Orientation to CBT

(Cognitive behavior therapy)

In the beginning...

- There was psychoanalysis (in various flavors)
- And there was client-centered (Rogerian) therapy
- And very little else
- Note: Nearly all of it was based on clinical experience, personal hunch, and intuition — not much science behind it

But then...

- About 50 years ago, psychologists and psychiatrists began looking to scientific studies of human behavior for ideas about how to do therapy
- The result today: Cognitive behavior therapy (CBT) has become the preferred treatment for most emotional and behavioral problems

Basic CBT strategies

(in order of appearance)

- Behavior therapy (1950s)
 - Desensitization
 - Behavior modification
 - Behavioral activation
- Cognitive therapy (1960s)
 - Rational-emotive therapy
 - Beck's cognitive therapy
- Newer approaches (1990s)
 - Mindfulness meditation
 - Acceptance and commitment therapy

Examples

Desensitization

- Typical goal: To reduce feelings of anxiety, anger or other emotion that is causing needless trouble
- Typical method: Elicit the feeling while in a relaxed state

Behavior modification

- Typical goal: To replace a habitual, unwanted behavior with a more desirable one
- Typical method: Identify eliciting cues; specify new behavior; then reward progress toward goal without waiting to fully achieve it

Behavioral activation

- Typical goal: To overcome depression by restoring contact with the normal rewards of the everyday world
- Typical method: Identify activities with potential for pleasure or mastery; initiate or increase participation in them

Rational-emotive therapy

- Typical goal: To think and act more rationally
- Typical method: Identify irrational beliefs and assumptions that are causing or maintaining a problem, and work towards correcting them

Beck's cognitive therapy

- Typical goal: Same as in rationalemotive therapy
- Typical method: Identify particular types of cognitive errors and work on correcting them

Mindfulness meditation

- Typical goal: To be less disturbed by events, thoughts, memories, mental images, fantasies and bodily sensations
- Typical method: Develop knack of "just observing" thoughts, memories, images, fantasies and sensations as they occur, without clinging to them or rejecting them (acceptance)

Acceptance and commitment therapy

- Typical goal: Same as in mindfulness meditation, but in context of commitment to personal values
- Typical method: Identify personal values; use various tactics to reduce domination of thoughts, memories, mental images and emotions that restrict contact with ongoing experience and interfere with living by those values

Diagnosis in CBT

Orthodox (medicalized) diagnosis:

 Assign person or problem to one or more broad categories based on "symptoms" and complaints

CBT (behavior-analytic) diagnosis:

- Identify exactly what events, thoughts, emotions, moods and actions are causing trouble
- Find out under what specific circumstances they occur, and what the consequences are (both immediate and delayed)

Not hard to see how this makes therapy more focused and effective, is it?

How to begin

First: Tell your story in whatever way is natural to you

Next: Review with therapist what seem to be the main problems, using this framework....

- Content: What happens? When it happens, what do you think, remember, imagine, feel, or do?
- Context 1 (obvious): When does it happen? Where? With whom (if anyone)? With what consequences?
- Context 2 (not so obvious): How does it relate to your ideas about how things are or ought to be?

Then what?

- Work with therapist on identifying things you can do that are likely to diminish the problem
 — either by changing the situation or accepting it
- Try your best to do the agreed things
- Keep track of how well (or badly) they seem to be working
- If necessary, revise plan and try again

Feeling better already?

Good.

Now begins the hard work.

And the adventure.