

Comparison between cognitive behavioral therapy and person centered theory for anxiety treatment



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“ Compare the effectiveness of CBT with one other psychotherapeutic approach, on the treatment of anxiety. Critically discuss the statement above the light of the module and support your argument with scientific evidence.”

Introduction

Referring to the brief above, the following assignment will compare the Cognitive Behaviour Therapy (CBT) and the Personal Centred Therapy (PCT) in their effectiveness in the treatment of anxiety, specifically, in relation to the treatment of panic disorder, phobias, social anxiety disorder and generalised anxiety disorder.

The following will describe both the CBT and PCT theories relating to the treatment of various anxiety disorders. It will also examine the advantages and disadvantages of both therapy methods. I will show how CBT is structured and requires more commitment from the client in respect to time, <https://assignbuster.com/comparison-between-cbt-and-personal-centered-theory-for-anxiety-treatment/>

whereas PCT is very much client centred. As Carl Rogers advocated, rather than trying to fix the client, he felt it was better to listen to the client and let them be themselves, even if it seemed wrong. He was the first person to refer to the individual receiving counselling as the client rather than the patient.

Definition of Anxiety

It may be prudent at this stage to identify what exactly is defined as anxiety.

“ Health professionals regard anxiety disorders as mental health conditions, or in some case illness.” (Barry, 2017, P7.).

However according to Barry (2017), counsellors and doctors can often have opposing views on how anxiety is both treated and how it is triggered.

“ Therapists regard anxiety as normal emotions and only intervene if it causes the person difficulties in their lives” Barry (2017).

It can be helpful to break down anxiety to two areas “ worry and fear” Barry (2017, P. 9).

Zubernis, L. & Snyder, M. (2016, P101-103) Anxiety is part of the human condition and responds to possible danger. When we experience a stressful event, whether real or imagined, the body reacts by activating the sympathetic nervous system, which leads to a fight-or-flight response.

Typically, when clients talk about stress and anxiety, they are describing an event and an emotional state that negatively impacts their mental and physical well-being. (Wagner, 1990)

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Anxiety disorders can be described as a cluster of mental health disorders marked by feelings of excessive worry, physical distress, and apprehension about the future. Unlike the normal mild and temporary anxiety caused by a stressful event, such as a minor accident or a customer confrontation at work, anxiety disorders last much longer and get progressively worse if not treated. Anxiety disorders have various symptoms, but normally centre around excessive irrational fear and dread.

Generalised Anxiety Disorder (GAD)

Another form of anxiety is generalised anxiety disorder (GAD) and people who suffer from this have extreme amounts of worry accompanied by physical distress and behavioral disturbances. This excessive worry has no specific trigger and lasts for several hours to most of the day. As the name applies, the anxiety is generalised to almost all aspects of the client's life, unlike other anxiety disorders like specific phobias or social phobia.

GAD regularly includes thoughts of impending disaster which focus on family, financial, career, social interaction or health. For clients with GAD, just getting out of bed and thinking about the upcoming day can lead to severe anxiety.

People diagnosed with GAD commonly believe they have no control over their thoughts, even though they realize that much of their anxiety is irrational or unjustified. They have trouble sleeping or staying asleep and often describe themselves as being in a heightened state of arousal. This excessive worry is associated with specific physical symptoms that are typical with anxiety disorders and include: muscle tension, easily fatigued,

difficulty concentrating or mind going blank, irritability, sleep disturbance, and feeling keyed up, restless, or on edge.

In the United States, it is known that GAD affects about 3% of the population which translates into 6.8 million American adults. (Kessler et al., 2005; Kessler, Chiu, Demler, & Walters, 2005)

Anxiety disorders as a group are among the most common mental health issues in the United States. A National Institute of Mental Health report in the USA from 2009 revealed that anxiety disorders impact roughly 12% to 20% of the adult (over 18) population at any given time, translating into 40 million individuals. (Kessler, Berglund, Demler, Jin, & Walters, 2005)

Numbers are similar if not larger for children and adolescents. (Beesdo, Knappe, & Pine, 2009)

Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may start as a form of self-medication. In some cases, these disorders need to be treated before or simultaneously in order for the client to respond to treatment for the anxiety disorder. (Kessler, Chiu, Demler, & Walters, 2005)

Cognitive Behaviour Theories

According to (Becks & Weishaar, 2011), Cognitive Behaviour Theory (CBT) is the “hear and now” approach. Their ideas and thoughts arise as a result of their behaviours. However, by developing the client’s skills they are able to have a life worth living. Becks’ work has expanded in a wide range of

problems like anxiety, eating disorders, and various personality disorders. (p. 231).

“ Men are disturbed not by things, but by the view which they take of them.”

(Porter, J. 2014).

According to Ellis (2000), the main idea in the ABC model, see below, is where they do not have to change their environment but have to recognize their reactions to change their environment. The ABC model is broken down into three parts; A is for the adversity of the situation or event, B is for the belief through the explanation of why the situation happened, and C is the consequence of the feelings and behaviours that are caused.

It is our thoughts that portray the mind that makes us feel the way a situation can induce anxiety. Thought record worksheets are used in client's progress to help them see what was going in their mind just before they started to feel this way. On the worksheets, it gives the client time to reflect and what is occurring for them. For example, the situation they are going through leaves unpleasant emotions, they rate as a percentage, and how they feel from 1 to 100 and can express their automatic thoughts like: What am I afraid might happen? What does this say about me if it is true? What images or memories do I have in this situation?

It provides evidence that supports their thoughts. They write down their evidence, their thoughts that are true and rate their belief in a 1% to 100% scale.

It also gives evidence that does not support their thoughts. They write down all evidence of their automatic thoughts that are not completely true. They rate their beliefs in a 1% to 100% scale.

They use alternative and balanced thoughts. They describe their alternative or balanced thoughts and rate their belief in that thought through a 1% to 100% scale.

They also rate their moods from a 1% to 100% scale. However, it is the thought that gives feelings and how their behaviours react accordingly. If they change the way they think, it automatically changes their feelings and behaviours.

“ Life is ten per cent of what you experience and ninety per cent how you respond to it.” (Neddermeyer, D.)

According to (Greenberger, D. & Padesky, A. 1995), anxiety is one of the most distressing emotions including, jitteriness, tension, sweaty palms, difficulty breathing and increased heart rate, it is also similar to depression (P. 175). Anxiety can come in many forms of trauma from being physically or sexually abused, illnesses or deaths. Panic is also extreme anxiety where one would think they are having a heart attack with the body or mental sensation. It is how the client can cope in these situations by changing how they feel to the way they think.

Research has shown that CBT can be as effective as medication in treating anxiety & depression problems. The CBT Therapy Clinic (2019) has many advantages from the sessions such as there is a reduced of bad feelings

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returning, clients will get worksheets and acquire personal skills from these worksheets. Clients also need to keep practicing their CBT skills between sessions, even if they are feeling better and their session have finished. This will keep the clients aware of their thoughts. CBT is proven to be fast and effective for the client's feelings of anxiety.

There are some disadvantages of CBT.

When a client comes into a counselling session the counsellor may have a set agenda, however more important underlying issues may be ignored and not covered or resolved. Clients need to commit to the process of CBT, this is a weekly assessment on a client's progress however as some clients may not be able to commit to a weekly session and the time needed outside of the counselling room needs to be fully committed with the CBT approach through worksheets.

Another disadvantage could be that CBT may not be suitable for people with mental health issues or learning difficulties as it requires structural sessions.

According to David (2004), CBT is effective in reducing symptoms of generalized anxiety disorders (GAD)..

The question is whether it is also efficient, in other words, whether there are also long lasting effects with respect to improving utilization of medication and psychotherapy, or occupational functioning and sick leave after the end of treatment.

A study based on 44 outpatients (age 18-65 years; HAM-A score ≥ 18 ; GAD

according to the Diagnostic and Statistical Manual of Mental Disorders, <https://assignbuster.com/comparison-between-cbt-and-personal-centered-theory-for-anxiety-treatment/>

Fourth Edition criteria) who were treated with 25 sessions of CBT assessed for 8 months before and after the end of treatment, showed the following results.

In the comparison of the pre-treatment and post-treatment periods, 46.5% versus 7.2% of patients used psychotropic medication for at least 4 weeks and had been 3.1 versus 1.1 days on sickness absence per month, respectively.

About 70% of patients showed impairment in occupational role performance during the pre-treatment phase compared with 5% to 20%, depending on the dimension, in the follow-up period.

In summary, the data suggest that CBT is not only effective in terms of symptom reduction but also efficient in terms of reducing inappropriate medication intake and improving occupational functioning.

Effects of any treatment should not only pertain to the present symptomatology but also to illness behaviour and occupational and social participation.

When patients with GAD are treated with CBT, a reduction in sickness absence and an improvement of occupational functioning can be observed in the post-treatment period.

After CBT, a reduction of inappropriate medication can be seen.

The data suggest that CBT in GAD patients reduces not only illness symptoms but also improves illness behaviour and role adjustment.

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Personal Centered Theory

Carl Rogers, a leading psychologist and psychotherapist of the 20th century, developed a client-centred or person-centred approach to counselling and psychotherapy. He was the first person to record and publish complete cases of psychotherapy and completed more scientific research on the therapeutic approach than had ever been done. (P. 897)

(Rogers and Sanford, 1989)

PCT sometimes referred to Client-centered therapy, is a type of psychotherapy in which the person receiving treatment directs the therapeutic experience according to their own needs and desires. The counsellor provides support and empathy and displays the right attitude to help the person in this process. It assumes that people have a self-actualizing inclination that will lead them towards growth and health.

Carl Rogers pioneered client-centered therapy. He also was the first to use the term 'client' rather than 'patient' to refer to the people receiving treatment. This is an important distinction because it emphasizes their health or potential health rather than an illness or problem they might have, as the word 'patient' does. He believed your needs and choices are what matter. You aren't there to find out what someone else thinks of your problems and challenges. Instead, your goals are your own, and your way of approaching them is honoured.

In his day, his fellow peers would have poured scorn on his approach, leaning towards a more structure approach, seeing the person as a patient rather than a client. Nowadays he seen as pioneer on the client approach.
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Rogers established core conditions in the client-centre approach and maintained that therapists must have these three attributes to create a growth-promoting climate in which the client can move forward and become capable of becoming their true self; they are as follows:

Empathy: Sometimes referred to as a frame of reference.

Congruence or conditions of worth: Where the counsellor is genuine and real.

Unconditional positive regard.

According to Rodgers (1961) rather than trying to fix the client, he felt it was better to listen to the client and let them be themselves, even if it seemed wrong. He felt by accepting their thoughts and feelings they would heal themselves after a number of sessions. Rodgers approach is used today in counselling rooms. Where there is unconditional positive regard, empathy, genuineness and acceptance. (P. 36).

“ It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried.” (Rodgers, 2004)

Rodgers believed that people were always in the process of changing and growing the striving of self-actualization leads people to pursue happiness and fulfilment. The ability to adapt, learn and change plays a vital role in his theory, as individuals work towards becoming what he referred to as fully-functioning people. The techniques employed in Person Centred Therapy (PCT) are different from those employed in other therapies. The difference is that other therapies are often focused on something the client can do during the therapy session, whereas the techniques used in person-centred therapy <https://assignbuster.com/comparison-between-cbt-and-personal-centered-theory-for-anxiety-treatment/>

are employed by the therapist to create an environment that facilitates the process of self-awareness. The following techniques are in relation to the person-centred . approach: congruence, unconditional positive regard, acceptance, empathy, and reflection of feelings.

The advantages of PCT

This type of therapy concentrates on the here and now, encouraging the client to think in the present time, it values the client and promotes self-awareness, self- development and a greater understanding of one self.

The authors used Hermeneutic Single Case Efficacy Design (HSCED) which is a legalistic mixed-method case study method for evaluating therapy efficacy in single cases.

Using a case of PCT with a client experiencing social anxiety difficulties, they addressed the standard HSCED research questions of pre-post client change, causal role of therapy, and change processes. Based on a rich case record, affirmative and sceptic cases were made and adjudicated by three judges.

The judges held that the client changed considerably (but not substantially) and that therapy contributed considerably to client change. Change processes central to PCT were held to be active, as were client resources.

The overall finding and conclusion of the Study was that PCT can bring about considerable change in socially anxious clients.

Conclusion

In conclusion, research has shown, CBT may not be successful or suitable for everyone. Some critics argue that because CBT only addresses current problems and focuses on specific issues, it does not address the possible underlying causes of mental health conditions, such as an unhappy childhood. The counsellor may have a set or predetermined structure that they feel must be adhered to, resulting in being a result-based approach as opposed to a purely client-based approach.

However CBT has shown statistically to be not only effective but efficient in the treatment in relation to reducing inappropriate medication intake and improving occupational functioning. Also, the data suggested that CBT in General Anxiety Disorder patients reduces not only illness symptoms but also improves illness behaviour and role adjustment.

As Carl Rogers has stated, rather than trying to fix the client, he felt it was better to listen to the client and let them be themselves, even if it seemed wrong. Rogers was vilified and ridiculed in his day for his beliefs, however nowadays he is considered a pioneer in the field of PCT.

“ It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried.” (Rodgers, 2004)

This approach is used in counselling rooms across the country.

Also, a study using Hermeneutic Single Case Efficacy Design (HSCED) showed that a client changed considerably (but not substantially) and that

therapy contributed considerably to client change and that PCT can bring about considerable change in socially anxious clients.

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