



Introduction to Cognitive Behavioral Therapy

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The principles and methods of Cognitive Behavioral Therapy (CBT) are among the primary ways that I help my clients achieve their goals for positive change in their lives. Because CBT is a very collaborative form of therapy, I believe it is helpful for my clients to understand these principles and methods. Ultimately, I would like for my clients to become skilled in using CBT on their own to meet the challenges in their lives, long after their work with me has ended. Prior to reading this material, please read my [disclaimer](#) regarding information provided on this website.

An overview of CBT

CBT is a form of psychotherapy that has been demonstrated to be effective in helping to people to overcome a wide variety of problems, including those involving depression and anxiety. It is based upon scientifically-informed principles of human psychology and its effectiveness for many problems has been supported by hundreds of scientific studies. CBT focuses on the patterns of thought and behavior that maintain both adaptive and maladaptive behavior. It assumes that these patterns are learned, and that new patterns can be learned when old ones are no longer useful.

CBT tends to be a present-centered, active, collaborative, and short-term form of therapy. Although therapists do not disregard how problems may have developed (e.g., as a result of childhood experiences), their primary focus is on helping the client identify and change what is maintaining the problem in the present. The relationship between the therapist and the client is marked by collaboration, and clients are encouraged to take an active role in applying the techniques both within and between therapy sessions. Therapy tends to be short-term (often between 5-30 sessions over a period of one to 18 months), and emphasizes the client learning principles and techniques that will serve them long after their work with the therapist has ended.

Cognitive aspects of CBT

Cognition can be defined as “the mental processes of perceiving, remembering, reasoning, evaluating, and imagining.” CBT holds that most of our emotions and behaviors are the result of our cognitions regarding what we think or believe about ourselves, other people, and the world. These cognitions shape how we interpret and evaluate what happens to us, influence how we feel about it, and provide a guide to how we should respond. Unfortunately, sometimes our interpretations, evaluations, and underlying beliefs thoughts contain distortions, errors, or biases, or are not very useful or helpful. This results in unnecessary suffering and often causes us to react in ways that are maladaptive. CBT provides many methods for becoming more aware of our cognitions and for modifying them when they are distorted or are not useful. Collectively, these methods are called “cognitive restructuring.”

Behavioral aspects of CBT

The behavioral aspects of CBT emphasize the role of what we do (i.e., our behavior) in shaping how we feel, what we believe, and how we behave in the future. In CBT, the therapist helps the client to identify which behaviors are likely maintaining the problem, and which behaviors are likely to help produce positive changes. Often, problems are maintained by avoidance, either of actual situations or of internal experiences (such as emotions and memories). This prevents new learning that potentially could disprove distorted negative beliefs about oneself, others, and the world, and keeps people stuck in old maladaptive patterns. It also prevents people from experiencing positive reinforcement that provides satisfaction and motivation. In CBT, the therapist and client collaborate in choosing new behaviors for the client to engage in that help the client to gradually overcome this avoidance.

The behavioral aspects of CBT are guided by scientifically-based principles of learning derived from over a century of research on animal and human behavior (such as classical and operant conditioning).

Techniques of CBT

The following are some of the primary techniques used in CBT. More information about each technique can be found by clicking on the name of the technique.

(1) Promoting more accurate and useful thinking (cognitive restructuring): A key component of CBT is called “cognitive restructuring,” which is a set of procedures that promote more accurate and useful thinking. It is very helpful in treating depression, anxiety, and other problems.

(2) Increasing rewarding activity (behavioral activation): Depression often leads to withdrawal, avoidance, and inactivity. This prevents people from having positive experiences that are satisfying and motivating. Through a set of techniques called “behavioral activation,” CBT helps people to identify and engage in activities that increase the chance they will have rewarding experiences.

(3) Overcoming anxiety by facing fears (exposure therapy): Anxiety disorders are maintained by avoidance. CBT helps people overcome anxiety by facing their fears in a systematic way called “exposure therapy.”

(4) Learning new skills (skills training): Sometimes people avoid certain situations because they perceive they lack the skills to manage them. Accordingly, CBT also often includes learning new behavioral skills, such as assertive communication skills to deal with social situations and relaxation skills to deal with anxiety.

A very brief history of CBT

CBT is actually a merger of many different theories and streams of research. The cognitive aspects have their roots partly in the work of psychoanalysts who broke with Sigmund Freud,

such as [Alfred Adler](#), and partly in the [Stoic philosophers](#) of ancient Greece who were introduced to psychology by [Albert Ellis](#). Ellis may be considered the first psychologist that produced a fully-formed version of cognitive therapy beginning in the 1950s (now called [Rational Emotive Behavioral Therapy](#)). [Aaron Beck](#) also developed somewhat similar form of cognitive therapy beginning in the 1960s. Beck's version forms the basis of the most widely researched and practiced form of cognitive therapy today (and is the form that I practice). The behavioral aspects of CBT have their roots in the [behaviorist](#) tradition of psychology, particularly influenced by the research of [Ivan Pavlov](#) and [John B. Watson](#) early in the 20th century and [B. F. Skinner](#) in the mid-20th century. An important early behavioral therapist was [Joseph Wolpe](#). An important theorist and researcher who helped to bridge the gap between the cognitive and the behavioral is [Albert Bandura](#). There are many more important theorists and researchers that this brief history necessarily omits.

For further reading

More information about CBT can be found on the websites of the following professional organizations:

[Academy of Cognitive Therapy](#)

[Association for Behavioral & Cognitive Therapies](#)

[Beck Institute for Cognitive Therapy & Research](#)

[National Association of Cognitive Behavioral Therapists](#)

[An article describing CBT by Ben Martin, PsyD on PsychCentral.com](#)

Research supporting CBT

Butler AC, Chapman JE, Forman EM, & Beck AT. (2006). [The empirical status of cognitive-behavioral therapy: a review of meta-analyses](#). *Clinical Psychology Review*, 26, 1, 17-31.

Hollon, S. D., Stewart, M. O., & Strunk, D. (2006). [Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety](#). *Annual Review of Psychology*, 57, 285–315.

Olatunji BO, Cisler JM, Deacon BJ. (2010). [Efficacy of cognitive behavioral therapy for anxiety disorders: a review of meta-analytic findings](#). *Psychiatric Clinics of North America*, 33, 3, 557-77.

The Society of Clinical Psychology (a division of the American Psychological Association) provides a summary of [Research Supported Psychological Treatments](#), many of which are based on CBT.

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