Part I

Theory

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What is CBT?

Being happy doesn't mean that everything is perfect. It means that you've decided to look beyond the imperfections

Friedrich Nietzsche

Introduction

Cognitive behavioral therapy (CBT) is a psychotherapeutic approach, a talking therapy. The roots of CBT can be traced to the development of behavior therapy in the early 1920s, the development of cognitive therapy in the 1960s, and the subsequent merging of the two. It was during the period 1950 to 1970 that behavioral therapy became widely utilized, with researchers in the United States, the United Kingdom, and South Africa who were inspired by the behaviorist learning theory of Pavlov, Watson, and Hull.

Pioneered by Ellis and Beck, cognitive therapy assumes that maladaptive behaviors and disturbed mood or emotions are the result of inappropriate or irrational thinking patterns, called automatic thoughts. Instead of reacting to the reality of a situation, an individual reacts to his or her own distorted viewpoint of the situation. For example, a person may conclude that he is worthless simply because he failed an exam or did not get a date. Cognitive therapists attempt to make their clients aware of these distorted thinking patterns, or cognitive distortions, and change them (a process termed cognitive restructuring).

Behavioral therapy, or behavior modification, trains clients to replace undesirable behaviors with healthier behavioral patterns. Unlike psychodynamic therapies, it does not focus on uncovering or understanding the unconscious motivations that may be behind the maladaptive behavior.

CBT integrates the cognitive restructuring approach of cognitive therapy with the behavioral modification techniques of behavioral therapy. The goal of CBT is to help clients bring about desired changes in their lives. The objectives of CBT are to identify irrational or maladaptive thoughts, assumptions, and beliefs

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that are related to debilitating negative emotions and to identify how they are dysfunctional, inaccurate, or not helpful. This is done in an effort to reject the distorted cognitions and to replace them with more realistic and self-helping alternatives. The client may also have certain fundamental core beliefs, called schemas, which are flawed and require modification. For example, a client suffering from depression may avoid social contact with others and suffer emotional distress because of his isolation. When questioned why, he reveals to his therapist that he is afraid of rejection, of what others may do or say to him. Upon further exploration with his therapist, they discover that his real fear is not rejection but the belief that he is uninteresting and unlovable. His therapist then tests the reality of that assertion by having the client name friends and family who love him and enjoy his company. By showing the client that others value him, the therapist both exposes the irrationality of the client's belief and provides him with a new model of thought to change his old behavior pattern. In this case, the client learns to think "I am an interesting and lovable person; therefore I should not have difficulty making new friends in social situations." If enough irrational cognitions are changed, he may experience considerable relief from his depression.

Initial treatment sessions are typically spent explaining the basic tenets of CBT to the client and establishing a positive working relationship. CBT is a collaborative, action-oriented therapy effort. As such, it empowers the client by giving him an active role in the therapy process and discourages any over-dependence on the therapist. Treatment is relatively short, usually lasting no longer than 16 weeks.

Both positive alliance – a positive bond between therapist and client – and empirically supported treatment methods enhance therapy outcome. There is evidence that positive therapy alliance potentiates the effectiveness of empirically supported methods (Raue and Goldfried, 1994) and there is also evidence that using effective methods leads to a more positive alliance (DeRubeis, Brotman, and Gibbons, 2005).

CBT Techniques

Different techniques may be employed in CBT to help clients uncover and examine their thoughts and change their behaviors. They include:

- Clients are asked to keep a diary recounting their thoughts, feelings, and actions when specific situations arise. The journal helps to make them aware of their maladaptive thoughts and to show their consequences on behavior. In later stages of therapy, it may serve to demonstrate and reinforce positive behaviors.
- Cognitive rehearsal. The clients imagine a difficult situation and the therapist guides them through the step-by-step process of facing and successfully dealing with it. The clients then work on rehearsing these steps mentally. When the situation arises in real life, the clients will draw on their rehearsed behavior to address it.

- Clients are asked to test the validity of the automatic thoughts and schemas they encounter. The therapist may ask the clients to defend or produce evidence that a schema is true. If clients are unable to meet the challenge, the faulty nature of the schema is exposed.
- Modeling. The therapist and client engage in role-playing exercises in which the therapist acts out appropriate behaviors or responses to situations.
- Conditioning. The therapist uses reinforcement to encourage a particular behavior. For example, a child gets a gold star every time he stays focused on tasks and accomplishes certain daily chores. The star reinforces and increases the desired behavior by identifying it with something positive. Reinforcement can also be used to extinguish unwanted behaviors by imposing negative consequences.
- Systematic desensitization. Clients imagine a situation they fear, while the therapist employs techniques to help the client relax, helping the person cope with his fear reaction and eventually eliminate the anxiety altogether. The imagery of the anxiety-producing situations gets progressively more intense until the therapist and client approach the anxiety-causing situation in real-life (graded exposure). Exposure may be increased to the point of flooding, providing maximum exposure to the real situation. By repeatedly pairing a desired response (relaxation) with a fear-producing situation (open, public spaces) the client becomes desensitized to the old response of fear and learns to react with feelings of relaxation.
- Relaxation, mindfulness, and distraction techniques are also commonly included.
- Cognitive behavioral therapy is often also used in conjunction with mood stabilizing medications to treat conditions like depression and bipolar disorder.
- Homework assignments. Cognitive-behavioral therapists frequently request that their clients complete homework assignments between therapy sessions. These may consist of real-life behavioral experiments where patients are encouraged to try out new responses to situations discussed in therapy sessions.

Empirical Evidence

There is empirical evidence that CBT is effective for the treatment of a variety of problems, including mood, anxiety, personality, eating, substance abuse, and psychotic disorders. Treatment is often manualized, with specific technique-driven brief, direct, and time-limited treatments for specific psychological disorders.

CBT is used in individual therapy as well as group settings, and the techniques are often adapted for self-help applications. Some clinicians and researchers are more cognitive oriented (e.g., cognitive restructuring), while others are more behaviorally oriented (e.g., *in vivo* exposure therapy). Other interventions combine both (e.g., imaginal exposure therapy). Many CBT treatment programs for specific disorders have been evaluated for efficacy; the health-care trend of evidence-based treatment, where specific treatments for

symptom-based diagnoses are recommended, has favored CBT over other approaches such as psychodynamic treatments.

CBT may be seen as a class of treatments, which have the same features in common and also differ in important respects. It is problem-focused and structured towards the client; it requires honesty and openness between the client and therapist, as the therapist – being the expert – develops strategies for managing problems and guiding the client to a better life.