad. It is those “crazy” things that create our symptoms. What Ellis proposed was that those “crazy” things come in the form of thoughts, beliefs or cognitions that set us firmly on the path to such symptoms as depression and unrealistic fears. Ellis went on to state very explicitly that those ideas, in the forms of statements we make to ourselves, are both self-defeating and irrational. For example, getting fired from a job is certainly not a pleasant occurrence, unless you planned the whole thing in order to take an extended vacation and collect unemployment benefits. However, termination can get you very depressed, especially if you “catastrophize” and take the attitude, “this is awful” and say to yourself some things like, “All is lost, what will I do?” or “How can I survive without my job?” Well the truth of the matter is that losing your job is not usually a wonderful experience, but it is not the end of the world. However, depending on your attitude, or what you tell yourself about the loss of that job, you may get very depressed or “freeze” with debilitating fear.

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Psychotherapy, in what Ellis called Rational Emotive Psychotherapy, helps the patient discover their irrational thoughts and replace them with more realistic beliefs. Ellis did this by helping the patient examine their underlying beliefs, demonstrating to them that those beliefs are not rational and showing them how those thoughts can be replaced with more realistic and productive ideas. Under Ellis's guidance once the patient has successfully challenged and changed their beliefs, their depression, anxiety or other symptoms disappear. I believe that others, myself included, who have come after him have not developed any new concepts although they may have provided some new techniques. Moreover, if you are interested in history, I think a little reading in this area will demonstrate that these ideas were not new with Ellis but can be traced to the early Greek philosophers. Clearly, throughout the centuries, these ideas have been expressed by different people in different walks of life including William Shakespeare who wrote in Hamlet, "there is nothing either good or bad, but thinking makes it so."

Getting back to treatment, the essential nature of the therapeutic relationship is for the patient and the therapist to examine and find the patient's irrational beliefs. For Ellis, these are grouped into three categories (1) others must love me, (2) others must treat me nicely and, (3) when things don't go my way, that's awful or "the end of the world." Phrased a little differently, "If things don't work out I'm going to hold my breath and die." In a very basic way, these are the thoughts of a spoiled child who, with guidance from the therapist, must learn to grow up. Most importantly, it is the bright and creative cognitive therapist who presents alternate and productive ways for the patient to look at themselves, their life and their problems.

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From time to time, many different psychologists, psychiatrists and other mental health professionals, myself included, have written about the crazy things we tell ourselves that get us into trouble (Leckart, B. Up From Boredom, Down From Fear, New York: Marek, 1980). If you want this popular psychology book you can find a used copy at Amazon for prices as low as \$4, shipping included. Below is a list of my favorite self-defeating ideas or assumptions that get people into trouble. I'm betting you can add to this list. Regardless, now you have a working knowledge of what the evaluating psychologist or psychiatrist is saying when their report ends with a recommendation for Cognitive Behavior Therapy.

Everyone must love me.

I must be perfect.

If something bad happens to me that's
"awful."

When good things happen to me it's not
all that important.

I must go along with the group.

Life is always serious business.

I must win.

If I don't do something well I shouldn't
do it at all.

I should be very careful not to take
chances where I might get hurt.

I should always work within my limits.

Trying new things is a big mistake.

If I make a mistake I must criticize myself.

I should always figure out what people want and give it to them.

If I fail at something then I'm a failure.

I should always pay attention to my shortcomings and ignore my strengths.

Whenever possible I should avoid giving myself credit.

It is important to finish what I start.

I must be consistent.

Losing is awful.

I shouldn't be selfish.

Indecisiveness is a sign of weakness.

I shouldn't change my mind.

My life must be free of conflict.

There is always a clear right and wrong.

As you know, everyone gets depressed and scared. Luckily those episodes typically fall far short of being a DSM-IV-TR disorder. If Ellis and his followers are correct in their thinking, you get depressed and/or scared because you've told yourself something that isn't true. As a little "experiment," the next time you're feeling depressed or frightened see if you can figure out those mistaken beliefs. Think of it as an adventure, a learning experience. No telling where it might lead.

This is the fiftieth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.