

The Future of CBT
Do We Really Need to Shave
Our Heads?

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The Present

As W. Mansell (2008) puts it, “CBT is in a voyage begun in the middle of the last century, and it is experiencing stormy winds –some driving it headward into a wider ocean and others buffeting it from all sides”

The Seven Challenges of CBT

- Clarity (shared definitions of CBT and its terminology)
- Coherence (shared therapeutic principles and theory)
- Cohesion (integration of individuals and subgroups using CBT)
- Competence (assessing standards during training and personal development)

The Seven Challenges of CBT

- Convenience (accessibility and public awareness)
- Comprehensiveness (applicability to a wide range of problems)
- Connectivity (links to other disciplines).

Clarity

- CBT and its terminology requires clarification in order to increase the precision of its terminology, in order to reduce miscommunication.
- This will be increasingly important as CBT is right now more a “family” of therapies than a single form of psychotherapy.
- The EABCT project (2008) for a common language may be an important contribution to this end.

Clarity

- While there seems to be agreement between experts and organizations that train therapists on what CBT is, there is not, as of now, a clear definition of what is necessary and/or sufficient for a therapy to be considered within the domain of CBT.
- Achieving this might have a positive impact on theoretical coherence, assessing competence and on improving communication with other disciplines.

Coherence

- If CBT is to be a shared conceptual system, one would expect the terms to form common principles and be part of one theory.
- However, the level of coherence has been gradually reducing (e.g., ICS, S-REF, DBT are quite different from classical behavior/cognitive approaches).
- Competitive mode vs. Collaborative mode

Coherence

- The “survival of the fittest model” is reinforced by the marketing of acronyms and the associated bonus.
- Financing of research for treatment manuals is another obstacle (Hayes, 2004).
- Different models may move towards *coalescence*, by borrowing or integrating one another’s terms, agreeing on basic principles and at the same time preserving differences.

Coherence

- CBT theoreticians should strive to focus on the overlap rather on the dissimilarities of their models.
- Mansell (2008) proposes to further this by incorporating into research studies measures from multiple theoretical backgrounds, using statistics to explore shared components, and targeting mediators of change/maintenance.

Cohesion

- Threats to cohesion among CBT practitioners arise from professional lines (e.g., psychiatrists, psychologists), levels of seniority (expert, novice), and points of practice (emphasis on behavioral versus cognitive change).
- Lack of precision in clarity and competence are probably a main source of conflict among different groups of CBT (Mansell, 2008)
- Beware narcissism of small differences!!!

Competence

- The scientific assessment of competence at delivering therapy has been an early commitment of CBT.
- However, issues of clarity and coherence are obstacles to the development of fine instruments for the assessment of therapist competence.
- The Increasing Access to Psychotherapy programme in the UK (DoH, 2007) includes a definition of 51 competencies.

Competence

- Competencies (IAPT, 2007)
 - *General*
 - *Basic cognitive and behavioral therapy*
 - *Specific CBT techniques*
 - *Problem-specific and “metacompetencies”*
- The document recognizes the lack of empirical base to give priority to one or other competency.
- Are all these 51 competencies necessary?
- Do all CBT therapists have them?

Competence

- Also, empirical data show only modest correlation between efficacy and assessed competence.
- We need to know not only if CBT is effective, but if it is effective when delivered by this particular therapist.
- Therefore, therapists may need to learn ways in which they can personally assess their own efficacy in delivering each treatment (e.g., single case methodology), and organizations may need to apply some form of efficacy check (Lambert, 2005).

Convenience

CBT has increased its accessibility by using self-help guides, providing different formats, and training a range of professions, but there are several remaining challenges such as:

- if we change the format, is it still CBT? (clarity)
- should we classical or contemporary CBT? If so, which ones? (coherence)
- are these therapists capable of doing CBT in group format? (competence)

Convenience

- The IAPT programme, with its endorsement of CBT, is a large-scale initiative that may spur similar projects in other countries.
- What makes a self-help guide work?
- How can we increase its use by CBT therapists and the public?

Comprehensiveness

- Although CBT is applied to a great variety of disorders, in real-life settings it is still not comprehensive.
- Some treatments are not well disseminated because of training limitations, and dissemination is geographically restricted.
- There is also considerable resistance to CBT due to attitudinal factors (“a superficial treatment for simple disorders”) and political issues (“turf” battles).

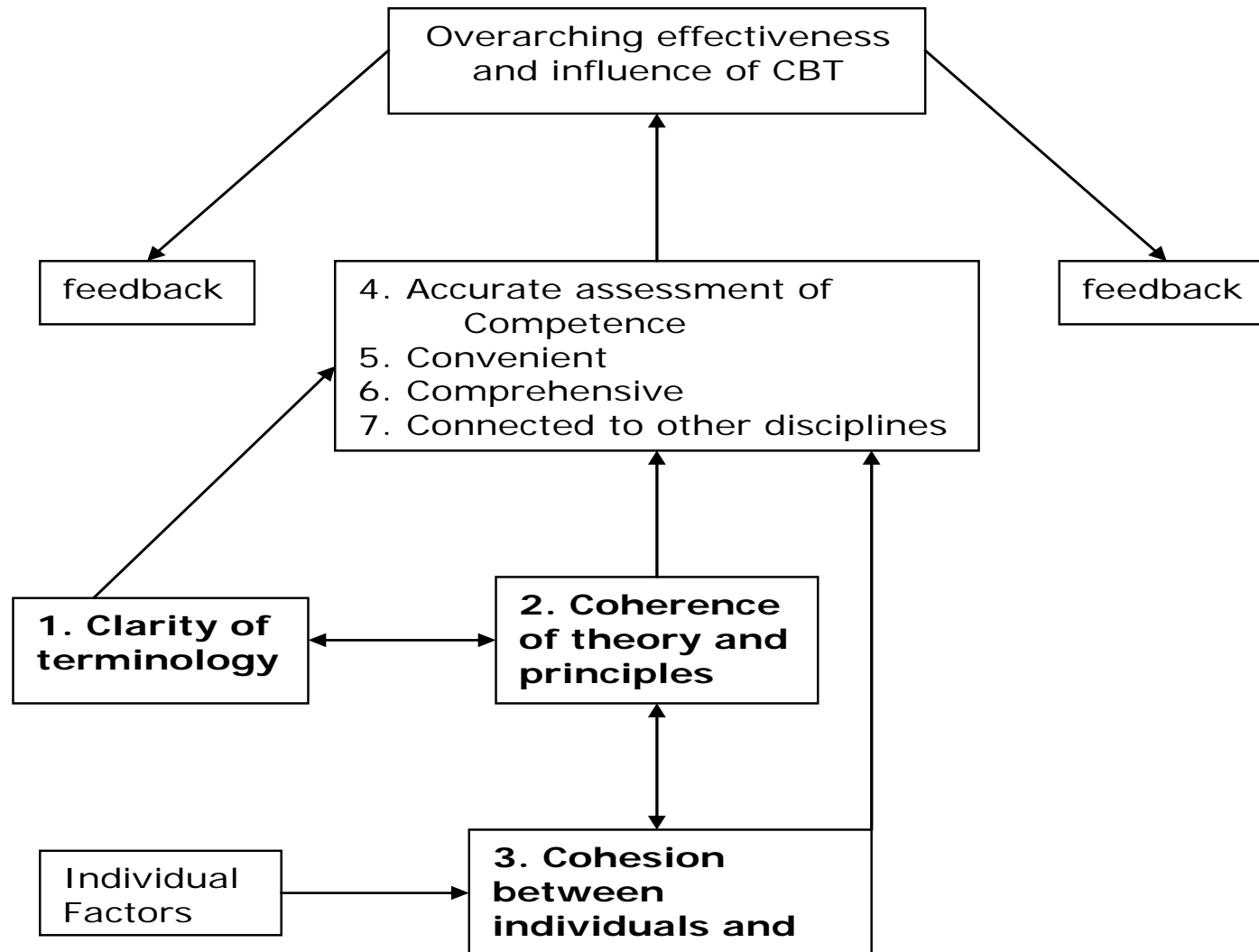
Comprehensiveness

- *Transdiagnostic approaches* may increase the efficiency and comprehensiveness of CBT by focusing on core maintenance processes across diagnoses
(Harvey, Watkins, Mansell & Shafran, 2004; Barlow, Choate, Chorpita, 2004; Fairburn, Cooper & Shafran)
- This may be a great step forward in the *distilling* of CBT

Connectivity

- CBT has been of interest to diverse groups of professionals, service user groups and public health organizations.
- There are some direct attempts at improving the connectivity of CBT with other disciplines (e.g., Teasdale, 1993; Gilbert, 2004; Mansell, 2005), favoring the relation of its terminology to other disciplines such as medicine, biology, sociology and philosophy.

Mansell, 2008



A Summary

“If we can get a better idea of what CBT is and how it works then we can all agree on ways to judge how well it works, in the different ways in which it is provided, for as many people as possible, and then tell other people about it. To make these changes, the key people in CBT need to talk to one another and explore common ground. Where discrepancies occur, focused research can provide clarification”

(Mansell, 2008)

The Emotion Regulation Paradigm

Emotion Regulation

- Behavior and cognition have been the privileged perspectives from which psychopathology has been investigated for most of the history of CBT.
- It only seems natural that research centered on emotion claims its deserved place.

Emotion Regulation

- Theories of emotion, that emphasize its adaptive nature, have had considerable impact on cognitive-behavioral models (Gross, 1998).
- Emotions would be cues for the disposition to act (action tendencies) that serve the purpose of establishing, maintaining or interfering the relations with external or internal environments that are important for the person (Frijda, 1987).

Emotion Regulation

- The emotion regulation perspective examines “the processes by which a person influences what emotions he/she has, when he/she has them, and he/she experiences and expresses those emotions”.

Gross, J.J. & Muñoz, R.F. (1998) The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2, 271-279

Emotion Regulation

- Adaptive emotion regulation may demand efforts to reduce the intensity of experienced emotions (e.g., restraining anger in a public environment or reducing anxiety so that it does not interfere with performance).

Emotion Regulation

- Adaptive functioning is characterized by knowing when it is more adequate to intensify or to attenuate the experience and expression of emotion.
- People differ in their capacity to pay attention to emotions, to process them and to act consequently (Mayer & Salovey, 1993, 1997).

Emotion Regulation

Problems with emotion regulation can be divided into two categories:

- a) difficulties in the modulation of the expression and/or experience of emotion
- b) frequent or automatic attempts at controlling or suppressing certain emotions, as well as its expression

(Cicchetti, Ackerman e Izard, 1995)

Emotion Regulation

- In the first case, the person experiences emotions with great intensity, but he/she is incapable of modulating them adequately. They cannot inhibit the expression of emotion or soothe themselves.
- In the second case, the person implements control strategies that prevent emotional experience (avoidance, distraction, numbing).

Emotion Regulation

- These concepts are quite compatible, of course, with Linehan's (1993) model for BPD, with Hayes et al.'s (1999) concept of "experiential avoidance", and with mindfulness practice (Segal, Williams & Teasdale, 1999).
- One of the cardinal ideas in third wave therapies is for the person not to try to experience something *good*, but to experience *well*.

Emotion Regulation

- Clients must be encouraged to experience well (what there is to be experienced), not to experience good emotions (having feelings that are considered good).

Hayes, S.C. & Wilson, K.G. (1995) The role of cognition in complex human behavior: A contextualistic approach. *J. Behav. Ther. & Exp. Psychiat.*, Vol. 26, No. 3, pp. 241-248

Emotion Regulation

- But research shows that avoidant strategies show dissimilar adaptive value in anxiety disorders and mood disorders. This limits the universality of the principle of experiential avoidance, or may call for its revision.
- Again, clarity and coherence are at stake here, so that we do not replicate the same ideas in an “emotion regulation language”, postponing again the task of distilling the basic principles of this field.

The Third Wave Debate

The Third Wave Debate

- Hayes (2004) posits that there is a paradigm shift in the field of CBT.
- This would be reflected in many theoreticians daring into unusual fields such as spirituality, relationships, dialectics, mindfulness.
- Some cognitive approaches question the primacy of change of cognitive contents (Longmore & Worrell, 2006), while behavioral approaches focus on cognitive topics.

Hayes, S.C. (2004) ACT and the New Behavior Therapies. Mindfulness, Acceptance, and Relationship. En Hayes, S.C., Folette, V.M. & Linehan, M. (2004) *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*. New York, Guilford.

The First Generation

- The criticism of psychoanalytical “deep insights” would have generated an attitude of suspicion and contempt towards subtle and complex issues, in favor of an attitude centered on “first-order change” (Hayes, 2004).
- If a kid did not go to school, the intervention target was for the kid to go to school. Simple verbal learning resources were used to attain the desired change in behavior (Hayes, 2004).

The Second Generation

- But S-R associationism and behavior analysts could not provide an adequate account of language and cognition.
- First generation therapists realized that they had to deal with internal experience (thought and emotions) in a more direct way.
- The inclusion of the cognitive approach produced an enormous change in treatment.

The Second Generation

- Hayes (2004) believes the transition from first to second generation was not traumatic because the spirit of searching for first-order change was maintained.
- And the second generation, CBT, was very successful.

The Context for the Emergence of Third Wave Therapies

Some empirical anomalies:

- a) Clinical improvement many times takes place before the central therapeutic strategies are employed (Dimidjian, 2001). The change in cognitive mediators does not account clearly for the impact of CBT, specially in areas that are causal-explanatory rather than descriptive.

The Context

- b) The model of treatment development is showing signs of exhaustion.
 1. Some (Öst, 2002) have held that the effect sizes of second generation interventions show no sign of improvement (but this is controversial)
 2. As researchers depend on the generation of treatment technology, treatment manuals are proliferating without a “distilling” process (*coherence*).

The Context

c) Hayes (2004) believes that the growth of constructivist and postmodern thought have undermined the mechanistic assumptions that have dominated some domains of behavior therapy.

Pragmatic and contextualist assumptions have entered the scene (Biglan & Hayes, 1996, Jacobson, 1997, Hayes, 2004)

New Ideas of Third Wave

- A change of context is not enough to produce new innovation, new ideas are also needed.
- In the behavioral field, when exposure-based therapies focused on internal events, it became clearer that the function of these events was more important than their shape, frequency or situational sensitivity *per se* (Barlow, 2002).

New Ideas

- The development of DBT implied a change in the tradition of behavior therapy because it questioned the universal applicability of first-order change strategies by proposing a balance between change and acceptance.
- In the cognitive field, attentional or metacognitive approaches (Wells, 1994) started to show that the function of problematic cognitions was more important than its form.

New Ideas

- More emphasis was given to being in contact with the *present moment* (Borkovec & Roemer, 1994) and to *mindfulness* (Segal, Williams & Teasdale, 2001), strengthening the change of focus.

New Ideas

- Value-oriented behavior toward goals is emphasized as a necessary component of a meaningful life.
- Clients are encouraged to focus passionately on how to live according to their own values, how to achieve their aims rather than to pursue truth.

New Ideas

- Human suffering is viewed as the product of destructive normality rather than of pathology.
- The psychological flexibility and creativity that are obtained in some areas by human language is paid with increased inflexibility when needed responses are interfered by literal evaluative rules.

New Ideas

- Language is “the force” (Hayes, Wilson, Strosahl, 1999)



A Definition

Grounded on an empirical, principle-based approach, the third wave of behavior and cognitive therapy is particularly sensitive to the context and function of psychological phenomena, not just to its form, and thus it tends to emphasize contextual and experiential change strategies in addition to the more direct and didactic ones (Hayes, 2005)

A Definition

These treatments tend to favor the construction of comprehensive, flexible and effective repertoires over an eliminative approach to narrowly-defined problems. They also emphasize the relevance of the topics they examine both for clinicians and for clients.

The Third Wave reformulates and synthesizes the previous generations of behavior and cognitive therapies and leads them to questions, issues and domains previously explored by other psychotherapeutic traditions, in the hope of improving both the understanding and the outcomes (Hayes, 2005)

Third Wave Therapies

- According to Hayes (2004) these are DBT, CBASP, ACT, MBCT.
- They abandon an exclusive commitment to first-order change;
- They adopt more contextualistic assumptions;
- They adopt more experiential and indirect change strategies (in addition to the more direct ones);
- They considerably widen the focus of change.

Third Wave Therapies

- “I see myself as an old behaviorist, but they consider me one of the Buddhists” (Borkovec, 2006)
- Linehan y Wells (Hoffman, 2007) have rejected the notion that their treatments substantially differ from classic CBT.
- Rather, they view them as an improvement of traditional CBT.
- So, this is a major issue of clarity.

Third Wave Therapies

- McCullough (2000) makes a point of creating causal transference hypotheses; Hayes et al. (1999) considers finding causes to be one of the basic mistaken expectations of patients.
- So, this is a major issue of coherence.

The Efficacy of Third Wave Therapies

- Outcome studies have not shown a superiority of third wave therapies.
- A meta-analysis by Öst et al. (2007) shows:
 - a) a slow pace of publication of outcome data (“ahead of the evidence” tx, Corrigan, 2000)
 - b) studies characterized by a lower methodological stringency than that applied in contemporary outcomes studies of CBT (probably resulting in inflated outcome data)
 - c) results that are not superior to first and second generation treatments

New Ideas, Old Problems

- The inclusion of new ideas and practices will not be without its downturns: it may introduce old problems that were not part of the tradition of CBT.
- Relying on non-verbal strategies is not without its complications, and Hayes (1999) himself seems to be aware of the fact that this can rather easily be used to foster approaches that pay little attention to empirical evidence and research.

New Ideas, Old Problems

- Nonverbal, experiential strategies may be difficult to assess, demanding the creation of specific measuring instruments (e.g., mindfulness scales).
- Assessing therapist competence in these domains will be even more complicated than in traditional CBT.

New Ideas, Old Problems

- Demanding that mindfulness be practised by instructors “as a way of living” may reduce their ability to be critical of the approach.
- Suggesting that it can only be appraised after practise makes sense, given its experiential nature, but it can also protect the clinical use of mindfulness from criticism.
- Stating that “mindfulness leads to a transformation of the individual” may or may not be true, but it sounds too big a promise for a clinical intervention.
- Very similar things have been said about psychoanalysis, with the known results.

New Ideas, Old Problems

- Buddhist monks may end up becoming role models for human development, as was the case with psychoanalysts some decades ago.
- Buddhism, as a religion, and the Dalai Lama, as a political and religious leader, have their own agenda.
- Mindfulness may establish itself as a separate form of therapy.

Third Wave Therapies

- Criticism directed at cognitive models often are based on a very narrow definition of the cognitive approach (e.g., implying that CT ignored the importance of patient-therapist relationship or that treatment was a matter of “out with the bad thoughts, in with the good thoughts”).
- Some of these critiques seem to be more pertinent to American culture than to CBT proper.

Third Wave Therapies

- But the basis of Hayes's model is functional contextualism and good old American pragmatic philosophy. Not to mention behavior therapy and a neo-Skinnerian theory of language.
- The root metaphor of contextualism is the ongoing act in context, thence the acronym "ACT".

New Ideas, Old Problems

- We may be experiencing a revival of behavioral/cognitive wars under a new light.
- In fact, one of the tenets of ACT is that it is not possible to influence psychological events without changing their context.
- Hayes is very critical of cognitive psychology, while Teasdale (1993, 1999) suggests that the progress of CBT demands a wider bridge between cognitive psychology and cognitive psychopathological models.
- Again, a major problem of coherence.

New Ideas, New People

- For the last decade we have witnessed a change of guard, with all the major players of the cognitive revolution reaching old age.
- New people will always be needed to better interpret or incarnate the *Zeigeist*.
- Because psychology is about human behavior, even if scientific, it cannot escape the influence of the *Zeigeist*.

New Ideas, New People

- Young doctoral students will always need role models that can better incarnate the dominant values.
- On the one hand, this can lead to the overestimation of “fashionable” theories or therapies
- On the other, it may protect CBT from the worst danger all: becoming crystallized, official, institutionalized knowledge