Course Material (E-Content) of Psychology

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Cognitive Behavioural Approach to Clinical Psychology

Cognitive behavioural approaches (CBT) to clinical psychology combine ideas developed by cognitive therapists and rational emotive behaviour therapists. The basic idea behind CBT is the way we feel, think and act are related, and that to understand a person's psychological issues, we have to understand how these three aspects interact within an individual. CBT therapists aim to identify the dysfunctional ways a person's interpretations of the world contribute to the person's psychological distress. Once identified, CBT therapists attempt to rid the interpretations by using such techniques as systematic desensitization and Socratic questioning.

The cognitive behaviouralapproach was developed in the 1950's when psychologists realised that behaviour wasn't limited to reflex responses or purely reinforced behaviours. They discovered that thinking also influences behaviour. Albert Ellis (1913 – 2007) pioneered cognitive behavioural therapy and developed a model of therapy called Rational Emotive Behaviour Therapy (REBT). 'Ellis identified the central place of negative thinking in the perpetuation of emotional disturbance' (Hough, 2014, p. 244).

Aaron T Beck (1921 – present) was influenced by Ellis and is also a pioneer of the cognitive therapy. Like Ellis, Beck was disillusioned with psychoanalysis and was more concerned with maladaptive thinking and how to change it. However, unlike Ellis, Beck also stressed the importance of the relationship between therapist and client and would strive to form a positive relationship with his clients. Beck's 'cognitive therapy stresses the importance of early childhood experiences and recognises that many later problems are due to childhood difficulties. Many of these early experiences give rise to distorted or erroneous thinking' (Hough, 2014, p. 257).

Beck identified logical errors or cognitive distortions in depressed people which are self-defeating, inaccurate and invoke anxiety and depression. These are the result of negative schemas acquired due to childhood trauma. Arbitrary

Interference, Selective Abstraction, Magnification, Minimisation, Overgeneralization and Personalisation are logical errors which people with negative schemas are prone to making. An example of personalisation could be that your boss is in a bad mood and you think you are the cause when in actual fact he or she is upset about something which has nothing to do with you.

Negative core beliefs formed in childhood generate negative automatic thoughts. A cognitive therapist will help a client to see how they have acquired negative core beliefs and challenge them with contradictory evidence gained from current or recent experiences. For example, a client may think they are completely useless and a therapist will help them to see areas of their life where they have been competent and useful.

Cognitive Behavioural Therapy (CBT) has proved to be an effective treatment for anxiety and depression and many other thought related disorders. Modern cognitive counsellors will see thinking, emotion and behaviour as being an interrelated system with each component being able to influence the other with thinking being primary. Thus a person's affective state can influence a person's thinking. Therefore anxiety management techniques such as diaphragmatic breathing will be used in modern cognitive therapy to desensitise a person to an anxiety provoking stimulus and over time change beliefs regarding the stimulus. This is known as systematic desensitisation.

According to Baghurst(2016),'Trait anxiety is general in nature. It is a personality trait which predisposes someone to be anxious (or not) in certain situations'. But a criticism of CBT is that is doesn't take a person's predisposition to anxiety into account and therefore may promote projection in clients.

Client-Counsellor Relationship

Cognitive counselling is a directive approach. The client and counsellor will collaborate to form a working alliance. The work will concentrate in the here and now but acknowledges the influence of past experiences. The counsellor will use the core conditions to build the relationship with the client but will not rely on the relationship alone to produce change. A cognitive behavioural counsellor is active, didactic and directive. The counsellor will help the client to identify aims and goals and will design a learning programme and plan of action for the client.

Applications

The cognitive approach can be helpful for people who have problems such as social anxiety, depression, panic disorder, phobias, eating disorders, stress, substance abuse, anger and psychosomatic disorders etc. People who are

suffering from deeper psychological problems such as personality disorder may not be suitable for cognitive counselling and may need a longer and more in-depth form of psychotherapy.

CBT can help us to make sense of overwhelming problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect us. These are: A Situation – a problem, event or difficult situation. From this can follow: Thoughts Emotions Physical feelings Actions. Each of these areas can affect the others. How we think about a problem can affect how we feel physically and emotionally.

There is also good evidence that CBT is helpful in treating many other conditions, including: chronic fatigue behavioural difficulties in children, anxiety disorders in children, chronic pain, physical symptoms without a medical diagnosis, sleep difficulties, anger management. CBT can be used if we are on medication which has been prescribed by our GP. We can also use CBT on its own. This will depend on the difficulty we want help with.