



COGNITIVE-BEHAVIORAL THERAPY (CBT)

CBT- A method of counseling that focuses on simultaneously learning new behaviors and restructuring automatic thoughts.

Definition

Cognitive-behavioral therapy is a method of counseling that primarily focuses on correcting thoughts, emotions, and behaviors that lead to dysfunction by simultaneously restructuring the patient's automatic thoughts and learning new behaviors.

History

Cognitive-behavioral therapy, or simply cognitive therapy, was developed in the 1960's Aaron Beck. Dr. Beck originally developed CBT as a short-term treatment for depression, but since then numerous researchers have expanded the range of problems treated by CBT. Today CBT has become the most scientifically proven and most often recommended type of psychotherapy for depression, anxiety disorders, psychoactive chemical use problems, pain disorders and a wide range of other psychological problems.

Main Principles

The central tenet of cognitive-behavioral therapy is that a patient can be assisted in recognizing and discarding self-defeating thoughts, emotions, and behaviors that are causing dysfunction in his or her life. Research indicates that these schemas, or basic rules of life, begin establishing themselves as a force in cognition and behavior from the religious or ethnic group, the gender category, regional subgroups, and the broader society. However, these behaviors and thoughts are not permanent if they are appropriately recognized and replaced with healthier cognitions and behaviors for the patient.

Many other therapy models attempt to answer the question, "Why does this individual do what they do?" However, the questions that are central to CBT are "What keeps them doing it," and "How do they change?" The "what" question addresses the reinforcers that maintain patterns of thought, affect, behavior, and the "how" question relates to skill building.

When a patient begins treatment, the presenting symptom or problem is viewed as the target for change, rather than, a symptom of intrapsychic conflict or unresolved conflicts from the patient's developmental years. The counselor will focus instead on having the patient acquire a solution to this symptom that they can then generalize to other life situations. Or, more likely, the counselor will help the patient to develop a problem-solving approach to problems in general. For some problems, the necessary solutions are more cognitive and require the patients to learn how to challenge some ideas, and accept others. For other problems, the need is for more directed behavioral solutions and skill building.

Cognitive-behavioral therapy holds an expectation that there will be specified and explicit measures for the therapy. By setting specific goals, the therapist and the patient can work toward those goals and be able to plan the expected outcome. Therefore, at the beginning of therapy, the counselor

and the patient will first identify the goals of therapy in very specific terms. This involves setting out a specific, prioritized problem list that considers the following:

- * Patient interest and motivation
- * Patient repertoire of skills
- * Counselor skill repertoire
- * Time needed
- * Chronicity and likelihood for change

This structuring offers the parameters for the therapy. If the patient moves away from the problem list, the counselor can inquire as to what brings the new focus and whether there are key themes that can be addressed. At the conclusion of the therapy, the outcome is evaluated against the expectations to assess the efficacy of the therapy.

Cognitive-behavioral therapy will not be very effective for a patient that refuses to engage in the therapeutic process. CBT is a collaborative effort between the patient and the counselor, and the patient must be willing to make the commitment to try to change by being an active participant. Granted, the counselor may be required to carry a heavier burden with some patients, but the patient must be willing to openly evaluate his or her thoughts, attitudes, and beliefs. CBT is based on data collection, evaluating the data, developing hypotheses, and being willing to test out the hypotheses. One way CBT enacts this process is through homework assignments that are designed to transfer the new behaviors and cognitions learned during therapy to the patient's everyday life. Obviously, if the patient is unwilling to explore these progressions, CBT will be ineffective.

Application to Addiction Counseling

Since cognitive-behavioral therapy is rooted in altering dysfunctional thoughts, attitudes, and behaviors, it is easily applicable to psychoactive chemical dependence. By simultaneously correcting the faulty cognitions and inappropriate behaviors, the patient can learn new skills for coping in his or her life circumstances. Cognitive-behavioral therapy is a highly effective method of counseling that can help the patient not only break the cycle of his or her addiction, but address the core issues surrounding it, as well.

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