



Cognitive Behavioural Therapy (CBT)

Course Manual

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Module 15:
The future of CBT

Objectives

Cognitive Behaviour Therapy remains one of the most popular psychological interventions in both public and private practice in the Western world. This is due, in part to its flexible and varied nature, lending itself to person-centred approaches. Following on for an assessment of the pros and cons of CBT in Module 19, it is clear that more needs to be done to chart the effectiveness of this intervention across its many forms.

Dissemination

Overall, Cognitive Behaviour Therapists agree that there is a requirement for a manualised form of CBT treatments such as those discussed across the entirety of this course (Chambless & Ollendick, 2001; Luborsky & DeRubies, 1984). One of the major reasons for this is to develop a consistency across practitioners to best enable the measurement of the efficacy of CBT and to aid with training and accountability. Where a treatment manual exists, it is possible for practitioners in the field to then have confidence regarding the approach at the level of application in terms of the treatment components included and the methods or techniques used.

A review of the literature revealed that CBT has historically been disseminated in a less systematic manner than other psychotherapeutic approaches (Addis, 1997). This is due, again, to the manner in which CBT practitioner may choose to follow a certain treatment protocol, as demonstrated across these modules e.g. the therapists own training history. Practitioner training in the field of psychotherapy is circumstantial, framed by the model of degree program offered, the geography of the area in which the student or practitioner lives and texts available in that area. However, with the rapid growth of online services such as CBT based websites and amazon, dissemination from this perspective has the potential for rapid growth itself. Additionally, evaluation of practice is often carried out at the time a practitioner graduates and not assessed at any point following this, evaluation of practice is a necessary component of the vast majority of professions and therefore, it is of vital importance that an ongoing assessment of certified CBT practitioners is made commonplace in the field of psychotherapy. This argument highlights the limited role of treatment manuals for this purpose, suggesting that other forms of dissemination may be more appropriate (Sholomskas et al., 2005).

Given the status of CBT is one of the most popular forms of therapeutic intervention, due, in part to the visible effectiveness of the intervention across a wide and varied range of diagnosis, it is important at this stage to highlight that there exists some practitioners in this field who are not certified, trained or qualified in any professional CBT course. This is a major issue in terms of the effective dissemination of CBT, as unqualified and unsupervised practitioners can be harmful to the field as treatment protocols may not be adhered to and techniques may not be implemented competently.

In terms of those therapists who have completed training, this usually consists of a combined approach to CBT including training in: didactic instruction, directed readings, treatment experience and group or individual supervision. However, the structure of CBT training is very much fluid and no one format is common across certified establishments. This has been recognised as an issue which requires addressing, and as such, has been addressed in part by organisations such as The British Association of Behavioural and Cognitive Psychotherapies (BABCP) and the Academy of Cognitive Therapy (ACT). Although this has produced a commonality across practitioners trained by these organisations, both the BABCP and the ACT vary in their approaches. The BABCP focuses its assessment process on the input of the learner i.e. the training credentials they have accumulated across the course, whereas the ACT focuses on the output of the learner, holding performance as a CBT practitioner as the most effective way in which to learn and assess the potential practitioner (Dobson, Dobson & Beck, 2005). The ACT has developed a credentialing system which has been a major stepping stone for the dissemination of CBT in terms of accountability of practitioners.

Despite and perhaps, because of the discrepancies in approach, it is not possible to demonstrate validity of one of these approaches over the other, as such, training and assessment of psychotherapeutic approaches remains very much at a standstill, mirroring that of assessment carried out at the conception of the field. However, dissemination of CBT is a rapidly developing and emerging area of great importance to those invested in the profession, with evaluation being at the forefront of academic focus (Sholomskas et al., 2005). It is clear that in order to accelerate this, a standardised assessment protocol must be developed, addressing training at stage

of qualification and throughout professional practice; addressing both case conceptualisation and in-session therapy.