

GENERAL PRINCIPLES
AND EMPIRICALLY
SUPPORTED
TECHNIQUES OF

Cognitive
Behavior
Therapy

Edited by

William T. O'Donohue
Jane E. Fisher

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PREFACE

This book includes introductory material (the first five chapters) so that the reader can gain both a general overview of CBT as well as gain a general understanding of some of the basics of cognitive behavior therapy. The first chapter provides a brief history of cognitive behavior therapy and presents some of its current and future challenges. A key problem is that cognitive behavior therapy was based on learning research and other research in experimental psychology, but now the ties to this research are much looser and indirect. This might have certain costs that are not properly realized. The second chapter covers assessment issues in cognitive behavior therapy, focusing on functional analysis. This chapter introduces and explains much of the basic terminology that the student needs to understand to properly understand CBT, such as contingency, schedule of reinforcement, functional relationship, and so forth. The third chapter provides an overview of some of the evidence base for CBT. CBT is different than many other forms of psychotherapy in that its appeal is not based solely on its conceptual attractiveness but upon scientific studies of its outcomes. This puts CBT in the camp of “evidenced based practice,” an important quality improvement development in healthcare. This is not to say CBT is a “done deal”; there is always more evidence to collect regarding outcomes and processes involved in CBT. We are at the beginnings of our research agenda, not at the end. The next chapter covers cultural issues in the implementation of CBT. CBT attempts to develop regularities but countenances the fact that each client has a unique history and present circumstance and thus it is part of the clinician’s job to understand the relevance of this and make appropriate adaptations to assessment and treatment plans. Finally, the last chapter in this section covers some of the new developments in CBT. Dialectical Behavior Therapy, Mindfulness, and Acceptance and Commitment Therapy have been gaining a lot of attention in the last few decades and the promise and problems of these are discussed.

Over the last three decades there has been a significant increase in interest in cognitive behavior therapy. This has occurred for several reasons: 1) Mounting experimental evidence supports the effectiveness of cognitive behavioral therapy for certain psychological problems including high incidence problems such as depression and the anxiety disorders. The well-known Chambless report, for example, identifies many cognitive behavioral therapies as being empirically supported. In fact, cognitive behavioral techniques comprise most of the list. 2) Cognitive behavior therapy tends to be relatively brief and often can be delivered in groups. Therefore it can be more cost-effective than some alternatives and be seen to offer good value. These qualities have become particularly important in the era of managed care with its emphasis upon cost containment. 3) Cognitive behavior therapy has been applied with varying success to a wide variety of problems (see Fisher and O’Donohue, 2006 for over 70 behavioral health problems in which CBT can be considered an evidence based treatment. Thus, it has considerable scope and utility for the practitioner in general practice or the professional involved in the training of therapists. 4) Cognitive behavior therapy is a relatively straight forward and clearly operationalized approach to psychotherapy. This does not mean that case formulation or implementing these techniques is easy. However, CBT is more learnable than techniques such as psychoanalysis or Gestalt therapy. 5) Cognitive behavioral therapy is a therapy system comprised of many individual techniques, with researchers and practitioners constantly adding to this inventory. A given behavior therapist, because of his or her specialty, may know or use only a small subset of these. A clinician or clinical researcher may want to creatively combine individual techniques to treat some intransigent problem or an unfamiliar or complicated clinical presentation.