

Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) is an empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. For example, a person who is depressed may have the belief, "I'm worthless," and a person with a phobia may have the belief, "I am in danger." While the person in distress likely holds such beliefs with great conviction, with a therapist's help, the individual is encouraged to view such beliefs as hypotheses rather than facts and to test out such beliefs by running experiments. Furthermore, those in distress are encouraged to monitor and log thoughts that pop into their minds (called "automatic thoughts") in order to enable them to determine what patterns of biases in thinking may exist and to develop more adaptive alternatives to their thoughts. People who seek CBT can expect their therapist to be active, problem-focused, and goal-directed.

Studies of CBT have demonstrated its usefulness for a wide variety of problems, including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, and psychotic disorders. While a full description of the treatment and presenting problems for which it is useful is beyond the scope of this brief overview, a brief summary of several treatments will be presented.

CBT has been shown to be as useful as antidepressant medication for individuals with depression and is superior in preventing relapse. Patients receiving CBT for depression are encouraged to schedule activities in order to increase the amount of pleasure they experience. In addition, depressed patients learn how to restructure negative thought patterns in order to interpret their environment in a less biased way. CBT for Bipolar Disorder is used as an adjunct to medication treatment and focuses on psychoeducation about the disorder and understanding cues and triggers for relapse. Studies indicate that patients who receive CBT in addition to treatment with medication have better outcomes than patients who do not receive CBT as an adjunctive treatment.

CBT is also a useful treatment for anxiety disorders. Patients who experience persistent panic attacks are encouraged to test out beliefs they have related to such attacks, such as specific fears related to bodily sensations, and to develop realistic responses to such beliefs. This treatment is very effective for those who experience such problems. Patients who experience obsessions and compulsions are guided to expose themselves to what they fear and beliefs surrounding their fears are identified and modified. The same is true for people with phobias, including phobias of animals or phobias of evaluation by others

(termed Social Phobia). Those in treatment are exposed to what they fear and beliefs that have served to maintain such fears are targeted for modification.

Over the past 10 years, CBT for schizophrenia has received considerable attention in the United Kingdom. While this treatment continues to be in its infancy in the United States, the results from studies in the United Kingdom have stimulated considerable interest in therapists in the U.S., and more therapists are conducting the treatment now than just a few years ago. In this treatment, patients are encouraged to identify beliefs and their impact and to engage in experiments to test their beliefs. Treatment focuses on thought patterns that cause distress and also on developing more adaptive, realistic interpretations of events. Delusions are treated by developing an understanding of the kind of evidence the person uses to support the belief and encouraging the patient to recognize evidence that may have been overlooked that does not support the belief. Furthermore, the assumed omnipotence of "voices" is tested, and patients are encouraged to utilize various coping mechanisms to test the controllability of auditory hallucinations.

While the above summary is certainly not comprehensive, it provides a brief overview of the principles of CBT and how it applies to various presenting problems. CBT's focus on thoughts and beliefs are applicable to a wide array of issues. Because CBT has excellent empirical support, it has achieved wide popularity both for therapists and consumers. Those who may receive CBT training include psychologists, psychiatrists, social workers, and psychiatric nurses. Those seeking treatment using a CBT approach are encouraged to ask their therapist what CBT training they have had or to contact a Center for Cognitive Therapy and request a referral in their geographical location.

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