

Cognitive behavioural  
therapy cbt  
psychology essay



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Ciarrochi et al Cognitive behavioural therapy is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviours and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures. The name refers to behaviour therapy, cognitive therapy, and to therapy based upon a combination of basic behavioural and cognitive principles and research.

Rachman (1997) CBT was primarily developed through an integration of behaviour therapy (the term "behaviour modification" appears to have been first used by Edward Thorndike) with cognitive psychology research, first by Donald Meichenbaum and several other authors with the label of cognitive-behaviour modification in the late 1970s. This tradition thereafter merged with earlier work of a few clinicians, labeled as Cognitive Therapy (CT), developed by Aaron Beck, and Rational Emotive Therapy (RET) developed by Albert Ellis. While rooted in rather different theories, these two traditions have been characterised by a constant reference to experimental research to test hypotheses, both at clinical and basic level. Common features of CBT procedures are the focus on the "here and now", a directive or guidance role of therapist, a structuring of the psychotherapy sessions and path, and on alleviating both symptoms and patients' vulnerability.

Hassett, and Gevirtz (May 2009) "The premise of mainstream cognitive behavioural therapy is that changing maladaptive thinking leads to change in affect and in behaviour." but recent variants emphasize changes in one's relationship to maladaptive thinking rather than changes in thinking itself.

Hayes et al (2011) Therapists or computer-based programs use CBT techniques to help individuals challenge their patterns and beliefs and  
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replace “ errors in thinking such as overgeneralizing, magnifying negatives, minimizing positives and catastrophizing” with “ more realistic and effective thoughts, thus decreasing emotional distress and self-defeating behaviour” Hassett, and Gevirtz (May 2009) to take a more open, mindful, and aware posture toward them so as to diminish their impact. Hayes et al (2011) Mainstream CBT helps individuals replace “ maladaptive ... coping skills, cognitions, emotions and behaviours with more adaptive ones”, by challenging an individual’s way of thinking and the way that he/she reacts to certain habits or behaviours, Kozier (2008) there is still controversy about the degree to which these traditional cognitive elements account for the effects seen with CBT over and above the earlier behavioural elements such as exposure and skills training. Longmore and Worrell (2007) Modern forms of CBT include a number of diverse but related techniques such as exposure therapy, stress inoculation training, cognitive processing therapy, cognitive therapy, relaxation training, dialectical behaviour therapy, and acceptance and commitment therapy.

According to Turk and Flor (2008), CBT has six phases: 1. Assessment, 2. Reconceptualization, 3. Skills acquisition, 4. Skills consolidation and application training, 5. Generalization and maintenance, 6. Post-treatment assessment follow-up

### Strengths of CBT

Scott (2009) Cognitive behaviour therapy (CBT) is an effective treatment for common mental health disorders of mild to moderate severity. Simply Effective Cognitive Behaviour Therapy guides the therapist in treating clients

effectively in a simple, structured, time-limited way, as well as indicating where additional treatment or referral is required, thus widening access to CBT. Effective CBT is illustrated throughout with transcripts of sessions which serve as models for putting theory into practice. It provides the therapist with sufficient understanding of the cognitive theory of a disorder, enabling them to tailor the protocols provided to the needs of the individual.

Lambert et al (2004) CBT is thought to be effective for the treatment of a variety of conditions, including mood, anxiety, personality, eating, substance abuse, tic, and psychotic disorders. 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 favoured CBT over other approaches such as psychodynamic treatments.

### Limitations of CBT

### Case conceptualisation

A Case conceptualisation (or case formulation) is a theoretically-based explanation or conceptualisation of the information obtained from a clinical assessment. It offers a hypothesis about the cause and nature of the presenting problems and is considered an alternative approach to the more categorical approach of psychiatric diagnosis. Bond et al (1998). In clinical practice, Case conceptualisation is used to communicate a hypothesis and provide framework to developing the most suitable treatment approach. It is most commonly used by clinical psychologists and psychiatrists and is deemed to be a core component of these professions. Mace et al (2005). <https://assignbuster.com/cognitive-behavioural-therapy-cbt-psychology-essay/>

Perry (1987) Different psychological schools or models utilize clinical formulations, including cognitive behavioural therapy (CBT) and its related therapies, systematic, psychodynamic and applied behaviour analysis.

Cipani, and Golden (2007) The structure and content of a clinical formulation is determined by the psychological model, Most systems of formulation contain the following broad categories of information: symptoms and problems; precipitating stressors or events; predisposing life events or stressors; and an explanatory mechanism that links the preceding categories together and offers a description of the precipitants and maintaining influences of the person's problems.

(Mcleod, 2009, P. 153) whatever format is used to structure a case conceptualisation it need to cover accounts of both the current problem and the personality predispositions or vulnerability that has created the conditions for the problem to emerge. It is also valuable to use the case conceptualisation to highlight the factors that might hinder the progress. The construction of a case conceptualisation and discussion with the client represents the application of CBT thinking to the specific conditions of the client's own life, the case conceptualisation opens up a space within therapy where the client can begin to learn about CBT concepts. This is a significant aspect of cognitive behavioural work; the aim is for the client to become his or her own therapist, and to become able to deal with future occurrences of problems by initiating CBT strategies on their own.

Vicious cycle

(Kinsella et al 2008) A vicious cycle is used to help make sense of overwhelming problems by breaking them down into smaller parts. These smaller parts are:

A Situation - a problem, or something that happens that you find difficult or distressing

The situation causes you to have:

Thoughts - what you think about the situation. Is it overwhelmingly difficult or are you able to deal with it?

Emotions - how you feel about the situation. Does it make you feel good or does it make you feel bad?

Physical feelings - sometimes a difficult situation or emotional turmoil can cause physical feelings like dizziness, nausea, headache, shortness of breath, sweating, palpitations and so on. Does this situation make you have feelings like this?

Actions - what you do in response to the situation. Do you do something positive about it or do you just ignore it?

Each part can affect the others. How you think about a problem can affect how you feel physically and emotionally and what you do about it. Changing one or more of the parts can also change the others. So, if you change the way you think about a situation, or what you do about it, this can change your emotional and response as well.

## Treatment