

Review Article

Cognitive Behavioural Therapy (CBT): Review article

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ABSTRACT:

CBT is a type of psychotherapeutic treatment that helps people to identify and change destructive or disturbing thought patterns that have a negative influence on their behaviour and emotions. Cognitive therapy is about forming a clear idea of your own thoughts, attitudes and expectations. The goal is to recognize and change false and distressing beliefs. It is often not only the things and situations themselves that cause problems, but sometimes the exaggerated importance that we attach to them, too.

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INTRODUCTION

CBT is a type of psychotherapeutic treatment that helps people to identify and change destructive or disturbing thought patterns that have a negative influence on their behaviour and emotions^{1,2}. The term cognitive comes from the Latin "cognoscere," meaning "to recognize." Cognitive therapy is about forming a clear idea of your own thoughts, attitudes and expectations. The goal is to recognize and change false and distressing beliefs. It is often not only the things and situations themselves that cause problems, but sometimes the exaggerated importance that we attach to them, too.

One example of a distressing thought pattern is when somebody immediately draws negative conclusions from a certain situation, generalizes them and applies them to other similar situations. In psychology, this generalized way of thinking is called "over-generalizing." Another distressing way of thinking is known as "catastrophizing": Something unsettling happens, and people immediately start worrying that it will turn into a disaster.

Historical Development and Evolution of CBT: In the 1950s and '60s, psychologists and psychiatrists in South Africa, England, and the United States began studying psychotherapeutic interventions based on learning theory, leading to the establishment of behaviour therapy with exposure-based strategies and techniques rooted in learning theory. The term

"behaviour therapy" first appeared in publications in the early '60s, and the Association for Advancement of Behaviour Therapy (AABT) was formed in 1966. In the 1960s and '70s, psychologists combined behaviour therapy with cognitive treatments, with Aaron Beck and Albert Ellis playing key roles in developing these approaches. Their treatments, known as cognitive therapy and rational emotive behaviour therapy, aimed to shift clients' negative thought patterns to more positive and adaptive ones. Researchers in the 1970s and '80s then began to develop protocols that integrated strategies from both forms of treatment.

Theoretical Foundations of CBT: Aaron Beck's³ research on depression led him to develop cognitive therapy (CT) as an alternative to the psychoanalytic model. Beck's⁴ studies showed that depression could be explained in cognitive terms as biased interpretations of events related to negative self-representations, the personal world, and the future. CT differentiated itself from psychoanalysis by focusing on present problems instead of uncovering past traumas, and analyzing accessible psychological experiences rather than unconscious motivations⁵. The foundations of CT drew from a variety of influences, including the phenomenological-humanistic approach to psychology, philosopher influences like Kant, Heidegger, and Husserl, as well as concepts from cognitive sciences and psychology. While CT aligns

with behavior therapy in diverse therapeutic procedures and strategies, it is seen as more humanistic and exploratory in its focus on the constructs of the mind, feelings, and thoughts.

Principles and Techniques of CBT: Cognitive Behavioral Therapy (CBT) aims to empower patients to become their own therapists by understanding and modifying their maladaptive thoughts and behaviours. Key elements of CBT include fostering a collaborative empiricism, where the therapist and patient work together to identify and test maladaptive cognitions, and a structured, problem-oriented focus on present issues. CBT is goal-oriented, with specific, measurable, achievable, realistic, and time-limited (SMART) goals. Sessions are structured to maximize efficiency and focus on specific problems, beginning with agenda-setting and incorporating homework assignments to reinforce learning. Typically, CBT for non-comorbid anxiety or depression lasts 5–20 sessions, but may be extended for personality disorders or intellectual disabilities due to the pervasive nature of these conditions and slower progress.

Given the benefits of CBT and its specific techniques for patients there are five techniques that Advanced Practitioners (APs) can incorporate into their own lives and use with patients, alongside referrals to mental health professionals: relaxation, behavioral activation and pleasant event scheduling, thought stopping, positive self-statements, and focus on control. Before APs employ these techniques with patients, it is crucial to ensure that such interventions are within their scope of practice, considering their degrees, qualifications, training, and relevant state and federal laws and licensures.⁶

Relaxation

Relaxation can help reduce physiological arousal in the body by decreasing the heart rate, respiration rate, blood pressure, muscle tension, metabolic rate, and oxygen consumption and has been found to be helpful for distress in cancer populations.⁷ Relaxation also helps us think more rationally, as opposed to emotionally, when we are stressed.

Behavioral Activation and Pleasant Event Scheduling

Scheduling and engaging in pleasant events is an effective technique for distress. A history of depression or acknowledgment of current symptoms of depression may indicate a contraindication to trying this technique and the potential need for referral to a mental health professional.⁸ This technique can lead to downplaying the current psychological struggles patients are experiencing; many patients with cancer are already bombarded with family and friends telling them to "think positive," and therefore they may not benefit from this technique if they are not appropriately instructed.

Thought Stopping

Thought stopping is not effective in all cases.⁹ It is recommended more often when the problem is primarily cognitive (a thought) and when the thought is considered painful or directing the individual to an uncomfortable emotional state.

Positive Self-Statements

Another technique to fight negative thoughts is to intentionally think good thoughts. Positive self-statements promote encouragement and motivation. They should be short and believable to the individual.¹⁰

Applications of CBT in Clinical Practice: It has been shown to be effective in the treatment of a range of mental conditions, including anxiety, depression, eating disorders, insomnia, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and substance use disorder. Research indicates that cognitive behavioral therapy is the leading evidence-based treatment for eating disorders.¹¹ CBT has been proven helpful in those with insomnia, as well as those who have a medical condition that interferes with sleep, including those with pain or mood disorders such as depression.¹² Cognitive behavioral therapy has been scientifically proven to be effective in treating symptoms of depression and anxiety in children and adolescents.¹³

Cognitive behavioral therapy has a high level of empirical support for the treatment of substance use disorders, helping people with these disorders improve self-control, avoid triggers, and develop coping mechanisms for daily stressors.¹⁴ CBT is one of the most researched types of therapy, in part, because treatment is focused on very specific goals and results can be measured relatively easily.

Effectiveness and Efficacy of CBT: Cognitive Behavioral Therapy (CBT) has been widely recognized for its effectiveness and efficacy in treating various mental health conditions. Numerous studies have demonstrated the positive impact of CBT in alleviating symptoms of depression, anxiety disorders, post-traumatic stress disorder (PTSD), and many other mental health issues. Its structured, goal-oriented approach, which focuses on identifying and changing negative thought patterns, has proven to be highly effective in helping individuals develop coping skills and improve their overall well-being. Additionally, CBT's emphasis on evidence-based practices and its adaptability to different populations and settings contribute to its reputation as a highly effective form of psychotherapy.

Challenges and Criticisms of CBT: The criticism of Cognitive Behavioral Therapy (CBT) revolves around several key points. Some studies have suggested that the specific cognitive components of CBT may not

necessarily outperform "stripped-down" versions of the treatment that include only basic behavioral strategies¹⁶. This insight comes from dismantling studies where components of CBT are experimentally manipulated, showing comparable results in patients even when cognitive techniques are excluded¹⁷. Additionally, historically, CBT did not have a strong connection to cognitive psychology and neuroscience until more recently. The development of CBT was primarily based on clinical observations rather than insights from experimental cognitive psychology, requiring modifications to CBT theory over time to better align with the evolving understanding of human cognition. Furthermore, CBT proponents have been criticized for being slow to investigate the mechanisms through which CBT brings about its therapeutic effects, with some experimental studies not upholding the predicted causal relationships between dysfunctional attitudes and treatment outcomes¹⁸. These criticisms have prompted introspection within the CBT community and have raised important considerations about the theory and practice of this widely used therapeutic approach.

Future Directions in CBT Research and Practice:

Future directions in CBT research and practice are poised to evolve towards a more integrated approach with cognitive psychology and neuroscience, aiming to enhance the theoretical foundation and clinical application of CBT. Advancements in understanding the mechanisms of action of CBT and the individualized tailoring of interventions based on patient-specific needs are anticipated. The emergence of "Third Wave" CBT approaches, such as Acceptance and Commitment Therapy (ACT), may prompt further exploration and integration of innovative strategies into traditional CBT practice. Additionally, the utilization of technology-based interventions, collaboration across disciplines, and evidence-based innovation are envisioned to shape the future landscape of CBT, underscoring the commitment to enhancing the effectiveness and accessibility of this widely utilized psychotherapeutic modality.

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