2/25/2018

## CONTRIBUTION OF THE APPROACHES

Behavior Therapy:

Emphasis is on assessment and evaluation techniques, thus providing a basis for accountable practice.

Specific problems are identified, and clients are kept informed about progress toward their goals.

The approach has demonstrated effectiveness in many areas of human functioning.

The roles of the therapist as reinforcer, model, teacher, and consultant are explicit.

The approach has undergone extensive expansion, and research literature abounds.

No longer is it a mechanistic approach, for it now makes room for cognitive factors and encourages self-directed programs for behavioral change.

## KEY CONCEPTS

Cognitive Behavior Therapy:

Although psychological problems may be rooted in childhood, they are reinforced by present ways of thinking.

A person's belief system and thinking is the primary cause of disorders. Internal dialogue plays a central role in one's behavior.

Clients focus on examining faulty assumptions and misconceptions and on replacing these with effective beliefs.

## LIMITATIONS OF THE APPROACHES

Behavior Therapy:

Major criticisms are that it may change behavior but not feelings; that it ignores historical causes of present behavior; that it involves control by the therapist; and that it is limited in its capacity to address certain aspects of the human condition.

## GOALS OF THERAPY

Cognitive Behavior Therapy:

To teach clients to confront faulty beliefs with contradictory evidence that they gather and evaluate.

To help clients seek out their faulty beliefs and minimize them.

To become aware of automatic thoughts and to change them.

To assist clients in identifying their inner strengths, and to explore the kind of life they would like to have.

## THE BASIC PHILOSOPHIES

Cognitive Behavior Therapy

Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances.

Cognitions are the major determinants of how e feel and act.

Therapy is primarily oriented toward cognition and behavior, and it stresses the role of thinking, deciding, questioning, doing and re deciding.

This is a psychoeducational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems.

## THE THERAPEUTIC RELATIONSHIP

Cognitive Behavior Therapy:

In REBT the therapist functions as a teacher and the client a student.

The therapist is highly directive and teaches clients an A-B-C model of changing their cognitions.

In CT the focus is on a collaborative relationship.

Using a Socratic dialogue, the therapist assists clients in identifying dysfunctional beliefs and discovering alternative rules for living.

The therapist promotes corrective experiences that lead to learning new skills.

Clients gain insight into their problems and then must actively practice changing self-defeating thinking and acting.

In strengths-based CBT, active incorporation of client strengths encourages full engagement in therapy and often provides avenues for change that otherwise would be missed.

## TECHNIQUES OF THERAPY

Cognitive Behavior Therapy:

Therapists use a variety of cognitive, emotive, and behavioral techniques; diverse methods are tailored to suit individual clients.

This is an active, directive, time-limited, present-centered, psychoeducational, structured therapy.

Some techniques include in engaging Socratic dialogue, collaborative empiricism, debating irrational beliefs, carrying out homework assignments, gathering data on assumptions one has made, keeping a record of activities, forming alternative interpretations, learning new coping skills, changing one's language and thinking patterns, role playing, imagery, confronting faulty beliefs, self-instructional training, and stress inoculation training.

## LIMITATIONS OF THE APPROACHES

Cognitive Behavior Therapy:

Tends to play down emotions, does not focus on exploring the unconscious or underlying conflicts, de-emphasizes the value of insight, and sometimes does not give enough weight to the client's past.

CBT might be too structured for some clients.

## APPLICATIONS OF THE APPROACHES

Cognitive Behavior Therapy:

Has been widely applied to treatment of depression, anxiety, relationship problems, stress management, skill training, substance abuse, assertion training, eating disorders, panic attacks, performance anxiety, and social phobias.

CBT is especially useful for assisting people in modifying their cognitions. Many self-help approaches utilize its principles. CBT can be applied to a wide range of client populations with a variety of specific problems.

## CONTRIBUTIONS OF THE APPROACHES

Cognitive Behavior Therapy:

Major contributions include emphasis on a comprehensive therapeutic practice; numerous cognitive, emotive, and behavioral techniques; an openness to incorporating techniques from other approaches; and a methodology for challenging and changing faulty or negative thinking.

Most forms can be integrated into other mainstream therapies. REBT makes full use of action-oriented homework, various psychoeducational methods, and keeping records of progress.

CT is a structural therapy that has a good track record for treating depression and anxiety in a short time.

Strengths-based CBT is a form of positive psychology that addresses the resources within the client for change.