Cognitive Behavioral Therapy (CBT)* Clinical Guidelines

In Collaboration FBH Providers, MHCBBC and JCMH

Theory and Target Population:

1. CBT is an **action-oriented form of therapy** that assumes that maladaptive, or faulty, thinking patterns lead to maladaptive behaviors and unwanted emotions. (Maladaptive behavior is behavior that is counter-productive or interferes with everyday living.) The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state.

2. CBT addresses **three types of maladaptive belief systems:** the *cognitive triad*, which refers to the negative view that people with depression have about themselves, their world, and their future; the *cognitive spiral*, which has to do with the relationship among fundamental core beliefs or "schemas," automatic thoughts, mood, and perceptions of self and others; and *systematic distortions*, which affect information processing, leaving persons unable to correct maladaptive beliefs.

3. The **cognitive therapy component** is based on the notion that core beliefs and schemas generate automatic thoughts and play a role in the etiology and maintenance of at least some disorders. Cognitive interventions seek to reduce distress by changing maladaptive beliefs and providing new information-processing skills. This perspective does not ignore the contribution of biological effects or prior experience but does suggest that the way an individual interprets an event can play a role in determining emotional responses.

4. The **behavioral therapy component** involves the clinician attending to all behaviors clients and others in their life report (both in and out of session), examining functions of these behaviors, by identifying reinforcers and consequences that occur as a result of the behaviors, as well as examining behavior within the context in which it occurs (function of a behavior cannot be understood apart from its historical context).

5. CBT is shown to **successfully assist persons** with non-psychotic depression, non-acute schizophrenia, anxiety disorders, including panic, generalized anxiety, social phobias, and PTSD, as well as the eating disorder bulimia nervosa and conduct disorders in children. In addition, CBT is appropriate for life skills enhancement in individuals with developmental disabilities, marital issues, and relapse prevention with substance abuse.

6. CBT **may be less useful** or have less positive outcomes for individuals who don't have an identified behavioral or emotional issue they wish to address, whose goals are to gain insight into past events, or for persons who are not willing or able to take an active role in their treatment.

Required Elements of Fidelity:

1. **The therapeutic relationship** is the most important element for success with CBT. The therapist must be an empathic, reflective listener to the initial story lines (schemas) and then collaboratively help individuals transform their stories or schemas.

2. **Cognitive techniques** address how individuals set goals, formulate expectations, problem-solve, make decisions, self-monitor, assign meaning, determine causal explanations, and make attributions, both in treatment and on a preventive basis.

3. **Behavioral techniques**, which help train individuals to replace undesirable behaviors with healthier behavioral patterns, can include activity scheduling, behavioral rehearsal, social skills training, bibliotherapy, assertiveness training, and relaxation techniques.

4. **Problem-solving training** is common in CBT. *Hypothesis testing* and *identifying and refuting problem thoughts* are techniques the therapist uses to challenge the client's thinking. These techniques and others are then taught to the client so that the client can monitor his/her own thinking independently.

5. **Setting realistic short-term goals** enable a client to obtain long-term results. The therapist should assist the client in determining how his or her strengths and resiliency can be used in this process.

6. **Homework and practice** are frequently encouraged between therapy sessions. These may consist of real-life "behavioral experiments" where patients are encouraged to try out new responses to situations discussed in therapy so that these patterns can become more automatic.

7. **The modality** in which cognitive-behavioral therapy is most often used is either traditional individual psychotherapy or in group therapy.

*Meichenbaum, D. (1995). Cognitive-Behavioral Therapy in Historical Perspective. In Bonger & Beutler (Eds). Oxford University Press. Sharf, R. S. (2000). Beck's Cognitive Treatment Therapy. Brooks/Cole Pub. Hollon, S. & Beck, A. (1994). Cognitive and cognitive behavioral Therapies. In Bergin and Garfield (Eds.), John Wiley and Sons, Inc. National Association of Cognitive Behavioral Therapists