CBT is a problem-focused and action oriented psychotherapy that combines cognitive and behavioral principles to improve a person’s state of mind both in the present moment and in the future. It is founded upon the concept that “how we think or perceive a situation influences how we feel and what we do” (Royal College of Psychiatrists, UK). With this in mind, by changing unhealthy attitudes, thoughts and beliefs (negative cognitions), and reflecting upon how these might relate to dysfunctional behaviors, we can change our emotions for the better. Based upon this core premise, a number of disorder-specific CBT interventions have been increasingly developed that specifically acknowledge various cognitive & behavioral factors characteristic to a wide range of childhood and adult disorders and problems.

“how we think or perceive a situation influences how we feel and what we do”
- Royal College of Psychiatrists, UK -

For instance, in CBT for children with anxiety, therapists adopt exposure techniques & response prevention to essentially ‘unlearn avoidant behaviors’, whereas in the case of treating eating disorders, the focus is directed more toward self-monitoring, cognitive restructuring of food and body image and psycho-education of the disorder (Murphy et al., 2010).

Despite ranging in specific treatment techniques, they all share the same core model and broad approach to treatment – solving problems and initiating behavior change (BECK Institute for Cognitive Behavior Therapy, US). When people are in distress, they often perceive things inaccurately, leading to prolonged emotional distress. Overwhelming problems are essentially resolved by breaking them down into smaller, achievable components to be mastered step by step. Further, CBT encourages the client to actively engage and collaborate, with their therapist, in identifying unhealthy patterns of thinking and counteract them by examining the validity and usefulness of these thoughts to move toward more adaptive and realistic ways of managing stressful situations.

“CBT is considered a ‘gold-standard’ in reducing symptoms and improving functioning”
- Child Mind Institute -
Compared to other interventions, specifically medication, CBT has been found to be a promising psychotherapeutic treatment for several childhood and adult disorders as once strategies are harnessed they can be practiced, developed and maintained beyond cessation of therapy – this being one of many reasons why CBT is considered a ‘gold-standard’ in reducing symptoms and improving functioning (Child Mind Institute). Apart from being clinically recognized, CBT is one of the most extensively investigated psychotherapies, with more than 325 empirical studies published across over 20 years of research (Butler et al., 2006).

CBT was originally designed to treat depression, and in turn it holds great post-treatment efficacy in treating childhood and adolescent moderate depressive disorder (e.g. Harrington et al., 1998) and even demonstrated superiority above psychodynamic therapies (e.g. Jorm et al., 2008; Driessen & Hollon, 2010; Tolin, 2010). In addition to this, CBT is deemed a reliable first-line approach for ameliorating several forms of anxiety disorders (Otto, 2011): Generalized Anxiety Disorder (GAD; e.g. Zhu et al., 2014); Social Anxiety Disorder (SAD; e.g. Gil et al., 2001); Obsessive Compulsive Disorder (OCD; e.g. Chambless et al., 2001; McKay et al., 2015); Panic Disorder (e.g. Manfro et al., 2008); and Post-traumatic Stress Disorder (PTSD; e.g. Kar, 2011). CBT also showed significant positive effects for secondary symptoms namely sleep dysfunction (Ghahramanlou, 2003). Likewise, therapists use CBT with children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) to increase awareness of and ability to overcome attention and behavior difficulties, improving their organizational skills and social interactions. Improvement in problems associated with ADHD, conduct disorder and oppositional defiant disorder, was found during implementation of CBT (Child Mind Institute). For eating disorders such as bulimia nervosa, meta-analyses found positive remission rates for CBT than comparison interventions (Hay et al., 2009). In the instance of treatment for anorexia nervosa, Pike and colleagues (2003) support CBT to be significantly effective in improving outcome and preventing relapse of symptoms.

The majority of literature up-to-date illustrates that the application of CBT can be regarded as a successful and effective therapy of choice across a wide range of childhood and adult disorders and problems.

“a number of disorder-specific CBT interventions have been increasingly developed that specifically acknowledge various cognitive & behavioral factors characteristic to a wide range of childhood and adult disorders and problems”.
Bibliography


