The Process of Change in Cognitive Therapy: Schema Change or Acquisition of Compensatory Skills?1

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This article compares two competing models of the process of change in cognitive therapy: the schema change model and the compensatory skills model. There are two key differences between the models: They differ in their predictions about the timing of schema change, and in their statements about the generality of the lessons learned in cognitive therapy. Experiments that test these two differences between the models are suggested.

KEY WORDS: schema change; compensatory skills.

Cognitive therapy has been shown to be as effective as antidepressant medication for treating uncomplicated major depression (see reviews by Dobson, 1989; Hollon, Shelton, & Loosen, 1991; Persons, 1993). Investigators are now turning to the question of the mechanism of action of the therapy.

Two competing models of the process of change in cognitive therapy have been proposed. The compensatory skills model proposes that cognitive therapy helps patients by teaching them cognitive and behavioral skills for use when they experience depression and other types of negative emotional

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experiences (Barber & DeRubeis, 1989; Baron, Baron, Barber, & Nolen-Hoeksema, 1990). The schema change model proposes that cognitive therapy helps patients by teaching them that their central underlying attitudes, or schemata, are distorted and/or maladaptive (Beck, Rush, Shaw, & Emery, 1979; Beck, 1983).

The models differ in their predictions about the timing of schema change, and in their statements about the generality of the skills taught in cognitive therapy. With regard to timing: The compensatory skills model proposes that schema change does not occur during short-term cognitive therapy; it occurs later, following repeated applications of compensatory skills. In contrast, the schema change model proposes that schema change occurs during even a short-term cognitive therapy.

With regard to generality: The compensatory skills model proposes that patients learn general skills in therapy, such as the ability to examine available evidence to test cognitions about a troublesome situation, to collect new evidence to test cognitions, and to schedule activities that improve mood. In contrast, the schema change model proposes that patients learn new beliefs that are highly specific to their particular underlying cognitive vulnerabilities (e.g., “I’m not as worthless as I thought”).

The purpose of the present paper is to stimulate empirical work by offering some suggestions for experiments that address these two differences between the models.

**SCHEMA CHANGE VS. COMPENSATORY SKILLS: TIMING OF SCHEMA CHANGE**

The schema change and compensatory skills models make different predictions about the timing of schema change. The compensatory skills model predicts that schema change does not occur during short-term cognitive therapy; it occurs later, after the patient has repeatedly practiced the skills learned in therapy (Barber & DeRubeis, 1989). DeRubeis (1991) argued that rapid schema change is unlikely because change in “deep” structures is required, because schemas are the product of constitutional factors and early childhood experiences, and because schemas have been extensively practiced over many years.

In contrast, the schema change model proposes that schema change can occur during a short-term cognitive therapy. For example, a patient holding the core belief “I’m helpless; I can’t do anything that will make things better for myself” might be pushed by her family to see a therapist despite her belief that nothing will help. Her schema might begin to change in the very first therapy session, as the therapist teaches her a model for