PSYCHOLOGY
ACADEMY

Diploma In

Cognitive Behavioural Therapy

Unit 2

Behaviorist Approach

by Saul McLeod published 2007, updated 2013

Behaviorism (also called the behaviorist approach) was the primary paradigm in psychology between 1920s to 1950 and is based on a number of underlying assumptions regarding methodology and behavioral analysis:

* Psychology should be seen as a science. Theories need to be supported by empirical data obtained through careful and controlled observation and measurement of behavior. Watson (1913) stated that "*psychology as a behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is … prediction and control*" (p. 158).

* Behaviorism is primarily concerned with observable behavior, as opposed to internal events like thinking and emotion. Observable (i.e. external) behavior can be objectively and scientifically measured. Internal events, such as thinking should be explained through behavioral terms (or eliminated altogether).

* People have no free will – a person's environment determines their behavior

* When born our mind is 'tabula rasa' (a blank slate).

* There is little difference between the learning that takes place in humans and that in other animals. Therefore research can be carried out on animals as well as humans.

* Behavior is the result of stimulus – response (i.e. all behavior, no matter how complex, can be reduced to a simple stimulus – response association). Watson described the purpose of psychology as: "*To predict, given the stimulus, what reaction will take place; or, given the reaction, state what the situation or stimulus is that has caused the reaction*" (1930, p. 11).

* All behavior is learnt from the environment. We learn new behavior through classical or operant conditioning.

Varieties of Behaviorism

Historically, the most significant distinction among versions of behaviorism is that between Watson's original **classical behaviorism**, and forms of behaviorism later inspired by his work, known collectively as **neobehaviorism**.

In his book, *Psychology as the Behaviorist Views It* Watson (1913, p. 158) outlines the principles of all behaviorists:

Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness. The behaviorist, in his efforts to get a unitary scheme of animal response, recognizes no dividing line between man and brute. The behavior of man, with all of its refinement and complexity, forms only a part of the behaviorist's total scheme of investigation.

The History of Behaviorism

* Pavlov (1897) published the results of an experiment on conditioning after originally studying digestion in dogs.
* Watson (1913) launches the behavioral school of psychology (classical conditioning), publishing an article, "Psychology as the Behaviorist Views It".

* Watson and Rayner (1920) conditioned an orphan called Albert B (aka Little Albert) to fear a white rat.
* Thorndike (1905) formalized the "*Law of Effect*".
* Skinner (1936) wrote "The Behavior of Organisms" and introduced the concepts of operant conditioning and shaping.
* Clark Hull's (1943) *Principles of Behavior* was published.
* B.F. Skinner (1948) published *Walden Two* in which he described a utopian society founded upon behaviorist principles.
* Bandura (1963) publishes a book called the "*Social Leaning Theory and Personality development*" which combines both cognitive and behavioral frameworks.
* Journal of the *Experimental Analysis of Behavio*r (begun in 1958).
* B.F. Skinner (1971) published his book *Beyond Freedom and Dignity*, where he argues that free will is an illusion.

Behaviorism Summary

Key Features

- Stimulus - Response
- Classical Conditioning & Operant Conditioning
- Reinforcement & Punishment (Skinner)
- Objective Measurement
- Social Learning Theory (Bandura)
- Nomothetic
- Reductionism

Methodology

- Lab Experiments
- Little Albert
- Edward Thorndike (the cat in a puzzle box)
- Skinner box (rats & pigeons)
- Pavlov's Dogs
- Bandura's Bobo Doll Experiment
- Ethical Considerations

Basic Assumptions

- Psychology should be seen as a science, to be studied in a scientific manner.
- Behaviorism is primarily concerned with observable behavior, as opposed to internal events like thinking.
- Behavior is the result of stimulus – response (i.e. all behavior, no matter how complex, can be reduced to a simple stimulus – response features).
- Behavior is determined by the environment (e.g. conditioning).

Areas of Application

- Gender Role Development
- Behavioral Therapy (e.g. Flooding)
- Phobias
- Education
- Behavior-Modification
- Aversion Therapy
- Scientific Methods
- Relationships
- Language
- Moral Development
- Aggression
- Addiction

Strengths

- Scientific
- Highly applicable (e.g. therapy)
- Emphasizes objective measurement
- Many experiments to support theories
- Identified comparisons between animals (Pavlov) and humans (Watson & Rayner - Little Albert)

Limitations

- Ignores mediational processes
- Ignores biology (e.g. testosterone)
- Too deterministic (little free-will)
- Experiments – low ecological validity
- Humanism – can't compare animals to humans
- Reductionist

Critical Evaluation

An obvious advantage of behaviorism is its ability to clearly define behavior and to measure changes in behavior. According to the law of parsimony, the fewer assumptions a theory makes, the better and the more credible it is. Behaviorism, therefore, looks for simple explanations of human behavior from a very scientific standpoint.

However, Humanism (e.g. Carl Rogers) rejects the scientific method of using experiments to measure and control variables because it creates an artificial environment and has low ecological validity.
Humanistic psychology also assumes that humans have free will (personal agency) to make their own decisions in life and do not follow the deterministic laws of science.
Humanism also rejects the nomothetic approach of behaviorism as they view humans as being unique and believe humans cannot be compared with animals (who aren't susceptible to demand characteristics). This is known as an idiographic approach.

The psychodynamic approach (Freud) criticizes behaviorism as it does not take into account the unconscious mind's influence on behavior, and instead focuses on external observable behavior. Freud also rejects that idea that people are born a blank slate (tabula rasa) and states that people are born with instincts (e.g. eros and thanatos).

Biological psychology states that all behavior has a physical / organic cause. They emphasise the role of nature over nurture. For example, chromosomes and hormones (testosterone) influence our behavior too, in addition to the environment.

Cognitive psychology states that mediational processes occur between stimulus and response, such as memory, thinking, problem solving etc.
Despite these criticisms behaviorism has made significant contributions to psychology. These include insights into learning, language development, and moral and gender development, which have all been explained in terms of conditioning.

The contribution of behaviorism can be seen in some of its practical applications. Behavior therapy and behavior modification represent one of the major approaches to the treatment of abnormal behavior and are readily used in clinical psychology.

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Pavlov's Dogs

by Saul McLeod published 2007, updated 2013

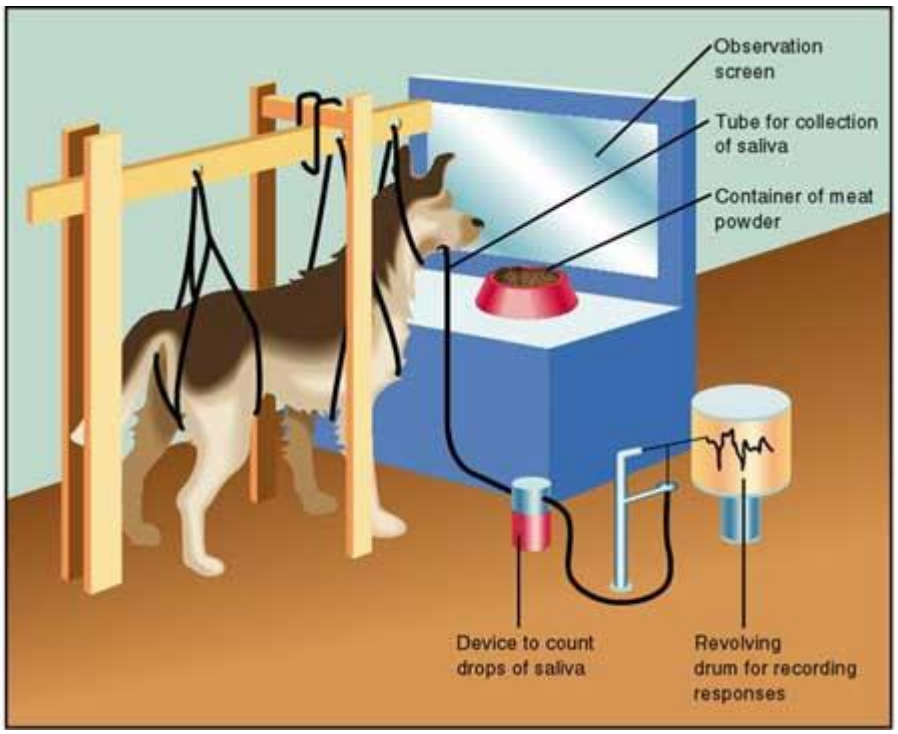
Like many great scientific advances, classical conditioning was discovered accidentally.

During the 1890s Russian physiologist Ivan Pavlov was looking at salivation in dogs in response to being fed, when he noticed that his dogs would begin to salivate whenever he entered the room, even when he was not bringing them food. At first this was something of a nuisance (not to mention messy!).

Pavlovian Conditioning

Pavlov (1902) started from the idea that there are some things that a dog does not need to learn. For example, dogs don't learn to salivate whenever they see food. This reflex is 'hard wired' into the dog. In behaviorist terms, it is an unconditioned response (i.e. a stimulus-response connection that required no learning). In behaviorist terms, we write:
Unconditioned Stimulus (Food) > **Unconditioned Response** (Salivate)

Pavlov showed the existence of the unconditioned response by presenting a dog with a bowl of food and the measuring its salivary secretions (see image below).



However, when Pavlov discovered that any object or event which the dogs learnt to **associate** with food (such as the lab assistant) would trigger the same response, he realized that he had

made an important scientific discovery. Accordlingly, he devoted the rest of his career to studying this type of learning.

Pavlov knew that somehow, the dogs in his lab had learned to associate food with his lab assistant. This must have been learned, because at one point the dogs did not do it, and there came a point where they started, so their behavior had changed. A change in behavior of this type must be the result of learning.

In behaviorist terms, the lab assistant was originally a neutral stimulus. It is called neutral because it produces no response. What had happened was that the neutral stimulus (the lab assistant) had become associated with an unconditioned stimulus (food).

In his experiment, Pavlov used a bell as his neutral stimulus. Whenever he gave food to his dogs, he also rang a bell. After a number of repeats of this procedure, he tried the bell on its own. As you might expect, the bell on its own now caused an increase in salivation.

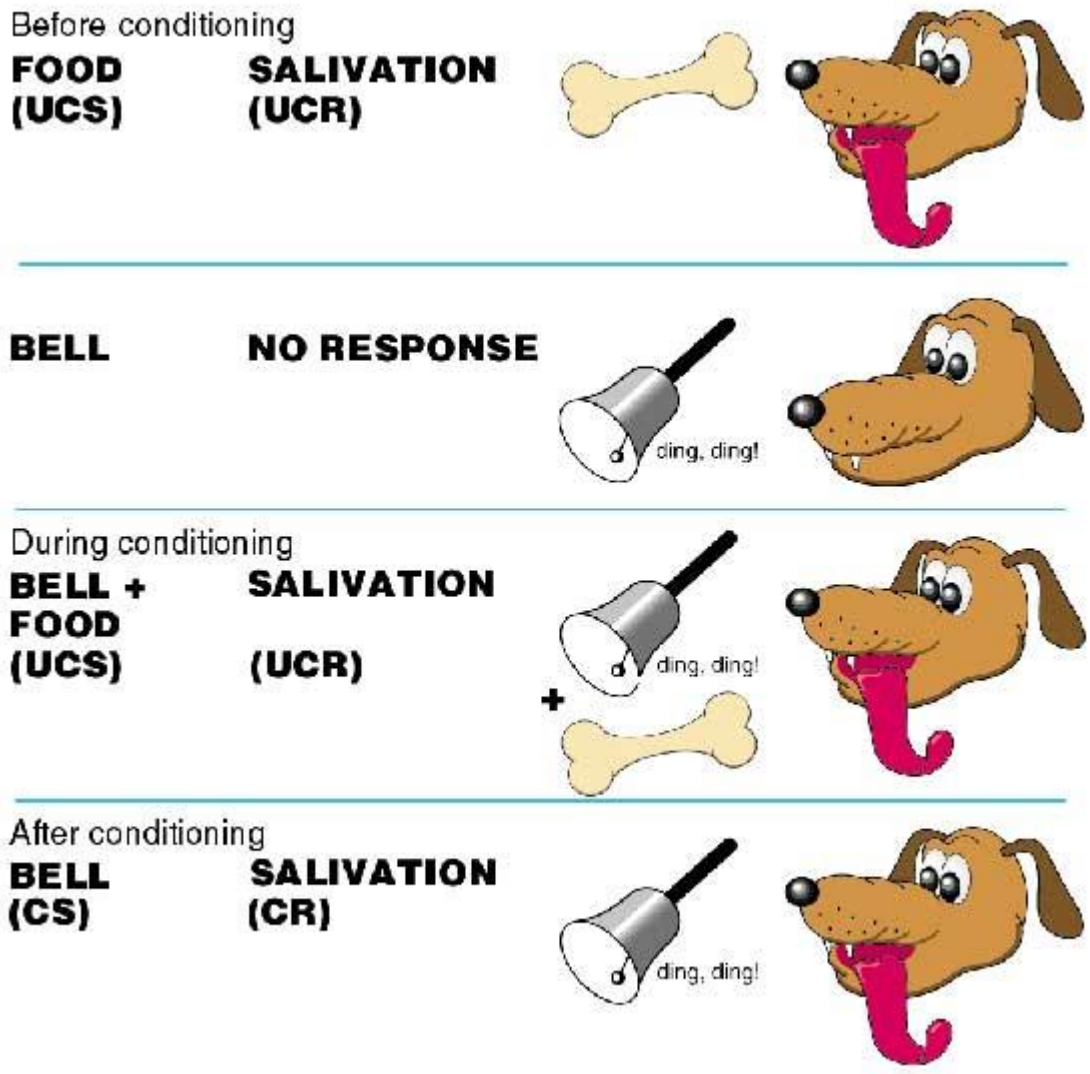
So the dog had learned an association between the bell and the food and a new behavior had been learnt. Because this response was learned (or conditioned), it is called a conditioned response. The neutral stimulus has become a conditioned stimulus.

Pavlov found that for associations to be made, the two stimuli had to be presented close together in time. He called this the law of temporal contiguity. If the time between the conditioned stimulus (bell) and unconditioned stimulus (food) is too great, then learning will not occur.

Pavlov and his studies of classical conditioning have become famous since his early work between 1890-1930. Classical conditioning is "classical" in that it is the first systematic study of basic laws of learning / conditioning.

Summary

To summarize, classical conditioning (later developed by John Watson) involves learning to associate an unconditioned stimulus that already brings about a particular response (i.e. a reflex) with a new (conditioned) stimulus, so that the new stimulus brings about the same response.



Pavlov developed some rather unfriendly technical terms to describe this process. The unconditioned stimulus (or UCS) is the object or event that originally produces the reflexive / natural response.

The response to this is called the unconditioned response (or UCR). The neutral stimulus (NS) is a new stimulus that does not produce a response.

Once the neutral stimulus has become associated with the unconditioned stimulus, it becomes a conditioned stimulus (CS). The conditioned response (CR) is the response to the conditioned stimulus.

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Skinner - Operant Conditioning

by Saul McLeod published 2007, updated 2014

By the 1920s John B. Watson had left academic psychology and other behaviorists were becoming influential, proposing new forms of learning other than classical conditioning. Perhaps the most important of these was Burrhus Frederic Skinner. Although, for obvious reasons he is more commonly known as B.F. Skinner.

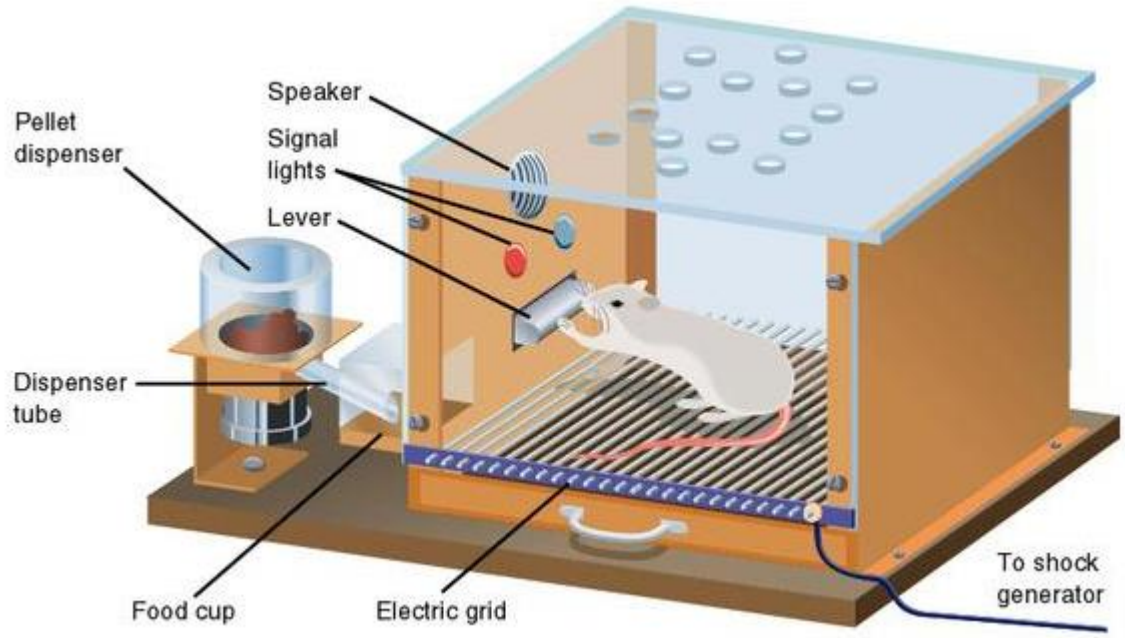
Skinner's views were slightly less extreme than those of Watson (1913). Skinner believed that we do have such a thing as a mind, but that it is simply more productive to study observable behavior rather than internal mental events.
Skinner believed that the best way to understand behavior is to look at the causes of an action and its consequences. He called this approach operant conditioning.

Skinner's theory of operant conditioning was based on the work of Thorndike (1905). Edward Thorndike studied learning in animals using a puzzle box to propose the theory known as the '*Law of Effect*'.

BF Skinner: Operant Conditioning

Skinner is regarded as the father of Operant Conditioning, but his work was based on Thorndike's law of effect. Skinner introduced a new term into the Law of Effect - Reinforcement. Behavior which is reinforced tends to be repeated (i.e. strengthened); behavior which is not reinforced tends to die out-or be extinguished (i.e. weakened).

Skinner (1948) studied operant conditioning by conducting experiments using animals which he placed in a '*Skinner Box*' which was similar to Thorndike's puzzle box.



B.F. Skinner (1938) coined the term operant conditioning; it means roughly changing of behavior by the use of reinforcement which is given after the desired response. Skinner identified three types of responses or operant that can follow behavior.

- **Neutral operants**: responses from the environment that neither increase nor decrease the probability of a behavior being repeated.

- **Reinforcers**: Responses from the environment that increase the probability of a behavior being repeated. Reinforcers can be either positive or negative.

- **Punishers**: Responses from the environment that decrease the likelihood of a behavior being repeated. Punishment weakens behavior.

We can all think of examples of how our own behavior has been affected by reinforcers and punishers. As a child you probably tried out a number of behaviors and learned from their consequences.

For example, if when you were younger you tried smoking at school, and the chief consequence was that you got in with the crowd you always wanted to hang out with, you would have been positively reinforced (i.e. rewarded) and would be likely to repeat the behavior. If, however, the main consequence was that you were caught, caned, suspended from school and your parents became involved you would most certainly have been punished, and you would consequently be much less likely to smoke now.

Positive Reinforcement

Skinner showed how positive reinforcement worked by placing a hungry rat in his Skinner box. The box contained a lever in the side and as the rat moved about the box it would accidentally knock the lever. Immediately it did so a food pellet would drop into a container next to the lever. The rats quickly learned to go straight to the lever after a few times of being put in the box. The consequence of receiving food if they pressed the lever ensured that they would repeat the action again and again.

Positive reinforcement strengthens a behavior by providing a consequence an individual finds rewarding. For example, if your teacher gives you £5 each time you complete your homework (i.e. a reward) you are more likely to repeat this behavior in the future, thus strengthening the behavior of completing your homework.

Negative Reinforcement

The removal of an unpleasant reinforcer can also strengthen behavior. This is known as negative reinforcement because it is the removal of an adverse stimulus which is 'rewarding' to the animal or person. Negative reinforcement strengthens behavior because it stops or removes an unpleasant experience.

For example, if you do not complete your homework you give your teacher £5. You will complete your homework to avoid paying £5, thus strengthening the behavior of completing your homework.

Skinner showed how negative reinforcement worked by placing a rat in his Skinner box and then subjecting it to an unpleasant electric current which caused it some discomfort. As the rat moved about the box it would accidentally knock the lever. Immediately it did so the electric current would be switched off. The rats quickly learned to go straight to the lever after a few times of being put in the box. The consequence of escaping the electric current ensured that they would repeat the action again and again.

In fact Skinner even taught the rats to avoid the electric current by turning on a light just before the electric current came on. The rats soon learned to press the lever when the light came on because they knew that this would stop the electric current being switched on.

These two learned responses are known as *Escape Learning* and *Avoidance Learning*.

Punishment **(weakens behavior)**

Punishment is defined as the opposite of reinforcement since it is designed to weaken or eliminate a response rather than increase it.

Like reinforcement, punishment can work either by directly applying an unpleasant stimulus like a shock after a response or by removing a potentially rewarding stimulus, for instance, deducting someone's pocket money to punish undesirable behavior.

Note: It is not always easy to distinguish between punishment and negative reinforcement.

Behavior Modification

Behavior modification is a set of therapies / techniques based on operant conditioning (Skinner, 1938, 1953). The main principle comprises changing environmental events that are related to a person's behavior. For example, the reinforcement of desired behaviors and ignoring or punishing undesired ones.

This is not as simple as it sounds — always reinforcing desired behavior, for example, is basically bribery.

There are different types of positive reinforcements. Primary reinforcement is when a reward strengths a behavior by itself. Secondary reinforcement is when something strengthens a behavior because it leads to a primary reinforcer.

Examples of behavior modification therapy include token economy and behavior shaping

Token Economy

Token economy is a system in which targeted behaviors are reinforced with tokens (secondary reinforcers) and are later exchanged for rewards (primary reinforcers).

Tokens can be in the form of fake money, buttons, poker chips, stickers, etc. While rewards can range anywhere from snacks to privileges or activities.

Token economy has been found to be very effective in managing psychiatric patients. However, the patients can become over reliant on the tokens, making it difficult for them to adjust to society once they leave prisons, hospital etc.

Teachers also use token economy at primary school by giving young children stickers to reward good behavior.

Operant Conditioning in the Classroom

Behavior modification therapy is much used in clinical and educational psychology, particularly with people with learning difficulties. In the conventional learning situation it applies largely to issues of class- and student management, rather than to learning content. It is very relevant to shaping skill performance.

A simple way of giving positive reinforcement in behavior modification is in providing compliments, approval, encouragement, and affirmation. A ratio of five compliments for

every one criticism is generally seen as being the most effective in altering behavior in a desired manner.

Operant Conditioning Summary

Looking at Skinner's classic studies on pigeons' / rat's behavior we can identify some of the major assumptions of the behaviorist approach.

- Psychology should be seen as a science, to be studied in a scientific manner. Skinner's study of behavior in rats was conducted under carefully controlled laboratory conditions.
- Behaviorism is primarily concerned with observable behavior, as opposed to internal events like thinking and emotion. Note that Skinner did not say that the rats learned to press a lever because they wanted food. He instead concentrated on describing the easily observed behavior that the rats acquired.

- The major influence on human behavior is learning from our environment. In the Skinner study, because food followed a particular behavior the rats learned to repeat that behavior, e.g. operant conditioning.

- There is little difference between the learning that takes place in humans and that in other animals. Therefore research (e.g. operant conditioning) can be carried out on animals (Rats / Pigeons) as well as on humans. Skinner proposed that the way humans learn behavior is much the same as the way the rats learned to press a lever.

So, if your layperson's idea of psychology has always been of people in laboratories wearing white coats and watching hapless rats try to negotiate mazes in order to get to their dinner, then you are probably thinking of behavioral psychology.

Behaviorism and its offshoots tend to be among the most scientific of the psychological perspectives. The emphasis of behavioral psychology is on how we learn to behave in certain ways. We are all constantly learning new behaviors and how to modify our existing behavior. Behavioral psychology is the psychological approach that focuses on how this learning takes place.

Critical Evaluation

Operant conditioning can be used to explain a wide variety of behavior, from the process of learning, to addiction and language acquisition. It also has practical application (such as token economy) which can be applied in classrooms, prisons and psychiatric hospitals. However, operant conditioning fails to taken into account the role of inherited and cognitive factors in learning, and thus is an incomplete explanation of the learning process in humans and animals.

For example, Kohler (1924) found that primates often seem to solve problems in a flash of insight rather than be trial and error learning. Also social learning theory (Bandura, 1977) suggests that humans can learn automatically through observation rather than through personal experience.

The use of animal research in operant conditioning studies also raises the issue of extrapolation. Some psychologists argue we cannot generalize from studies on animals to humans as their anatomy and physiology is different from humans, and they cannot think about their experiences and invoke reason, patience, memory or self-comfort.

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What Is Self-Efficacy?

By Kendra Cherry
Psychology Expert

When facing a challenge, do you feel like you can rise up and accomplish your goal or do you give up in defeat? Are you like the famous little train engine from the classic children's book ("I think I can, I think I can!), or do you doubt your own abilities to rise up and overcome the difficulties that life throws your way? Self-efficacy, or your belief in your own abilities to deal with various situations, can play a role in not only how you feel about yourself, but whether or not you successfully achieve your goals in life.

The concept of self-efficacy is central to psychologist Albert Bandura’s social cognitive theory, which emphasizes the role of observational learning, social experience, and reciprocal determinism in the development of personality.

According to Bandura, a person's attitudes, abilities, and cognitive skills comprise what is known as the self-system. This system plays a major role in how we perceive situations and how we behave in response to different situations. Self-efficacy plays is an essential part of this self-system.

What Is Self-Efficacy?

According to Albert Bandura, self-efficacy is "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." In other words, self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel (1994).

Since Bandura published his seminal 1977 paper, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," the subject has become one of the most studied topics in psychology. Why has self-efficacy become such an important topic among psychologists and educators? As Bandura and other researchers have demonstrated, self-efficacy can have an impact on everything from psychological states to behavior to motivation.

The Role of Self-Efficacy

Virtually all people can identify goals they want to accomplish, things they would like to change, and things they would like to achieve. However, most people also realize that putting these plans into action is not quite so simple. Bandura and others have found that an individual's self-efficacy plays a major role in how goals, tasks, and challenges are approached.

People with a strong sense of self-efficacy:

- View challenging problems as tasks to be mastered
- Develop deeper interest in the activities in which they participate
- Form a stronger sense of commitment to their interests and activities
- Recover quickly from setbacks and disappointments

People with a weak sense of self-efficacy:

- Avoid challenging tasks
- Believe that difficult tasks and situations are beyond their capabilities
- Focus on personal failings and negative outcomes
- Quickly lose confidence in personal abilities

Sources of Self-Efficacy

How does self-efficacy develop? These beliefs begin to form in as children deal with a wide variety of experiences, tasks, and situations. However, the growth of self-efficacy does not end during youth, but continues to evolve throughout life as people acquire new skills, experiences, and understanding.

According to Bandura, there are four major sources of self-efficacy.

1. Mastery Experiences

"The most effective way of developing a strong sense of efficacy is through mastery experiences," Bandura explained. Performing a task successfully strengthens our sense of self-efficacy. However, failing to adequately deal with a task or challenge can undermine and weaken self-efficacy.

2. Social Modeling

Witnessing other people successfully completing a task is another important source of self-efficacy. According to Bandura, "Seeing people similar to oneself succeed by sustained effort raises observers' beliefs that they too possess the capabilities master comparable activities to succeed."

3. Social Persuasion

Bandura also asserted that people could be persuaded to believe that they have the skills and capabilities to succeed. Consider a time when someone said something positive and encouraging that helped you achieve a goal. Getting verbal encouragement from others helps people overcome self-doubt and instead focus on giving their best effort to the task at hand.

4. Psychological Responses

Our own responses and emotional reactions to situations also play an important role in self-efficacy. Moods, emotional states, physical reactions, and stress levels can all impact how a person feels about their personal abilities in a particular situation. A person who becomes extremely nervous before speaking in public may develop a weak sense of self-efficacy in these situations.

However, Bandura also notes "it is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted." By learning how to

minimize stress and elevate mood when facing difficult or challenging tasks, people can improve their sense of self-efficacy.

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Children Learn Aggression From Parents

Raising more peaceful children
by Nathan A Heflick Ph.D.

In the classic "Bobo doll" studies, children witnessed adults play with a rubber, inflated toy. The adults either behaved aggressively towards the doll, such as hitting it with a hammer, or kicking it, or interacted peacefully with the doll.

Albert Bandura (currently at Standord University), the lead scientist behind these studies, thought that the children would play with the doll in whatever manner they had seen the adults play with the doll. This is precisely what the studies found.

The practical message is clear: Children learn their behaviors from adults. If we are to have a more peaceful world, it starts with the way adults act around children.

The crux of Bandura's social learning theory is that children (and adults new to situations) learn from others in the environment how to behave. The key to this, in terms of aggression, is not merely telling the children not to be aggressive or explaining to them why they should be peaceful, but rather, to have them witness adults behaving peacefully. Children will mimic the behavior, and in turn, become more peaceful themselves. That is, they will model their behavior after the adults they have seen behave a certain way.

Bandura's social learning theory also seems to have implications for how children react to viewing aggressive and violent television, movies and even video games. Studies show that children and teens, on average, become more aggressive after playing these games and viewing these shows. From Bandura's perspective, perhaps these children and teens are "learning This is not to say that every child who is aggressive/violent learned it from watching the behavior of his or her parents, or from television. It also is true that genetics and biology (like testoterone levels) play a role in determining aggression.

However, on average, if parents are aggressive they are more likely to have aggressive children if they show that aggression to their children. And, on average, viewing aggressive movies and shows and playing violent games increases aggression.

Self-Confidence: Nature or Nurture?

Are you born with self-confidence?
by Ray Williams on Jul 11, 2009

Is self-confidence something that you're born with or is it taught and developed? It's the classic nature vs. nurture question. While current wisdom has been for some time that it's mostly nurture, there's some surprising new research that indicates we may genetically predisposed to be self confident.

Smart children on balance to do well in school. That may seem obvious, but there are a lot of exceptions to that rule. Some kids with high IQs don't ever become academic superstars, while less gifted kids often shine.

Why? Psychologists have focused on things like self-esteem and self-confidence—how good children think they are—to explain these outcomes. And the assumption has always been that such psychological traits are shaped mostly by parenting—by parents' beliefs and expectations and modeling. Researchers like Albert Bandura have argued that the initial efficacy experiences are centered in the family. But as the growing child's social world rapidly expands, peers become increasingly important in children's developing self-knowledge of their capabilities. So, until now, an individual's self-confidence was seen to be based on upbringing and other environmental factors.

Behavorial geneticist Corina Greven of King's College in London and her colleague, Robert Plomin of the Institute of Psychiatry, argue that self-confidence is more than a state of mind—but rather is a genetic predisposition. Their research, published in the June, 2009 issue of ***Psychological Science,*** is a rigorous analysis of the heritability of self-confidence and its relationship to IQ and performance.

They studied more than 3700 pairs of twins, both identical and fraternal twins, from age seven to age ten. Comparing genetically identical twins to non-identical siblings allows scientists to sort out the relative contributions of genes and the environment. Contrary to accepted wisdom, the researchers found that children's self-confidence is heavily influenced by heredity—at least as much as IQ is. Indeed, as-yet-unidentified self-confidence genes appear to influence school performance independent of IQ genes, with shared environment having only a negligible influence.

The fact that self-confidence is heritable does not mean it is unchanging, of course. Siblings share a lot of influences living in basically the same home and community, but there are always worldly influences pulling them apart. A genetic legacy of self-confidence merely opens up many possible futures.

Greven and Plomin also found that children with a greater belief in their own abilities often performed better at school, even if they were actually less intelligent. They also concluded that same held true for athletes, with ability playing a lesser role than confidence.

So this study, supporting the nature argument for self-confidence should put the cat among the pigeons with coaches, psychologists, trainers and parenting experts, who have argued for some time that nurturing had the most significant influence on developing self-confidence.

Four Common Myths and Misconceptions About CBT

Forget the fiction and learn the facts about CBT.
by Clifford N. Lazarus Ph.D. on Apr 13, 2013

Myth: CBT is mechanical and too technique driven.

Fact: While it's true that CBT has many tools in its toolbox and looks to scientific evidence when available, it is far from mechanical. Indeed, CBT, like all effective psychosocial therapies, prioritizes the therapeutic relationship, rapport, and a working connection. As Dr. Arnold A. Lazarus has been saying for decades, "The therapeutic relationship is the soil that enables the techniques to take root." Thus, the cultivation and evolution of a trusting and honest therapeutic alliance is the essential foundation of CBT. What's more, knowing precisely when and how to best use the specific methods in the CBT toolbox in a manner that is uniquely suited to a given client is far more "organic" than "mechanical." In fact, a CBT expert understands the importance of a good fit between the client and therapist and will likely refer someone to a colleague when the fit doesn't work.

Myth: CBT only treats symptoms not the whole person.

Fact: When done properly, CBT, almost by definition, treats the whole person and is not just about symptom reduction. This is because CBT conceptualizes many of the problems that people have as "biopsychosocial" processes. This means that people have a physical body that can have physiological or metabolic problems (i.e., the "bio" in biopsychosocial). We also have a mind, emotions and sensations (i.e., the "psycho" or psychological aspect of biopsychosocial). And, very importantly, we are social beings whose relationships and interpersonal connections are vital parts of our lives (i.e., the "social" in biopsychosocial). So, while symptom reduction is certainly among its goals, CBT's success comes from treating the whole person.

Myth: The past is unimportant.

Fact: Cognitive-behavioral therapists are very interested in their client's history and past experiences. Obviously, our life experiences shape and influence us to be who we are in the present. But unlike traditional psychotherapy, which places tremendous emphasis on the past and tries to provide insight into it, CBT, by analogy, takes a good look in the rearview mirror but doesn't drive while staring into it! Rather, a good CBT practitioner will endeavor to understand the social and psychological learning history of his or her clients so as to thoroughly assess past factors that might still be therapeutically relevant.

Myth: CBT is limited by available scientific evidence.

Fact: While it's true that CBT tries to set its course with the compass of research findings, it is by no means limited by available scientific data. Indeed, as is the case with most psychotherapy approaches, CBT involves a high degree of creativity and artistry. Unlike most other psychological therapies, however, CBT tries to marry its artistic aspects to science as much as possible. Hence, in addition to understanding the empirical underpinnings of techniques and methods, a cognitive-behavioral therapist will often use some form of data to drive and gauge treatment (e.g., mood and thought records, assessment questionnaires, monitoring of specific behaviors or sensations, etc.). As noted above, the artistry in CBT often involves knowing how and when to best implement techniques and how to optimally help clients without over-challenging them (i.e., correctly determining where a person is on the readiness-for-change spectrum). To paraphrase Professor Gordon Paul, CBT requires a clinician to know what to do, when to do it, how to do it, and whether or not he or she is the right therapist to do it. All while helping to create and remain firmly planted in the soil of the therapeutic relationship.

Remember: Think well, act well, feel well, be well!

Potentially Helpful Technique For Anxiety Producing Thoughts

Semantic exposure with distraction
by Gregg Henriques on Feb 28, 2013

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Experiential avoidance (EA) has been documented to be a key factor in anxiety and depression. EA is the process by which people begin to have images or feelings that are distressing, and then try hard not to allow themselves to experience them. Such images might be sexual or aggressive or they might be failure or rejection related, but they generally are associated with pain, guilt or shame, which is what triggers the anxiety and that in turn motivates the individual to try to suppress and avoid the feeling or image. The problem is that the reaction creates a negatively reinforcing cycle where the avoidance is reinforced, but the anxious image is not integrated or habituated to. That means it stays active at some level and thus the individual must expend a bunch of psychic energy trying to NOT think of the thought.

In addition, all of the energy invested in trying to suppress the thought reinforces the sense that the thought or image is very dangerous.

Probably the biggest treatment principle associated with anxiety is exposure. The earliest behavioral interventions developed by Joseph Wolpe for example, have been on trying to get individuals to be desensitized to feared stimuli. The two most known examples, systematic desensitization and flooding, are two long established treatments for phobias. Another common approach to anxiety is the cognitive approach which examines the beliefs individuals have about what they fear and attempts to coach them to alter more extreme and catastrophic interpretations with more adaptive and realistic interpretations. In the more recent, third wave iterations of CBT (link is external), mindful acceptance of one's thoughts, feelings and experiences is recommended. I am trained in these and find them useful. However, I recently have developed a technique that is related to these traditions, but seems to combine them in a slightly different way than I have seen before and had soThe technique described below emerged out of a conversation I was having with a fellow PT blogger, Susan Heitler. She was advocating for "energy psychology" techniques and related approaches. My reaction was very skeptical, and so after our exchange, I began exploring some of the "energy psychology" techniques and found a recent review of the effectiveness of such techniques in Review of General Psychology (link is external). I felt this review was well done and believe that the effectiveness of some of the techniques must be seriously considered (if not the explanatory mechanisms for how they work).

To make a long story short, the techniques and findings got me thinking and I developed the following anti-anxiety intervention, which worked well in two cases I had in therapy, both of which were college age women dealing with significant problems with anxiety. I had tried traditional CBT interventions, but they were only mildly successful. I am calling the intervention Semantic Exposure with Distraction (SED). It is has a bit of EMDR, and is a bit like the ACT Milk exercise.

Here is the set up. Both clients were college age White females and both had very emotionally evocative thoughts they tried frequently to avoid (and both struggled with anxiety and mood disorders). One was extremely frustrated with her academic performance. The other was having obsessive ruminations about her relationship. I had been working with them in an integrated manner, exploring key feelings, working on acceptance, identifying problematic catastrophizing, etc. The therapy had gone well in terms of insight, ego functioning and relationship functioning, but I was not getting as much reduction in anxious distress as I wanted. Then I tried this new form of exposure with both and got good results. Both reported that the intervention definitely helped and they found that they were using it outside of the therapy room. Here are the steps.

First, we identified the key anxiety provoking image and worked to put it in semantic form in a way that emotionally resonated as being a good expression of the feared thought. So, in one case, the thought was "No matter what I do, I will fail". For the other it was, "I will be rejected by X". Note that for both individuals, these were generally experienced as feared preconscious images and unwanted intrusive thoughts. That is, at the reflective, calm self-conscious level, they didn't strongly believe them. Nevertheless, the thought would intrude on them, especially under duress. Once the thought was identified put into words and tested (i.e., they said it and it felt both on target and scary), I then instructed them to do something that they could keep their attention on (this is the EMDR piece). For example, tapping their wrists, counting with their fingers, or tapping their foot.

I then instructed them to repeat the feared thought out loud, clearly, but while maintaining focus on the distraction, ten times. We then took a breath, centered and repeated the sequence 4xs (thus saying the feared thought over and over again, 50 times). In both cases, the result was the same. The first two or three sentences were hard. The thought evoked tears and they got a bit choked up. However, by the 30th or 40th repetition, they both chuckled a bit, and said it felt like the thought had lost its meaning (this effect is what the Milk exercise in ACT is after).

Doing a technique successfully with only two patients is not saying much. But I was struck by how easy it was to set up, the fact that they had not responded super well to traditional interventions, how broadly this intervention could be applied and how similarly and positively they both responded.

So, if you are treating someone with clearly anxiety producing, intrusive images that traditional techniques don’t seem to be working well or if you are someone who is struggling with anxiety producing images, you might consider trying the technique described here. For those who try it or are familiar with similar exposure techniques I would love to hear what you think.

Debunking CBT

Just how effective is cognitive behavioral therapy?
A practicing doctor's views on psychiatry and contemporary culture.

Peter D. Kramer is a psychiatrist and author. His books include *Against Depression* and *Listening to Prozac.*

Don’t get me wrong. Cognitive-behavioral therapy, or CBT, is a perfectly good treatment, about as effective as other psychotherapies, which is also to say, about as good as psychotherapeutic medications.

But if you think that research has proved CBT is special, that it’s better than what you can get from a competent, dedicated, old-fashioned therapist using what comes to hand, some updated version of Freud, Winnicott, Kernberg, Kohut, and the rest — I would want to suggest that the new emperor needs a new wardrobe.

Readers of this blog, or of my books, stretching back to my early writing , will know that I have long had a crochet about CBT. I will explain these stubborn prejudices in future postings, but for now — and repeatedly in this space as new studies emerge — I will want to look at some evidence.

This past spring, Stefan Hofmann, of Boston University, and Jasper Smits, of Southern Methodist, performed a meta-analysis, a mathematically sophisticated roundup review, of research on CBT (link is external) in the treatment of anxiety disorders in adults. Their results were widely reported as showing that CBT works. It does. But how well?

One answer is that we don’t know. Another might be: it's a bit of a disappoinment.

CBT was developed as an alternative to psychodynamic psychotherapy, the offshoot of psychoanalysis whose main function was the treatment of neurosis, largely what today are called anxiety disorders. In examining the efficacy of cognitive approaches to anxiety, researchers are looking at the core indication for CBT.

The investigators report that after what they call two decades of research — arguably, the history goes back further — they could find only six studies that meet rigorous criteria for quality, or eight, if you lower the standards a bit. (Hofmann and Smits call this cull rate

“surprising and concerning.”) In these more scientific studies, the ones that take into account patients who drop out of treatment, CBT proved modestly useful.

For those who know about effect size, a measure that I have mentioned occasionally in these posts, the result for the therapy was .33 when you look at improvement in anxiety symptoms, and apparently lower for depressive symptoms. Effect size measures how well an intervention does relative to the intractability of the problem under study. One informal interpretation has it that an effect size of .2 is small, .5 is medium, and .8 is large. With an effect size of .33, three quarters of treated patients, even if doing somewhat better, would continue to experience symptoms in the range suffered by untreated patients

Early work on psychotherapy found long-term effect sizes of about 1.1, or three times what is here reported for CBT.

So, an effect size of .33, while positive, is unimpressive. It comes in at about the level of effect sizes for antidepressants tested for depression in the poorly executed drug company trials (link is external) submitted to the FDA, the ones that have come under such criticism in both the scientific literature and the popular press. For its primary indication, the ailments it was developed to cure, CBT looks like an indifferent treatment.

The reason that reporters were able to say that CBT performed well is that the researchers also looked at less carefully designed studies, ones that ignore attrition rates. Because they suggest where CBT works best, those results are also of interest. I will discuss them in an upcoming post.

What is cognitive-behavioral therapy good for? Is it an all-purpose treatment, useful for the “neurotic” states for which patients have traditionally consulted psychotherapists? Or is CBT most like its more mechanical parent, behaviorism, a tailored intervention best suited to afflictions in which disordered actions play a prominent role?

I looked above at the summary results from an authoritative meta-analysis, or statistical amalgamation, of research on CBT in the treatment of anxiety disorders. My read was that while CBT had been shown to work, the integrated findings exposed the therapy as either untested or fairly disappointing in the treatment of the very conditions it had been designed for.

Today, I propose to return to the meta-analysis and ask: where exactly has CBT been shown to work?

Looking at specific diagnoses, Stefan Hofmann and Jasper Smits, the authors of the overview, found that CBT was most effective for two diagnoses: obsessive-compulsive disorder (or OCD) and acute stress disorder (ASD). But that conclusion is based on meager data.

No study of OCD met Hofmann and Smits's strictest criteria for scientific merit, and only one study met their second-level, less rigorous standards. That research did not really employ CBT. It tested a behavioral method in which patients were confronted with an anxiety-provoking stimulus (like touching a dirty object) and then prevented from enacting their compulsive response (like hand-washing). "Exposure and response-prevention" is a known, effective treatment for OCD, although to be fair, training patients not to enact their main symptoms and then (as an outcome criterion) measuring symptomatic behaviors is a fairly sure way of achieving statistical significance.

Then, too, because there are few placebo responses in OCD, it is an illness in which many standard treatments, including antidepressant medications, are shown to good effect. And of course, a meta-analysis that is based on only one study does not add much to the scientific literature; there is no data that needs combining. Instead of announcing "meta-analysis confirms that CBT treats OCD," it would be as well to say that there is still one fairly good study that says a related treatment works for the indication.

Similarly, only one ASD study met the authors' inclusion criteria.

For those unfamiliar with ASD, the condition is a troubled response to recent stress. Its main importance is as a risk factor for a more substantial affliction, post-traumatic stress disorder or PTSD. ASD is one of those diagnosable conditions that lead to criticism of the Diagnostic and Statistical Manuals. Is it an illness or not?

Only one research group seems to have looked at CBT for ASD. Not surprisingly, the scientists found that focusing on a person's distorted perceptions of an event diminishes the event's impact. Still, no one knows whether ASD sufferers resemble traditional candidates for psychotherapy.

It turns out that the only anxiety disorders that have been at all well studied, in terms of response to CBT, are PTSD and panic anxiety. For panic, Hofmann and Smits found two or three top-flight research trials; for PTSD, one or two. Two other studies, one of social anxiety disorder and one of generalized anxiety disorder, met the authors' second-rank quality criteria. In other words, when it comes to the treatment of anxiety, there is surprisingly little basis for assessing CBT. As for outcomes, the efficacy for these common conditions was mostly at the weaker end of the range, significantly less than what was reported for the behavioral treatment of OCD. For conditions like PTSD, the strongest results came in the less rigorous studies.

To be fair, the problem here is mostly "rigor." Hofmann and Smits are looking for "intention to treat," or ITT, analyses: if you enter a study, what are the odds that you will respond to CBT? Most early trials were reported via "completer" analyses: if you follow through with all the sessions and fill out all the questionnaires, what are the odds that you will have improved with treatment?

One reason that both psychotherapy and psychopharmacology have looked good, over most of the past half-century, is that scientists accepted "completer" studies. After all, what you as a consumer want to know is, if I follow my doctor's recommendation, will I get a good result?

Unfortunately, completer studies do not quite answer that question. People who are floundering are more likely to drop out of the study; perhaps they are especially likely to drop out of the more onerous arm, the one that (in the case of psychotherapy) makes psychological demands or (in the case of medication) causes side effects. You could make the opposite argument, that people who believe they are in active treatment are more likely to see things through. But generally, completer trials are thought to be biased in favor of the intervention under study. If completer studies are looking at a select sample — of people who seem to be making progress throughout the trial — then of course they will show that the treatment works.

So if you are stoical, if you would stick with any treatment right up to the end of an eight- or twelve-week trial, then the result you achieve will likely sit somewhere between the completer and intention-to-treat outcomes. Seen through the lens of ITT trials, CBT is unimpressive. If you believe that completer trials contain some of the truth, then you are likely to think more highly of CBT; but then, you will also think more highly of other psychotherapies and of other approaches to anxiety disorders, like medication.

Core Value

Don't worry about happiness; focus on core value.
by Steven Stosny, Ph.D.

Value plays an enormously important role in emotional well being. We feel authentic when we are true to our deepest values, numb when we're indifferent to them, guilt and shame when we violate them, and utter meaninglessness when we lose touch with them.

The significance of value becomes clearer in behavioral language, used as a verb rather than a noun. To value someone or something is to hold that person or thing as important - above and beyond survival considerations - and worthy of appreciation, time, energy, and, if necessary, sacrifice. (See creating and experiencing value.) Valuing enhances the self. We become fuller persons when we love, connect, appreciate, improve, protect; we become more valuable as we create and maintain value.

Enhancing the Self vs. Inflating the Ego

Creating and maintaining value enhances the self by increasing the capacity to learn, appreciate, grow, improve, connect, or protect. Inflating the ego is based on devaluing, i.e. downward comparison to others. For instance, you can value your intelligence if you see it as helping you learn, appreciate, grow, improve, etc. But it's nothing more than a hollow defense of a fragile ego if you need to look down on those you perceive to be less intelligent.

Getting to core value

What is the most important thing about you as a person? This is a difficult question to answer, in part because there are a lot of important things about you; you're probably honest, loyal, a hard worker, and so forth. Those are important qualities, to be sure, but they tend to be of equal value, and we need to get to something more fundamental. There are various methods of teasing out core value, but the following is the quickest way to get at the most important thing about you.

Imagine that you have grown children. How would you rather they feel about you? "Mom and Dad were honest, loyal, hard-working (whatever you might think is the most important think about you). I'm not sure they really cared about us, but they were always honest and hard-working, etc." Or would you prefer they feel this way: "Mom and Dad were human and made mistakes, but they always cared about us and wanted what was best for us." For most people, love and compassion for loved ones is the most important thing about them. It is was people inevitably regret not having done enough of later in life. On your death bed you won't fret about whether your spouse and children thought you were right; you'll desperately hope that they knew how much you cared about them.

As long as you are true to the most important thing about you, you will feel authentic.

Most other core values relate to some form of connection or appreciation. Below are the major areas of value-creation. Tapping into any one of them can relieve guilt, shame, emotional numbness, even utter meaninglessness.

Attachment (love)

The formation and maintenance of affectionate bonds, i.e., *attachment*, is the first value we create. Newborns come out of the womb seeking to attach to someone who will love and care for them and who will accept love from them. Everything we learn to value in life rises from that initial creation of value.

Basic humanity
Most people have a sense of basic humanity that motivates cooperative, altruistic, compassionate, and protective behavior. In adversity, it motivates rescue and nurturance of strangers. Basic humanity allows us to recognize the inherent value of other people. The more aware we are of our sense of basic humanity, the more humane we feel. When desensitized to basic humanity, we feel less humane.

Spirituality
Spirituality is a sense of connection to something larger than the self, which can be God, nature, the cosmos, a social or moral cause, or the sea of humanity. The importance of spiritual connection predates recorded history. Even the Neanderthals - those more primitive "cave men" who were not our predominant ancestors - buried their dead in what appear to have been religious ceremonies.

Nature
The human ability to appreciate and be moved by the beauty of nature is a key element in overall value creation. We can admire nature and feel a part of it at the same time.

Creativity
The appreciation of creativity in the form of art, literature, architecture, music, dance, furniture, jewelry, or anything created by another person expands the human spirit.

Community
Feeling connected to a group of people or identifying with them, based on shared values, goals, or experiences, activates an innate sense of community. The human brain developed to its present form when we needed to live in tightly-knit communities to survive. The importance of community is seen in the high degree of communal contagion of emotions, which is a powerful, albeit unconscious force underlying social structure.

Value and the meaning of life
When people stop creating value, their lives lose meaning and purpose; they move closer to passive or deliberate suicide. At its most rudimentary, the drive to create value is the will to live. At its most advanced level, it's the will to live passionately.

Value and authenticity
If you devalue more than you value, your life will seem bad and often unreal, even if a lot of good things happen to you. If you value more than you devalue, your life will seem good and authentic, even if a lot of bad things happen. At the end of the day, the only reliable method of sustaining a sense of authenticity is through the creation of value and consistent fidelity to the deepest values you create.

Captain Tom Bunn, L.C.S.W., is an airline pilot and author who has dedicated 30 years to the development of effective methods for treating flight phobia.

Therapies commonly used for fear of flying are, for the most part, terribly inadequate. CBT is a good example. In an Associated Press article, Todd Farchione of Boston University's Center for Anxiety and Related Disorders said "fear of flying treatment consists of a fairly standard combination of cognitive and behavioral therapy. That includes identifying the patient's fear-provoking thoughts and challenging them, then getting the patient to gradually confront the fear, by imagining flying and then doing it."

There are two problems with CBT. First, some fear-producing thoughts can't be challenged. Flight means being up high, not in control, and without any means of escape. Since control and escape are basic ways to regulate fear and anxiety, it is rational to expect emotional trouble when these are taken away.

Second, takeoff and in turbulence cause a rapid series of noises and motions. Every instance triggers the release of stress hormones. Stress hormone levels rise rapidly. Too high a level can cause cognition to collapse. The client can be left unable to deploy their CBT-based techniques just when they need them most.

Systematic desensitization isn't practical because exposure to flight cannot be adequately titrated. As a substitute, Virtual Reality uses computer-generated images. Though controlled, exposure is unmistakably artificial. The treatment takes place on the ground and in an office, not at 30,000 feet in an airplane. There is no exposure - and thus no desensitization - to risk, nor to inability to escape.

In a research study, the anxious fliers who received hours of VRET were no better off than a control group that sat briefly on parked airliner. Rather than accept that VRET was ineffective, claims were made that the control group was a "traditional fear of flying program" and thus VRET was a convenient treatment alternative. Traditional fear of flying programs expose clients to both a parked airliner and an actual flight. In addition, there talks with pilots and mechanics, and hours of instruction that teach participants why flying is remarkably safe.

Pilots who run traditional courses are fond of saying "knowledge is power," in the belief that if a person just understands how safe flying is, fear will not be a problem. Knowledge, stored elsewhere in the brain, doesn't connect with the amygdala. Knowledge isn't powerful enough to stop the amygdala from releasing stress hormones when it senses anything it is not used to. Though pilots and therapists mean well, inadequate methods can do damage; when people try their best and fail, they blame themselves - not the method - as inadequate.

It is not knowledge that keeps pilots from being bombarded with stress hormones. Rather, they are comfortable when flying due to control and habituation. As to control, though there are many sounds and motions during takeoff, the pilots cause them. Due to habituation, these sounds and motions are routine to the pilot's amygdala.

But a passenger is neither in control nor is his amygdala habituated to flight stimuli. The engines speed up to a high pitch. The engine's exhaust roars like thunder. Acceleration pushes passengers back in their seats. The plane bumps down the runway. The nose rises, and the Earth - and all the control the passenger has ever known - is left behind.

Even if a passenger understood that none of these things mean danger, each noise and motion triggers a release of stress hormones. For many people, unless they are in control, or have the means to escape, when they feel the effect of stress hormones, they believe they are in danger.

The amygdala triggers the release of stress hormones when sensing anything to which it is not habituated. The amygdala alerts us whenever anything non-routine is taking place. That's the amygdala's job and it is going to do it. By the way, that's is why relaxation exercises don't work. It doesn't matter how relaxed a person is, when something non-routine, unfamiliar, or unexpected happens, the amygdala fires.

If a person's Executive Function can dismiss a stress hormone alert as a false alarm, the matter can be dismissed. But as a passenger, how sure can a person be? And, when these noises and motions happen in rapid fire succession, it is asking a lot of Executive Function to keep up. To keep anxiety at bay, Executive Function would have to identify the noise or motion, remember what it means, determine whether it is normal or abnormal in this particular situation, reassure itself that it is normal, and then dismiss the matter as irrelevant. If the noises and motions during takeoff were spaced out a minute or so apart, Executive Function might be able keep up. But spaced only seconds apart, Executive Function can get behind, and allow stress hormones to build up.

Buildup compounds the problem. When stress hormones get high, Executive Function gets slow. Robert Yerkes and John Dodson discovered that over a hundred years ago. When Executive Function starts to slow down, stress hormones start building up faster. Once Executive Function gets, as we say in aviation, "behind the curve," the inevitable result is high anxiety, and perhaps panic.

If we can't depend on Executive Function, what can we depend on? Have you heard of the Social Engagement System ? Probably not. But you have one, and you use it every time you are with other people. The Social Engagement System (SES) reads their signals, and if it likes what it sees, it calms you down. All this happens unconsciously, according to neuroscience researcher Stephen Porges .

The SES and calm a person by slowing the heart rate and activating the parasympathetic nervous system. In addition, it can prevent the release of stress hormones. In a romantic situation, when the chemistry is right between two people, when they look at each other as if they were the only two people in the world, the SES gets involved in the chemistry. It releases oxytocin and vasopressin, peptides that can inhibit the amygdala and make the release of stress hormones impossible. In this way, the SES temporarily shuts the fear system down, making fear of sexual engagement impossible. Thus, by releasing these hormones, the SES facilitates reproduction by promoting both mating and bonding.

Remember Pavlov's dogs? When he fed them, he rang a bell. After conditioning the dogs to associate the bell with eating, ringing the bell caused them to salivate even when no food was presented. To control fear when flying, we want things like the door closing or the plane taking off to produce oxytocin and vasopressin. The SES is a powerful anxiety control system. We can tap into it by associating - one by one - the things that happen on a typical flight with a memory that, if vividly recalled, produces oxytocin and vasopressin. For example, the memory of a partner's face in a romantically or sexually engaged moment.

Once links have been established between the oxytocin producing face of a lover and the various moments of flight (boarding door closing, takeoff, cruise, turbulence, landing, etc.) the SES provides powerful protection against fear, anxiety, panic, and claustrophobia. No stress hormones, no problems.

CBT Good for Sleep and Pain

By Michael J Breus Ph.D. on Apr 05, 2010

People who suffer from chronic pain have treatment for insomnia

Cognitive behavioral therapy (CBT) just got another star for treating insomnia, especially for people who suffer from chronic neck or back pain.

The study, published online (link is external) by the journal Sleep Medicine, indicates that CBT can help patients who already are taking medications for pain and might be reluctant or unable to take additional drugs to treat their sleep problems.

I've long believed in the power of CBT. Exactly what is it? The gist:

As its name implies, CBT is **one part cognitive** and **one part behavioral**.

The cognitive portion of CBT is about recognizing, challenging, and changing the **ways of thinking** that keep you from falling asleep.

The cognitive portion of CBT is about recognizing, challenging, and changing the **ways of thinking** that keep you from falling asleep.

If you can't get to sleep easily at night and find yourself tossing and turning while awash in irritating thoughts, chances are you're fueling your own fire with a distorted, stress-inducing behavior. CBT Solution: challenge these thoughts, with the help of a sleep psychologist, as they may be distorted or inaccurate.

The behavior portion is about **sleep hygiene** —the ways in which you prepare yourself for sleep. My Solution: **Follow a Power Down Hour** and go to bed at the perfect time for your body so you're ready to fall asleep within 20 to 30 minutes.

Studies have shown that cognitive behavior therapy can, in fact, beat sleeping pills. This proves just how powerful thoughts can be, and that getting restful sleep is often more about how you teach your mind to think than using any external trick such as a drug or other sleep aid.

The participants in this latest study, whose pain and moods were tracked for six months alongside sleep, received CBT and showed measurable, positive results. The researchers believe that CBT can be even more effective than other treatments for insomnia and chronic pain.

Sweet Dreams,

Michael J. Breus, PhD

The Sleep Doctor™

Are All Psychological Therapies Equally Effective?

Don't ask the dodo.
by Daniel Freeman, Ph.D. and Jason Freeman on Jan 27, 2014 i

Everybody has won and all must have prizes," declared the dodo in *Alice in Wonderland* when asked to judge the winner of a race around a lake. As judgements go, it is admirably even-handed and optimistic. But in the world of mental health the dodo's decision has come to symbolize a bitter dispute that strikes at the very heart of psychotherapy.

The "Dodo Bird Verdict", first suggested in the 1930s by the psychologist Saul Rosenzweig, proposes that the many and various forms of psychological therapy are all equally effective. It makes no difference whether, for example, a person is being treated with techniques drawn from psychoanalysis, neurolinguistic programming, or cognitive behavior therapy (CBT). What really helps a patient to recover are straightforward factors such as the opportunity to discuss their worries with a skilled and sympathetic therapist or the degree to which they are prepared to engage with the treatment.

Understandably, the Dodo Bird Verdict has ruffled many feathers within the profession, and provoked a slew of studies aiming to corroborate or disprove the idea. Are some types of psychotherapy really more effective than others for particular conditions? There is plentiful data to suggest that the answer to that question – contrary to Rosenzweig's theory – is "yes". But that data tends to come from research conducted by proponents of the ostensibly superior therapy, leaving sceptics to conclude that their conclusions are not impartial.

This makes the results of a study of treatments for the eating disorder bulimia nervosa, published this month in the *American Journal of Psychiatry*, all the more convincing. Bulimia is characterized by binge eating, followed by attempts to compensate by making oneself vomit, taking laxatives or diuretics (water tablets), fasting, and/or exercising

frantically. Underlying this behavior is an intense concern – an obsession, even – with body shape and weight.

Bulimia is relatively common. One large US study, for instance, found that almost 1% of adolescents aged 13-18 had experienced the condition at some point in their life. Many of these teenagers reported that their illness made it very difficult for them to have a normal life, and it damaged their relationships with family and friends. The study also found that adolescents with bulimia were more likely to consider, or even attempt, suicide.

Given bulimia's prevalence and potentially disastrous consequences, it is clearly important that we understand what treatments work best, which is why researchers at the University of Copenhagen recently compared the efficacy of two popular psychotherapies: CBT and psychoanalysis. The results were remarkable.

In the study, 70 patients with bulimia nervosa were randomly assigned either to two years of weekly psychoanalytic therapy or 20 sessions of CBT spread over five months. At the core of the psychoanalytic approach is the idea that bulimic behavior represents an attempt to control problematic feelings and desires. The therapist helps the client to talk about these buried feelings and to understand how they are related to the bulimia. And when the individual has learned to accept and manage their deepest desires, the theory goes, the distress disappears and with it the symptoms of bulimia.

CBT, on the other hand, is targetted at the symptoms themselves: the aim is to stop the binge eating as quickly as possible. For CBT practitioners, bulimia is driven by the belief that one's self worth is determined by one's eating habits, shape and weight. Therapists show the individual how to identify and challenge such beliefs, explain the cycle of binge eating, and promote regular eating patterns and a more flexible and realistic set of dietary guidelines.

They work with the patient to devise plans to deal with times when binge eating becomes more likely, and to minimize the likelihood of a relapse.

Even though the participants in the Danish trial received vastly unequal amounts of treatment over an extended timespan – with those given psychoanalysis seeing their therapist far more than those allocated CBT – it was CBT that proved more effective. After five months, 42% of the CBT group had stopped binge eating and purging; for those receiving psychoanalysis the figure was just 6%. After two years, the proportion of the psychoanalysis group who were free from bulimia had risen to 15%. But this was still a long way short of the success of the CBT group after two years (44%), despite the fact that by then it was 19 months since the end of their course of treatment.

The Danish trial gives real grounds for hope: CBT, it seems, can bring about major improvements for many people with bulimia. But the significance of the study goes further, because its leaders, Stig Poulsen and Susanne Lunn, are not CBT specialists but highly experienced psychoanalysts. Indeed, not only was the research conducted at a clinic devoted to psychoanalysis, the course of treatment was developed by Poulsen and Lunn themselves.

Even more remarkably, though the CBT therapists received two days of special training and regular supervision from a world leader in CBT for eating disorders, Chris Fairburn of the University of Oxford, they were less experienced than those responsible for the psychoanalytic treatment.

Despite all this, CBT easily came out on top. As an editorial in the *American Journal of Psychiatry* commented: "we applaud the candor of the lead investigators for being so forthright in their presentation of the findings. This cannot have been what they hoped to find and indeed was not what they hypothesised."

So when it comes to psychotherapy, it seems the dodo was wrong. While short-term treatments may produce similar results for some illnesses, such as depression, we shouldn't assume that the kind of therapy patients receive is essentially inconsequential. Instead we must recognize that some are better for certain conditions than others, redouble our efforts to identify these and improve them, and ensure that the most effective therapies are available to all who need them.

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