

**Jyoti Kolodziej, Ph.D., NCSP**

5375 Oak Hill Court, Rockford, IL 61109

(M) 847-716-0356 • (E) [jyotikolodziej@gmail.com](mailto:jyotikolodziej@gmail.com) • (W) [www.jyotikolodziej.com](http://www.jyotikolodziej.com)

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Everyone has a theory – a way of conceptualizing what causes problems and how to solve them. Finding and claiming a theoretical orientation consistent with my personal and professional values was important to me. My theoretical orientation, cognitive-behavioral therapy (CBT), is used by many psychologists to improve and change clients' behavioral, emotional, and academic development. Selecting and utilizing a theoretical orientation that reflects my values and treatment planning approach has enabled me to work more effectively with diverse populations. I have discovered that an effective approach to CBT requires awareness of links between a client's cognitive processes and his or her belief systems. Prior to developing a treatment plan with a CBT approach, I develop a plan to determine a client's needs and presenting problems, collecting data from multiple sources including the following: school records, observations, interviews, self-reports, standardized rating scales, functional behavioral assessments, curriculum-based assessments, and psychoeducational testing. Clients may suffer from different cognitive distortions involving errors in thinking, which can lead to misinterpretations.

Following a flexible and dynamic process of testing, I work to help clients transition from erroneous to rational cognitions and to replace maladaptive with adaptive behavior. While working at a residential facility, I noted that many clients with severe mental illnesses struggled with negative beliefs (e.g., difficulty imagining that their lives could improve outside of clinical treatment facilities). I have helped clients in individual and group therapy to replace a range of cognitive distortions with realistic conceptions. My experience using CBT to approach psychological evaluations, determine diagnoses, and provide information about current functional status will benefit your organization.

Individual therapy can help a client understand his or her unsafe behaviors and strengthen healthy thoughts and behaviors using guided imagery and role playing. One of my previous client's prognosis, outside of a structured treatment facility, was viewed as poor due to his diagnosis of a Pervasive Developmental Disorder, NOS and his history of defiance. It was noted that he was beginning to identify and recognize his behaviors and the need to change. However, the client continued to struggle with directives. Through my evaluation and consultation, I recommended that his therapy encourage optimism and guided social interest; visual cueing systems to provide reminders for task completion; behavior modifications; and focus on learning appropriate social behaviors using adaptive coping skills and stress management for a variety of situations.

I have recommended that other treatment plans with CBT approaches include: therapy addressing learning techniques designed to improve problem-solving skills and self-monitoring; simple directives with consistent reinforcement of positive behavior; logical and natural consequences for negative behavior; utilization of thought charts using an A-B-C model (i.e., Activating events, rational or irrational emotional Beliefs, and behaviorally defeating Consequences); family treatment; and close monitoring of the medication regimen. With the use of CBT, a client can decrease threats to his or her self-esteem and replace unhealthy beliefs with effective beliefs. I look forward to examining issues in mental health using the CBT approach, while investigating other theoretical approaches used.