History of cbt and its journey into mainstream psychotherapy

OUTLINE THE HISTORY AND DEVELOPMENT OF COGNITIVE BEHAVIOURAL THERAPY AND ITS JOURNEY INTO MAINSTREAM PSYCHOTHERAPY TODAY

Cognitive behavioural Therapy is not an entirely new concept. In fact it??™s theoretical origins can be traced back over 1800 years to the Greek philosopher Epictetus who observed that ??? people are not disturbed by the events that happen, more so by the view that they take of them??? (Woolfe and Dryden, 1996). However for the purpose of this essay I will look at the history of CBT from the late fifties onwards, in particular looking at the theories of Behaviourism, Cognitive Therapy and Rational Emotive Therapy and how these have influenced the development of CBT. The two main therapies which have influenced CBT are Behaviour Therapy (BT) and Cognitive Therapy (CT) The earlier of the two approaches was behaviourism. Behaviour therapy arose as a reaction against the Freudian psychodynamic regime of the time. In the 1950??™s Freudian psychoanalysis was questioned by behaviourists such as Skinner, Watson, Pavlov, Tolman and Thorndike due to it??™s lack of empirical evidence to support either it??™s theory or it??™s effectiveness (www.

sagepub. com). Behaviourism assumes that most maladaptive behaviours are learned behaviour, and therefore the therapist will strive to help clients “ unlearn” them, or replace them with new more acceptable behaviours .

Pavlov??™s Classical conditioning was an early behaviourist model whereby the theory is that, mental processes do not determine what we do; rather we are a product of our conditioning. Stemming from this, B. F. Skinner became the chief exponent of that form of behaviourism known as operant conditioning. Both these models were the first attempts made to turn

behaviourism into therapy and provided the rationale for the Systematic Desensitisation Technique devised by Wolpe in 1958 (Gross, 2005). The behavioural approach was based on the theory that the focus for assessment and therapy should be on that which can be observed, operationalised and measured i. e. behaviour.

It assumed that the problem was the clients behaviour and not invisible and untestable processes such as the unconscious mind and that behaviour can be changed through the application of various behavioural principles such as classical and operant conditioning. Other specific developments within behaviourism can be seen as important to the development of cognitive behavioural methods. The study by American psychologist Martin Seligman on Learned helplessness is one. His study showed that animals exposed to repeated unpredictable shock became unable to avoid the shocks even though they were given opportunities to learn controlling responses. This mirrored clinical observations concerning the behaviour of people with a diagnosis of depression. (Mahoney 1974)The development of Social Learning Theory by psychologist Albert Bandura is another important influence. Bandura proposed that people did not only learn from direct experience of rewards or punishments but also by observing outcomes of behaviour in others. This observational Learning had to rely on internal mechanisms which could not be accounted for by direct conditioning alone.

In Social learning theory, observation of others and subsequent learning are dependent on the stipulation that internal cognitive processes are necessary for learning to take place. These developments were crucial in behavioural psychology becoming open to merging with ideas from the cognitive

approach. (Meichenbaum 1977)The word cognition means the receiving, processing, storing, and using information so cognition is basically the way a person thinks. Cognitive therapy works on how one interprets information and what they do with this information. Therefore the idea behind cognitive therapy is that if you can change the way you think, you can change the way you feel. The Cognitive Therapy approach, developed by A.

T. Beck, . had it??™s beginning in the 1960??™s but became very influential with the ??? cognitive revolution??? of the 1970??™s. Beck was attempting to validate Freuds theory of depression i. e. it was a result of anger turned towards the self. Beck made clinical observations of depressed patients and investigated their treatment under traditional psychoanalysis.

However his observations did not validate this theory instead he observed a negative bias in the cognitive processing of depressed individuals. As a result of this he developed the cognitive model of depression. (Beck 1976). His theory postulates that incorrect habits of interpreting and processing date are learned during cognitive development. The basic concepts of cognitive therapy are fundamentals of contemporary CBT.

The first of these concepts is that of schemas, cognitive structures of people??™s fundamental beliefs and assumptions which can be adaptive of maladaptive (Nelson-Jones, 2006). Second are Modes, networks of cognition that interpret and adapt to ongoing situations (Beck and Weishaar, 2005). Another is that of cognitive vulnerability, human??™s cognitive frailty unique to each individual and based upon their schemas (Nelson-Jones, 2006). The work of Albert Ellis (1962) in Rational Emotive Therapy (RET) has also

provided support to the principles of Cognitive Therapy and is momentum to the development of Cognitive Behaviour Therapy. REBT is a ??? system of psychotherapy which teaches individuals that it is their beliefs which are largely responsible for their emotional and behavioural reaction to life events???. Needan & Dryden, Rational Emotive Behaviour Therapy in a Nutshell (Counselling in a Nutshell); (p.

1) Ellis developed and popularised the ABC model of emotions (RET), and later-1990s- modified the model to the A-B-C-D-E approach and renamed his approach Rational Emotive Behaviour Therapy. (REBT) (www. nacbt.

org) This approach maintains that : A. Something happens. B. You have a belief about the situation. C. You have an emotional reaction to the belief. Changing beliefs (B) is the real work of therapy and is achieved by the therapist disputing the clients irrational beliefs (D)and setting goals or new desired effects (E). (www.

nacbt. org) Cognitive behaviour Therapy extends beyond but draws on influences from all of the fore-mentioned theories and approaches. Beck recognised the importance and value of Behaviour Therapy??™s emphasis on empirical research, scientific method and verifiable evidence. (Becks, Kovacs, & Weissman, 1979).

Becks also retained a number of treatment elements such as session structure, goal setting, and short-term treatment. Cognitive-behavioural therapy does not exist as a distinct therapeutic technique The process of integrating cognitive therapy and behaviourism into cognitive behavioural methods has resulted in a ??? family??? of therapies rather than one single

methodology however most CBT therapies will have the following characteristics.; Cognitive-behavioural therapy is based on the idea that it is our thoughts that effect our feelings and our feelings that cause our behaviours. A sound therapeutic relationship is necessary for effective therapy, but not the focus. CBT therapists focus on teaching rational self-counselling skills in order to help the client think differently. Cognitive-behavioural therapists seek to learn what their clients want out of life (their goals) and then help their clients achieve those goals. The therapists role is to listen, teach, and encourage, while the clients roles is to express concerns, learn, and implement that learning.

This is a collaborate effort between therapist and client. (Class handouts) The basic concepts of cognitive therapy are fundamentals of contemporary CBT. The first of these concepts is that of schemas, cognitive structures of people??™s fundamental beliefs and assumptions which can be adaptive of maladaptive (Nelson-Jones, 2006). Second are Modes, networks of cognition that interpret and adapt to ongoing situations (Beck and Weishaar, 2005). Another is that of cognitive vulnerability, human??™s cognitive frailty unique to each individual and based upon their schemas (Nelson-Jones, 2006).

Dysfunctional beliefs embedded in to schemas contribute to another basic concept called cognitive distortion (Nelson-Jones, 2006). Beck??™s Cognitive Distortion Model (1976) is the best known model of cognitive processing used by cognitive behavioural therapists. Perceptions of events become highly selective, egocentric and rigid when they perceive a situation as threatening causing impairment to the function of normal cognitive processing (McLeod, 2003).

. Beck (1976) identified many different kinds of cognitive distortion including; arbitrary inference, selective abstraction, overgeneralisation, magnification, minimisation and personalisation (McLeod, 2003). Beck described self critical cognitions as ??? automatic thoughts??™, one of the keys to successful therapy. Automatic thoughts reflect schema content, deeper beliefs and assumptions which are less accessible to awareness (Nelson-Jones, 2006).

Acquisition of schemas, automatic thoughts and cognitive distortions and the associated vulnerability to psychological distress, is the result of many factors such as; evolutionary, biological developmental and environmental. Many of these are common across individuals, however, each person has their own unique variations (Nelson-Jones, 2006). The therapeutic goals of cognitive therapy are to re-energise the reality testing system (Nelson-Jones, 2006). Also, to teach the client adaptive meta-cognition, which is the ability to change oneself and environment in order achieve therapeutic change (McLeod, 2003). This concept is central to the work of Ellis and Beck and has been widely researched in developmental psychology.

Another therapeutic goal in cognitive psychology is to enable the client to become their own therapist, by providing skills for problem solving for example The theories of both Cognitive Behaviour Therapy and REBT both contend that individuals possess control over their thoughts and actions. However, according to Ellis (1962) the REBT therapist would work to persuade the individual that their beliefs are irrational whereas the CBT therapist attempts to collaborate with the client in testing the validity of their beliefs and thoughts through behavioural experiments in order to disprove the irrational belief or/and thoughts. (Becks, Kovacs, & Weissman, 1979)

Cognitive behavioral therapy (CBT) is now an empirically established and respected mode of psychotherapy. A review of the literature demonstrates the effectiveness of CBT (Dia, 2001). In the review, CBT had been found to be effective for depression, generalized anxiety disorder, social phobia and obsessive compulsive disorder. It has also been recommended for substance abuse and dependence, agoraphobia, and panic disorder (DeRubeis & Crits-Christoph, 1998 as cited in Dia, 2001).??? Cognitive Behaviour Therapy??™s emphasis on empirical research, its theoretical base, and it??™s coherence as a therapeutic intervention have meant that, at this stage , it is better validated as an effective treatment for a range of disorders than any other psychological therapy??? (De Rubeis & Crits-Christoph 1998; Hollon & Beck 2003) in (Becks, Kovacs, & Weissman, 1979)p2Research suggests that cognitive behavioural therapy can be very successful. Beck (1993) reviewed evidence regarding the effectiveness of cognitive behavioural therapy for depression, eating disorders, panic and anxiety disorders.

The outcome showed very clearly that cognitive behavioural therapy is highly effective. In addition, studies conducted by Clark et al (1994) and Shear et al (1994) has shown that cognitive based therapies can be extremely effective in changing the behaviour and cognitions in 90 per cent of those treatedA useful source of evidence of the effectiveness of CBT is the UK National Institute for Health andClinical Excellence (NICE). This is an agency charged by the government with the task of surveying the evidence for the effectiveness of different treatments and making recommendations about which treatments ought therefore to be made available in the National Health Service (NHS). This commissioning guide ??? is a resource to help

health professionals in England to commission appropriate levels of cognitive behavioural therapy (CBT) for the treatment of depression, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and anxiety ???. (www.

nice. org. uk)It further states that ??? CBT??™s evidence base, short-term nature and economical use of resources have made it attractive to clients, practitioners and service purchasers.

??? (www. nice. org. uk) The topic-specific advisory group suggested that ??? commissioners may wish to focus their effort on commissioning CBT (high intensity) for people with moderate to severe depression as this is the area where there are greatest deficits in service provision, and where the greatest potential exists for commissioners to make a significant contribution to service improvement???. (www. nice. org. uk)CBT continues to maintains a healthy respect for the value of research as means of improving practice, enabling practitioners to be critical and questioning, learning constructively from their colleagues (Woolfe and Dryden, 1996).

In conclusion, there are many facets to contemporary CBT as a result of the previously mentioned ideas and theories. There are however some key features comprehensively laid out by Grazebook and Garland (2005) as follows. CBT is based on scientific principles which research has proven effective for a wide variety of psychological disorders. A therapeutic alliance is formed between the client and counsellor to gain a shared view of problems in relation to the client??™s thoughts, feelings and behaviour, usually in relation to the here and now. This usually leads to the agreement

of personalised and time limited therapy goals and strategies which the counsellor will continually monitor and evaluate with the client. The outcome of therapy is to focus on specific psychological and practical skills, through reflection and exploration of the meaning attributed to events and situations, and the re-evaluation of those meanings. The treatments are intrinsically empowering, aimed at enabling the client to tackle their problems by employing their own resources.

Acquiring and using such skills is seen as the main target, the active component being promotion of change, in particular using ??? homework??™ to put what has been learned into practice between sessions. The client will hopefully accredit the improvement in their problems to their own efforts, with their alliance with the counsellor (Grazebook and Garland, 2005). Bibliography Becks, A. T.

(1976) Cognitive Therapy and the Emotional Disorders, International Universities Press, New York Beck, A. T. (1993) Cognitive therapy: Past, present and future. Journal of Consulting and Clinical Psychology, 61(2), 194-198. Becks, A. T. Kovacs, M., & Weissman, A.

1979 The Scale of Suicidal Idealisation. Journal of consulting and clinical psychology, 47, 343-352Beck, A. T. and Weishaar, M.

E. (2005) ??? Cognitive Therapy??™ in R. J. Corsini and D. Weddin. Current Psychotherapies (Seventh Edition) Belmont, CA: Thomson Brooks/Cole. pp.

238-68 Clark, D. M. et al (1994) A comparison of cognitive therapy, applied relaxation and imipramine in the treatment of panic disorder. British Journal of Psychiatry, 164, 759-769. Dia, D. A.

(2001). Cognitive-Behavioral Therapy with a Six-Year-Old Boy with Separation Anxiety Disorder: A Case Study. Health & Social Work, 26(2), 125-129. Ellis , A.

(1962) Reason and Emotion in Psychotherapy, Lyle Stuart, New York. Freeman, F. & Datllio, F. M.(1992) Comprehensive Casebook of Cognitive Therapy, Plenum press, New YorkGrazebrook, A. and Garland, A.

(2005) ??? What are Cognitive and/or Behavioural Therapies??? (online) http://www. babcp. com/babcp/what_is_CBT.

htm Accessed: 5/6/11Gross, R. (2005) Psychology, the science of Mind and Behaviour, London, Hodder McLeod, J. (2003) An Introduction to Counselling (Third Edition) Berkshire: Open University Press Mahoney , M. J. (1974) Cognition and Behaviour Modification. Cambridge, MA Ballinger Meichenbaum D. H. (1977) Cognitive-Behaviour Modification : An Integrated Approach.

New York, NY: Plenum Press Needan M. & Dryden W. (2005)Rational Emotive Behaviour Therapy in a Nutshell (Counselling in a Nutshell); Sage PublicationsNelson-Jones, R. (2006) Theory and Practice of Counselling and Therapy (Fourth Edition) London: Sage Shear, K.

K. et al (1994) Cognitive behavioural treatment compared with nonprescriptive treatment of panic disorders. Archives of General Psychiatry, 51, 395-401. Woolfe, R.

and Dryden, W. (1996) Handbook Of Counselling Psychology, Sage: London. www.

nice. org. uk/guidelinesmanual accessed 12/05/11 www. nacbt. org/historyofcbt.

htm accessed 12/05/11Schlindwein, H. Diploma on CBT, lecture notes