



COGNITIVE BEHAVIOUR THERAPY

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Abstract

Cognitive Behavior Therapy (CBT) is one of the regularly used Psychotherapeutic methods which explores the links between thoughts, emotions and behavior. CBT is a short term, directive approach tailored to treat various Psychiatric problems. CBT allows patients to interrupt negative thoughts with a deeper understanding of distortions in the perception of automatic thoughts which helps patients to correct misinterpretations of the thoughts that have caused disruption in their daily lives. Modern psychological research helped to develop these approaches. It is the most vastly researched and empirically supported Psychotherapeutic method .

Key word : CBT

INTRODUCTION

Cognitive Behavioral Therapy (CBT) can be defined as the Intentional Combination of demonstrated readiness and methodological rigor of behavioral processes that influence adjustment (Benjamin, 2011) Cognitive Behavioural Therapy represents a combination of behavioural and cognitive theories of human behaviour, Psycho Pathology, and a melding of emotional, familial and peer influences.

There are several forms of Psychotherapy CBT. Some of these are, Rational Emotional behavioral Cognitive Rational Living, and Dialectical Behavioural Therapy, problem. Solving Therapy, Cognitive Processing Therapy, Cognitive Behavioural Modification (Meichenbaum 1977) Beck's Cognitive Behaviour therapy incorporates techniques from all these therapies, within a Cognitive framework. CBT builds a set of skills that enables an individual to be aware of thoughts and emotions identify how situations, thoughts and behaviors influence emotions and improve feelings by changing dysfunctional thoughts and behaviours (Cully, S.Teten, A 2008).

History of CBT

The emergence of Cognitive behaviour Therapy have been identified in various ancient Philosophical traditions particularly in stoicism. (Robertson D.2010). Stoic Philosophers, particularly Epictetus, believed logic could be used to identify and discard false beliefs that lead to destructive emotions 'Men are disturbed not by things' but the view which they take of those things' (Epictetus, philosopher, 50-120AD) which has influenced new era Cognitive behavioural therapists like Aaron T Beck in his Manual for depression states " The Philosophical origins of Cognitive therapy can be traced back to stoic Philosophers"

Following the rise of Freudian therapy in the innovative in as much they could be audited and empirically proven to work with high numbers of clients. The first of these, under the umbrella of so called 'First wave' was Behaviorist approach of 1950's. Behaviorist John B. Watson put the foundation for the advancement in the field which can be traced back to early 20th century. All behaviours are acquired through conditioning. It happens when people interact with their environment cueing signals to shape their actions which is the basis of behaviourism.

In the early 1920's works of Joseph Wolpe. Ivan Pavlov, John B. Watson and BF Skinner behaviour therapy established to treat disorders. The lack of efforts from behaviourist to build theories depression led to divert the focus from behaviourism to 'Second Wave' Cognitive Therapy.

In the 1950's Albert Ellis developed the earliest Cognitive – based Psychotherapy known as Rational Emotive Behavior Therapy.

The practice of Cognitive behaviour therapy was first developed in 1960's Dr. Aaron T. Beck at the University of Pennsylvania designed and carried out experiments to test Psychoanalytic concepts and found some surprising outcomes that in depressed patients there were consistent instances of a stream of negative thoughts that seemed to originate impulsively. Thus the importance of cognitive was included in behaviourism. Behavioristic characteristics like empiricism and conclusion of outcome research was added to cognitive therapy.

Cognitive Behavioral Therapy (CBT) emerged as a rational amalgam of behavioural and cognitive theories of human behaviour, causal and maintaining forces in Psychopathology and targets for intervention (Kendall & Hollon 1979) CBT was originally developed to treat depression and has since been adapted to the treatment of anxiety disorder, Substance use disorders, personality disorders, eating disorders, bipolar disorders, and schizophrenia.

(Wenzel, A, Brown, G.K., & Karlin, B.E 2011).

Although behavioural therapies and cognitive approaches seemed to develop parallel paths over the time two approaches merged to form cognitive behaviour Therapy.

(Milkman.H., Wanberg, K., 2007).

What is CBT

Cognitive model put forward by Beck begins with central core beliefs or schemes. These beliefs about one self, other people and the world from during childhood based on the experiences which are faced during growing period.

(Wright et al.2003)

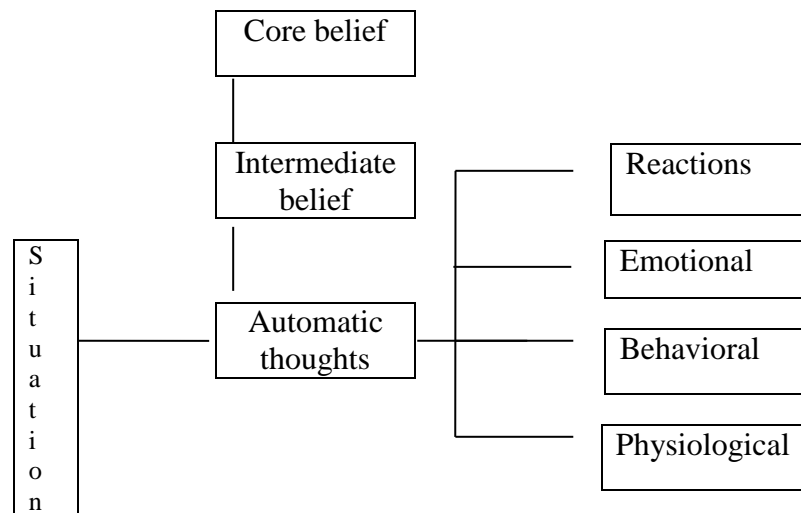
Automatic thoughts which are described as the actual words or images that go through a person's mind and which are situation specific. They are more autonomous. Everyone has automatic thoughts, but in clinical states such as depression and anxiety disorders, these cognitive are often riddled with errors in logic (Beck et al 1979).

(Wright et al.2003)

Cognitive behaviour Therapy is a short term, goal oriented form of treatment that can be a combination of behavioural therapy and Psychotherapy. People's emotions and behaviours are influenced by their perceptions of events. The treatment takes a hands on practical approach to problem solving.

Psychotherapy focuses on the personal meaning of thought patterns that are believed to have developed in childhood. Behavioral Therapy emphasizes the close relationship between personal problems behavior and thoughts. The approach help by changing people's behaviour and attitudes with deeper understanding of thoughts, images beliefs and attitudes. Being allowing patients to interpret these thoughts with deeper understanding of the errors or distortions in the perception of these automatic thoughts. Essence to the cognitive model is the way in which cognitive is conceptualised. Beck (1976) outlined three levels of cognitive.

1. Core beliefs
2. Dysfunctional assumptions
3. Negative automatic thoughts



Key elements and principles of CBT

There are certain key practice principles that form depression part of Cognitive behaviour therapy for depression (Beck., 1995; Kuykenetal 2005)

- A. Cognitive Behavioral Therapy focuses on current problems and is goal oriented. The patients active participation in therapy is a key principle in CBT without it, this goal oriented and problem focused approach would not be effective. CBT sessions are well structured and the clients better understanding of the role cognitive in correcting behavioural dysfunctions is important to their success. This allows a better client to therapist relationship and it is important in this therapy.
- B. Cognitive Behavioral Therapy is based on a cognitive formulation of the presenting problem. CBT case formulation has been defined as a coherent set of explanatory inferences about the factors causing and maintaining a person's presenting problems that is derived from cognitive theory of emotional disorders (Bieling and Kuyken 2003).
- C. Cognitive Behavioral Therapy is based on active collaboration from the first meeting the client and therapist engage in a process of collaborative empiricism (Beck 1995).

The term collaborative empiricism is often used to describe the therapeutic alliance in CBT

(Wright et al 2003).

CBT is a structured and time limited treatment normally a typical session for a non-co morbid anxiety or depression involves up to 20 sessions. Although belief versions have been developed for particular circumstances (Bond & Dryden 2002) more recurrent depression

(Moore & Gorland 2003).

TECHNIQUES USED IN CBT

CBT aims to change how a person thinks and what they do CBT uses both cognitive and behavioural techniques.

Cognitive Techniques

Cognitive techniques aim at change in cognition since CBT considers that change in behaviour comes chiefly as a result of cognitive changes.

Cognitive Restructuring

A large part of CBT is developed to helping patients recognize and change mal adaptive automatic thoughts and schemes (Person et al; 2001; young et al ;2001). David et al 2005) found that cognitive restricting is an effective techniques of CBT. The overall strategy for Cognitive restricting is to identify automatic thoughts and schemes in sessions to teach patients skills for changing Cognitive through home work exercises. Daily record of Dysfunctional thoughts DRDT corresponds to situation, belief, emotional consequences and functional beliefs. The therapist help the patients in formulating rational response for their irrational thoughts.

Socratic questioning and Guided discovery

A key Cognitive concept is guided discovery (Padesky, 1993). This form of enquiry Socratic questioning asking questions that guide the patient to become actively participate in finding solutions and series of questions helps patients to explore and change maladaptive processes

Down ward arrow Techniques

Which involves series of questions and answers again leads to questions until an influence is brought about that will profit from the work of CBT.

Behavioral Techniques

- a) **Problem solving :-**
The therapist inquires about real life problems and creates a list and convert each in to positive goals and encourages patients to de active problem solving themselves.
- b) **Decision making :-**
To overcome the difficulty of decision making therapist asks the patient to list

Advantages and disadvantages of each choice and helps them derive a system for drawing a conclusion. Behavioral experiments test the validity of the patients automatic thoughts and its an important evaluative techniques. The patients makes a prediction before completing a task and then records whether that prediction came true. They will re-evaluate their thoughts, by developing helpful evidence against their predictions.

Behavioral experiments are also used to help patients gather evidence against the use of 'Safety behaviours (Salkovsk's 1996). Activity monitoring and scheduling chart can be used to monitor patients activities measuring and analysing pleasure and mastery.

These techniques involve obtaining a baseline of activity during a day or week, rating activities on the degree mastery or pleasure and then collaboratively designing changes that will reactive the patient, stimulate a greater sense of enjoyment in life, or change patterns of social isolation or procrastination.

Relaxation techniques are effective at reduction depressive symptoms (LoLak et al 2008) and (Jorm et al 2008) .Relaxation exercise should be taught and practiced in session. The therapist should be aware that some patients experience a paradoxical arousal effect from relaxation exercise. (Clark ; 1989). The therapist proposes to try relaxation as an experiment to evaluate it.

Graded Exposure

Graded exposures are where graded task assignment in which problems are broken in to pieces and a stepwise management plan is developed.

Role Playing

Role playing is a techniques used for to uncover automatic thoughts, to develop a rational response to modify core beliefs. Useful in learning and practicing social skills.

Structure of CBT Session

CBT therapist use a particular session structure. Structure helps the therapist more time efficient and helps the client begin to understand what they can expect from each session.

- **Mood Check**
The maintain and re-establish therapeutic alliance and to check clients moods.
- **Brief Update**
Is to update the client what's been going on in the last week.
- **Bridge from previous session**
Therapist asks if there's anything that happened between last session and this session. A way to re-establish therapeutic alliance.
- **Setting the agenda**
Therapist ask the client to name the most important problems encountered during the week or that they expect to encounter in the coming week that require therapist help in solving 'setting the agenda'.
- Review of home work
- Discussion of issues
- Setting new home work
- Summary and feed back

At the end of the session therapist ask for feedback. How the client think the session went, is there anything that bothered them or then thought therapist didn't understand future changes to sessions etc. (J.beck 2011).

Application of CBT to various Disorders

Cognitive behaviour therapy can be effectively used as a short term treatment centered on helping people with a very specific problem and teaching them to focus on present thoughts and beliefs (Hofman, S.G 2012). Today CBT is probably the first line of Psychological treatment for many disorders (Rachman's 2009).

- **Anxiety disorders**
Research has shown that CBT is a form of therapy that reliably helps in overcoming clinical anxiety disorders.
(Kaczurkin, AN, Foa, E.B 2015)
- **Addictions**
Research suggests that the skills obtained through CBT are enduring and are also be applied in other areas of an individual's life as well. Approximately 60% people who are treated with CBT for a substance use problem are able to maintain their recovery for a year (Rawson RA, Huber , A Mccanm et al 2002).
- **Depression**
The efficacy of CBT depression has been shown by many empirical evidence in which it has been stated to be superior or at least equally effective with other treatments including antidepressants.
(Dobson KS 1989).

- **Personality disorder**

CBT can be helpful for people with border line personality disorder (BPD) the disorder requires specialized CBT technique such as Dialectical behaviour Therapy, Schema focused Therapy. (Lynch TR, Trots WT et al 2007)

- **Post Traumatic stress disorder**

Various meta analysis have shown effectiveness of CBT in treatment and p;ervention of PTSD (Bradley .R, Green.J, Russ E et al 2005). Cognitive therapy has also been combined with the practice of mindfulness. Mindfulness based Cognitive therapy is promising towards best result (Hofman SG, A Smundon GJ, Beck AT, 2009).

Obsessive – Compulsive disorder

CBT is considered as effective Psychological treatment for OCD (Hofman SG, Swits JA, 2008).

Eating Disorders

Cognitive behaviour Therapy (CBT) is the leading evidence based treatment for eating disorders (Agras, WS, Fitzsimmons, Craft.EE, Wilfyey DE, 2016)

Panic Disorders

Due to its proven effectiveness, goal – oriented focus and quick results CBT is preferred by clinical professionals.

Conclusion

CBT represents an integration of behavioural Cognitive and other theories of human behaviour and psycho pathology. The numerous strategies that comprise CBT reflects its complex and integrative history and include conditioning , modelling Cognitive Structuring, problem solving, and the development of personal coping strategies. CBT is often considered the treatment of choice for mental health disorders. The goals of cognitive behaviour therapy include immediate relief from symptoms and to acquire Cognitive and behavioural skills that reduce the risk of relapse.

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