Cognitive and Behavior Theory: The Case of Dona

Jennifer Malvin

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Dr. Josiah Martin

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**Client Biography**

The client is Dona, a 67-year-old woman who is partially caucasian and partially indigenous. She has a brother who is two years older than her and a sister two years younger. She is not particularly close with either sibling. She is twice divorced and has described those relationships as abusive. She has four children and grandchildren and she reports being close with all of them. She has a significant trauma history that started in her childhood and continued into her adult relationships. She has experienced physical, emotional, verbal, and sexual abuse as well as neglect.

**Presenting Problems**

Dona has a history of alcohol and substance use, particularly pills which she does not feel comfortable disclosing the names of. She reports that she also has a history of suicidal ideation and self-harm. She reports intense feelings of loneliness, abandonment, rage, and distrust. She often finds herself in conflict with acquaintances like coworkers. She currently struggles with depression and alcohol use. She has an extensive trauma history that began with her mother and extended into her romantic relationships. She has been referred to therapy by her physician for depression, alcohol abuse, and medication non-compliance.

**Overview of Behavior Theory**

Behavior theory was developed to better understand how human actions and emotions develop. It believes that people are not born with pathologies; they learn them and can therefore unlearn them. No behavior is considered inherently healthy or unhealthy, it is simply learned. Behavior theory looks at anything a person does, thinks, or feels that can also be observed. Behavioralists believe that people behave in ways based on learning from direct environmental feedback and observing how others behave. Reinforcement is considered any environmental feedback that encourages the continuation of behavior while punishment is the feedback that discourages it. The principles of learning that influence behavior are classical conditioning, operant conditioning, and modeling.

Classical conditioning is the process of developing patterns of behavior through responses to environmental stimuli. Pavlov’s dogs are the most widely known example of this. Pavlov proved that the dogs in his experiment could be classically conditioned to salivate at the sound of a bell if the bell was routinely rung as the dogs were given food. Eventually, even when food was absent, the sound of the bell would trigger salivation. Behavior theory believes that many anxiety disorders are the result of classical conditioning. Operant conditioning purports that future behavior is determined by the consequences of present behavior. If the present behavior is reinforced, it is likely to be repeated. Positive reinforcement is when the behavior is met with a pleasant or desirable stimulus. Negative reinforcement is when an aversive or undesirable stimulus is taken away as a result of the behavior. For example, someone using drugs may experience positive reinforcement when they have fun social interactions and negative reinforcement when their anxiety is alleviated. Punishment is when the environment discourages a behavior.

The final principle of learning is modeling, which is when people watch others engage in certain behaviors that they are then rewarded or punished for. Modeling is an especially relevant way of learning behavior for children and adolescents. An example of modeling would be when children see their parents use alcohol to alleviate negative emotions and begin to use alcohol as a way to cope.

Behaviorists argue that this theory can be used to advance a wide variety of social justice issues. Social workers can use reinforcers to manipulate systems to distribute housing, medical care, food, and social services. Social workers also possess many “collective reinforcers” in our knowledge and resources. For example, when the NASW promises to endorse a politician in exchange for better social conditions, this is positive reinforcement. Protesting oppressive policies could be an example of punishment. Behavior theory also asks social workers to familiarize themselves with a variety of cultures and perspectives to adequately understand their reinforcers.

Behavior theory has been criticized for overlooking the broader aspects of the lives of their clients. It is no surprise that it is often merged with cognitive theory to address those gaps. Furthermore, behavior theory calls for a controlled environment for clients to relearn their behavior. This is impossible to maintain outside of a therapy setting. People often do not have complete control over who they are around and what environmental stimuli they are exposed to. Finally, it is difficult to isolate which stimuli and reinforcers are influencing our behavior due to the sheer number we experience.

Assessment

As a child, Dona witnessed several problematic behaviors modeled in her home. Her mother, who was her primary caregiver, worked “on and off” in retail, abused drugs, and alcohol, dated multiple men, and regularly lost control of her emotions in ways that resulted in violence. In short, her caregiver was unreliable and frightening. Meanwhile, Dona’s positive behaviors such as getting good grades and doing chores were never reinforced by her mother. When looking specifically at the drug use in the childhood home, Dona watched as her mother used drugs to cope with uncomfortable feelings and emotions. It does not appear that Dona ever witnessed her mother use healthy and productive strategies to deal with her intense emotions.

Drug use was modeled to Dona throughout her childhood and adolescence. Later, as Dona matured, she began experimenting with different coping skills. She tried self-harm but it was not effective in alleviating her distress. However, after trying marijuana and pills she experienced some relief from her intense emotions. Her environment reinforced the behavior of using drugs to regulate emotions. It is arguable that through operant conditioning, Dona’s future behavior of alcohol abuse was learned through the consequences of that initial drug use. The behavior of using drugs was negatively reinforced through the alleviation of her emotional distress.

The presenting problem in observable behavior is Dona’s alcohol abuse. The trigger for this behavior is her attempt to find relief from her intense and uncomfortable emotions. The reinforcer for this behavior was when the drug use helped her cope with her feelings of loneliness and despair. She first learned about substance abuse when it was modeled by her caregiver and it was later reinforced through operant conditioning. The behavioral consequence of her alcohol abuse is an inability to regulate her emotions with healthy coping skills.

Role of the Social Worker:

Within behavior theory, the client must perceive the social worker as competent, caring, and trustworthy. This is because the social worker will be encouraging the client to engage in behaviors that induce anxiety or other difficult emotions. The social worker must reinforce the client’s behavior of showing up and participating in therapy. This reinforcement can look like a reduction in anxiety as a result of their interactions as well as validation and praise from the social worker. It is not appropriate for the social worker to use punishments with the client as this will drive the client away. Behavior theory emphasizes collaboration and warm understanding. The client must be an active participant in the intervention strategies for them to be effective.

**Overview of Cognitive Theory:**

Cognitive theory developed when behaviorists turned their attention to a client’s internal interpretations of stimuli. The theory states that humans develop learned patterns to evaluate our environment. While psychoanalysis believes that unconscious processes are the biggest influence on human behavior, cognitive theory suggests that one’s conscious cognitive processes are what determine human emotions and behaviors. Any assumptions, beliefs, or ideas about what causes certain events or perceptions in our lives are considered cognitions. These cognitions develop through patterns or habits in our brains that help us make sense of and evaluate our experiences. Even emotions are classified as physiological responses to a cognitive evaluation of stimuli. An event produces a belief or thought which then produces an emotion or action.

Through this process, people develop core beliefs about themselves and the world around them. These core beliefs are called schemas and are often rigid and uncompromising. Schemas are developed in our early childhood through direct and social learning. Direct learning is when we experience something for ourselves and social learning is watching the experiences of others. Schemas are necessary to understand and interpret the world around us. When we encounter a stimulus, we will either absorb it into our schemas (assimilation) or we will change the schema to make the experience fit into our beliefs (accommodation). Jean Piaget stated that the first schema humans experience is a body schema because infants are unable to distinguish themselves from their environment. This egocentricity lessens as the child moves through developmental stages and develops cognitively. Cognitive development is described as moving from doing to doing knowingly to conceptualization.

A child will have an early life experience and in an attempt to process and categorize this experience, they will develop a schema (core belief). They will then make assumptions about themselves and the world around them based on the schema. These assumptions can be helpful, as past situations can lend us clarity for present situations. However, they can become cognitive distortions, especially if the schema is overly rigid and unchanging. The person experiencing this may lose their capacity to interpret a situation free from the bias of a rigid core belief. These distortions are also referred to as irrational beliefs.

When looking at social justice issues, cognitive theory takes an empowering approach, as the client has the capability to solve their own problems. It focuses on the client’s construction of reality, which means the client does not necessarily have to change their environment in order to thrive. This theory is useful to any population that has the capacity for cognition and reflection, which includes a number of diverse populations. However, cognitive theory looks at the impact of the client’s micro environment and leaves out the impact of the macro environment. The social worker may also automatically accept social norms when considering the rationality of a client’s thoughts. Rationality is somewhat subjective depending on the client’s culture and worldview. The social worker must take extra steps to ensure they are practicing in a way that is culturally competent.

The criticisms for cognitive theory lie in the desire to place more emphasis on people’s emotions rather than cognitions. Some argue that emotions activate our cognitions and not the other way around. Another criticism comes from cognitive theory’s emphasis on conscious thought. The psychodynamic approach places a great deal of emphasis on unconscious activity and feels that cognitive theory ignores these processes. Another criticism is that it overemphasizes rationality when in reality, rationality is subjective and biased. It often reflects the values of those in power. The final criticism is that cognitive theory is overly structured. Some argue this creates a rigid and dehumanizing environment that ignores the clients' uniqueness.

Assessment

**Problem #1**: Relational conflict

*Schema/Core Belief:* “I can not have stable relationships.” Growing up, Dona did not experience any healthy or stable relationships. Her relationship with her mother was volatile and abusive, her father was absent, and she was never close to her siblings. Furthermore, she witnessed her mother in several tumultuous romantic relationships throughout her childhood. Her own marriages were described by Dona as, “tumultuous and abusive.” She reports that she is often in conflict with those around her and is suspicious of other people. Dona developed this bias when trying to process the nature of the relationships she grew up around. Later in her life when she experienced adult relationships, she assimilated her perceptions of relationships into her existing schema. I would argue that this particular schema is rigid as her only positive relationships seem to be with her children. This schema involves themes of unlovability and helplessness which makes it especially problematic.

*Assumption:* “I can not have relationships with others because they are unreliable and will hurt me.” Or perhaps, “My children are the only relationships I can have because I cannot trust anyone else.” These assumptions are non-functional and destructive as they prevent Dona from reaching the goal of healthy and meaningful relationships with other people. These assumptions make sense however when one considers how Dona’s schema developed. As she took in her early experiences, she developed core beliefs that allowed her to categorize, process, and integrate them. These assumptions naturally evolve from her core belief of, “I can not have stable relationships.”

*Cognitive Distortions:* Dona is experiencing many misconceptions surrounding her view of relationships. She is basing her conclusions on habits and personal experiences rather than external evidence. These misconceptions revolve around her beliefs about herself and other people. Dona may be experiencing these misconceptions because she has not been introduced to information or experiences that contradict the information she already has. She may have never seen what a healthy relationship looks like between friends or romantic partners. This is known as a cognitive deficit. She may also be experiencing these misconceptions because her schema of “I can not have stable relationships” has become too rigid. Her schema cannot accommodate new information that contradicts it, even when presented with this information. Finally, Dona may be experiencing cognitive distortions that warp her sense of reality. Because of the thinking habits, she has developed from past experiences, Dona is unable to view relationships in an unbiased way. This is generally true for everyone but because her schema is rigid and contains themes of unlovability, this creates conflict.

One of the cognitive distortions that can be viewed in Dona is overgeneralization. Overgeneralization is when one concludes that a type of situation will always turn out a certain way because that is the way past situations have turned out. Dona has always experienced relationships that are chaotic and abusive. So she concludes that all her relationships will look this way. Because she has been abandoned and left behind in her past, she assumes she will always be lonely. Furthermore, because she has been mistreated by people in the past, she is automatically distrustful of those around her. She does not trust her coworkers or people that exist in her periphery. I think it would be fair to say that Dona also experiences this mistrust in her romantic relationships. This distortion creates a feedback loop with her assumptions. She cannot accept new information that challenges her schema therefore she experiences something that distorts her reality to confirm what she already believes to be true.

*Coping:* Dona uses alcohol to cope with the distress and depression brought about by her core belief. She may also cope with her distrust of others by isolating herself and engaging in conflict with others to keep them away. These coping strategies are helping her live with this distress but are harming her in other ways.

Role of the Social Worker:

Cognitive theory states that the social worker should be a collaborator, always considering the client’s goals, input, and perspective. The social worker should model rational thinking and problem-solving for the client to support them in processing new information in productive ways. The social worker must be able to balance empathy with confrontation. The act of confrontation within a therapy setting is a delicate balance and is done once the client-social worker relationship is developed. Confrontation is when the social worker points out inconsistencies between the client’s statements and actions. This must be done with unconditional positive regard so the client knows it comes from a desire to see them do well.

Cognitive therapy is highly structured and the social worker must be the one to create and preserve that environment. This includes the social worker’s ability to follow the cognitive theory's benchmarks and expectations. The social worker must also acknowledge that their cognitive processes are not free from bias. The social worker must regularly evaluate their beliefs about the client, generate a variety of hypotheses for a client’s situation, use clear evaluation of the client’s progress, and utilize various sorts of feedback from coworkers and supervisors. Overall, cognitive theory says the social worker should be a non-judgemental collaborator who is capable of maintaining a structured, inquisitive, curious, and unbiased environment.

References

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