Psychotherapy Guidebook

Cognitive-Behavioral Therapies

Michael J. Mahoney

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DEFINITION

Cognitive-Behavioral perspectives represent an amalgam of biomedical, intrapsychic, and environmental approaches to human behavior. Generally speaking, the Cognitive-Behavioral therapist assumes that both adaptive and maladaptive behavior are determined by:

a) biological factors (genetic as well as transient biochemical variables),

b) psychological factors (e.g., the phenomenologically perceived stressor, irrational thought patterns, misperceived contingencies, and learned coping skills), and

c) environmental factors (e.g., the density, clarity, nature, and compatibility of current stimulation).

The relative contribution of each of these elements may vary from one case to another and one individual to another. Likewise, Cognitive-Behavioral therapists vary in their attention to these respective variables. This perspective defends both intrapersonal (psychological and biochemical) determinants as well as environmental influence. It likewise recognizes that the two arbitrary classes are interdependent and continuously interactive, suggesting that arguments about the primacy of person or environment are

misdirected. Inter-actionism, or “reciprocal determinism,” is suggested as a more appropriate conceptualization.

HISTORY

Although its historical roots can probably be traced well beyond twentieth-century figures, the cognitive-behavioral hybrid owes much of its current visibility to a handful of relatively contemporary workers (Mahoney, 1977). The writings of George A. Kelly were particularly influential, as were the works of two of his early collaborators — Julian B. Rotter and Walter Mischel. In addition, Aaron T. Beck and Albert Ellis helped to emphasize the potential importance of irrational thought patterns in human distress and dysfunction. Finally, Albert Bandura was influential in developing a theoretical framework (“social learning theory”) that offered an integrative structure to these diverse approaches. Bandura’s book, Principles of Behavior Modification (1969), was instrumental in encouraging an interface between cognitive and traditional behavioristic traditions. This was accomplished via both conceptual and data-based arguments supporting the notion that human learning is basically a cognitive — rather than conditioning — process. Bandura was quick to point out, however, that these cognitive processes seem to be most efficiently activated by procedures similar to those employed by traditional behavior therapists. The opportunity for cognitive-behavioral interface was thus apparent, and an extensive literature was soon developed

(cf. Mahoney, 1974; Mahoney and Arnkoff, 1978).

TECHNIQUE

In Bandura's (1977) formulation, four primary forms of learning are recognized: direct associative experience, vicarious learning, symbolic instruction, and symbolic logic. Since therapy is viewed as a learning experience, these four forms are often integrated into Cognitive-Behavioral Therapy. Directed skills training (behavior rehearsal), for example, represents an application of associative experience. Symbolic, live, and imaginal models are often used to demonstrate skills and communicate realistic contingencies. Verbal techniques ranging from didactive instruction to logical self-scrutiny are relied upon in instances where irrational thought patterns or inadequate coping skills are believed to be operative (cf. Ellis, 1962; Beck, 1976; Meichenbaum, 1977). In many instances the techniques (or procedures) employed by the Cognitive-Behavioral therapist are not dramatically different from those used by more traditional behavior therapists (although it is also easy to find procedural differences). This may reflect the fact that the primary source of ideological divergence between these two groups lies more within the realm of presumed process (cognition versus conditioning) rather than procedure. Since the Cognitive-Behavioral therapist places greater emphasis on the potential importance of intrapersonal factors, however, it should be no surprise that his assessment

and selected method of treatment often reflect this cognitive-affective concern.

At the molecular level of techniques, the Cognitive-Behavioral therapist employs many of the standard behavior modification procedures: self-observation, behavior rehearsal, contracting, relaxation training, desensitization, and so on. At the more molar level, however, these techniques are woven into a more broad spectrum approach that aspires to teaching coping skills that will serve the client in future stress situations. Generalization and maintenance are strongly emphasized, along with responsible client participation in the selection of therapy goals and procedures. Three somewhat overlapping categories of Cognitive-Behavioral Therapy are distinguishable: the cognitive-restructuring therapies, the coping-skills therapies, and the problem-solving therapies (Mahoney and Arnkoff, 1978). All share a varying emphasis on the use of direct, vicarious, and symbolic instruction such that the person's general adaptation skills are enhanced. These skills include accurate perception and evaluation of a stressor, the ability to identify and evaluate perceived contingencies, and the ability to participate actively in one's own coping through acquired cognitive skills.

APPLICATIONS

Despite their relative recency, Cognitive-Behavioral therapies have been applied to a wide range of adult outpatient problems. To date, the most extensive documentation of their efficacy rests in the areas of anxiety disorders and depression, although considerable work is now underway in such areas as obesity, creativity, impulsivity, gerontological problems, and psychotic patterns. Overall, this research suggests that the cognitive-behavioral interface may well represent a promising and progressive problem shift in clinical science. There are, of course, the enthusiastic claims that usually accompany new arrivals in the arena of psychotherapy, but a more cautious optimism would seem preferable. Whether these clinical hybrids will survive the test of critical empirical scrutiny remains to be seen, but it seems clear at this point that they have at least demonstrated the need and potential promise of that scrutiny.