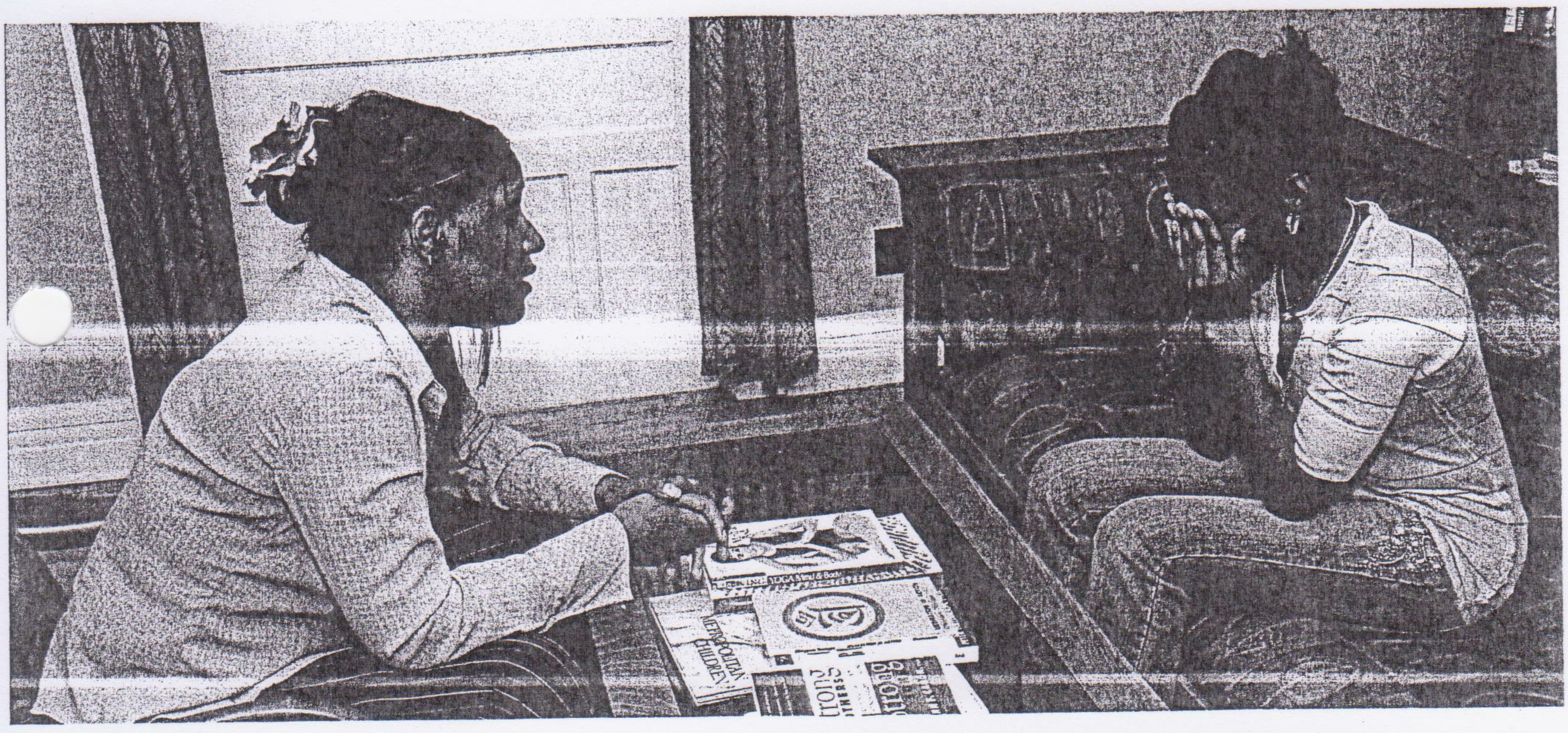
This column assesses and explains some of the many ways in which psychological explanations of mental disorders can be applied in the form of therapy.

Behaviour therapy



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In October 2007, the UK government announced a substantial expansion in the provision of psychological treatment services. The aim of this initiative (called 'Improving access to psychological therapies') is to widen access to evidence-based treatments for conditions such as anxiety disorders and depression. Guidelines issued by the National Institute for Health and Clinical Excellence recommend the use of cognitive behaviour therapy (CBT) in the treatment of these conditions (Rachman and Wilson 2008).

In order to reduce the waiting times for psychological therapies from, on average, 18 months to a few weeks, a large number of newly trained psychological therapists will be needed. Therefore, it is likely that over the next 3–6 years, a large number of funded training places will be available to psychology graduates, and others, who wish to train as cognitive behaviour therapists.

What is cognitive behaviour therapy?

Put simply, CBT is one of the 'talking therapies' and aims to help people change how they think and what they do. The key ideas informing CBT are:

- our psychological health is largely determined by how we think about ourselves, the world and others
- what we do affects our thoughts and feelings

CBT therefore comprises a pragmatic combination of theoretical ideas and techniques derived from cognitive and behaviour therapies (Department of Health 2001). This column provides an introduction to both the process and the major therapeutic strategies used in behaviour therapy. A second column will discuss cognitive therapy.

Behaviour therapy involves the clinical application of learning theory (primarily the principles of classical and operant conditioning) and other empirically validated theories of behaviour. However, the complexity of learning in everyday life means that most behaviour therapists tend to place a greater emphasis on what Richards (2007) calls 'evidence-based technical eclecticism'; that is, finding what works for a particular client. The behavioural approach is largely a self-help approach. It aims to enable clients to draw on their own resources to reduce both the intensity of their problems and the disruptions such problems cause to their daily lives.

How does behaviour therapy work?

Behaviour therapy may be delivered in a range of ways, including self-help books (sometimes referred to as bibliotherapy), computer-based therapy programmes, telephone consultations, or face-to-face consultations with individuals, couples or groups. It is, therefore, extremely compatible with a 'stepped-care' model of psychological therapy provision. This means that it is possible to provide interventions of differing intensity, depending on the needs and personal circumstances of clients. The types of problem for which behaviour therapy may be a suitable treatment are listed in Box 1.

The process of therapy

The therapeutic style of the behaviour therapist can be described as 'purposeful and participatory' (Richards 2007). In their interactions with clients, therapists seek to reinforce those behaviours that help clients to achieve their goals and live more resourcefully. A good therapeutic alliance between therapist and

Box 1 Some of the types of problem treated by behaviour therapists

- Anxiety disorders
- Depression
- Eating problems
- Habit disorders
- Chronic fatigue
- Sexual difficulties
- Relationship problems

client is essential in behaviour therapy, especially as therapy will often require clients to engage in activities that they have previously sought to avoid. However, unlike many other forms of psychotherapy, a good therapeutic alliance is not considered sufficient in itself to bring about a successful therapeutic outcome (see 'Intervention' below). In behaviour therapy, the process of therapy is based on the scientist–practitioner model and comprises four elements:

1 assessment
2 formulation
3 intervention
4 evaluation

Assessment

Before therapy can start, the therapist needs to obtain a clear picture of the nature of the client's problem, how the problem may have arisen and, most importantly, what factors might be helping to maintain it. This information can be obtained by:

- interviewing the client
- asking the client to 'self-monitor' their behaviour (to keep a record of their behaviour, thoughts and feelings and the contexts in which they occur, over a specified period of time)
- direct observation of aspects of the client's behaviour
- asking (with the client's permission) significant people in the client's everyday life

The initial assessment also provides the therapist with an opportunity to identify individuals for whom therapy may be contra-indicated. This may include clients with problems that are possibly related to underlying physical conditions, who need to seek medical advice and help.

Formulation

After gathering baseline information, the therapist then presents the client (or clients) with a description of the problem(s) from a learning perspective. This includes a tentative explanation of the factors and learning mechanisms that have seemingly contributed to the onset, development and maintenance of the problem. The cues or 'triggers' for problematic behaviours and maintaining factors are particularly important, as these provide the focus for therapy.

Case formulation is important because:

1 It enables the therapist to check that the information obtained during assessment has been interpreted accurately.
2 It helps clients to understand their difficulties.
3 It provides a basis for negotiating the goals and sub-goals of therapy with clients.
4 It indicates the approach to treatment and provides the rationale for this.
5 It facilitates the process of obtaining informed consent from clients for therapy.

As new information about the client's problem comes to light during therapy, the initial formulation may change.

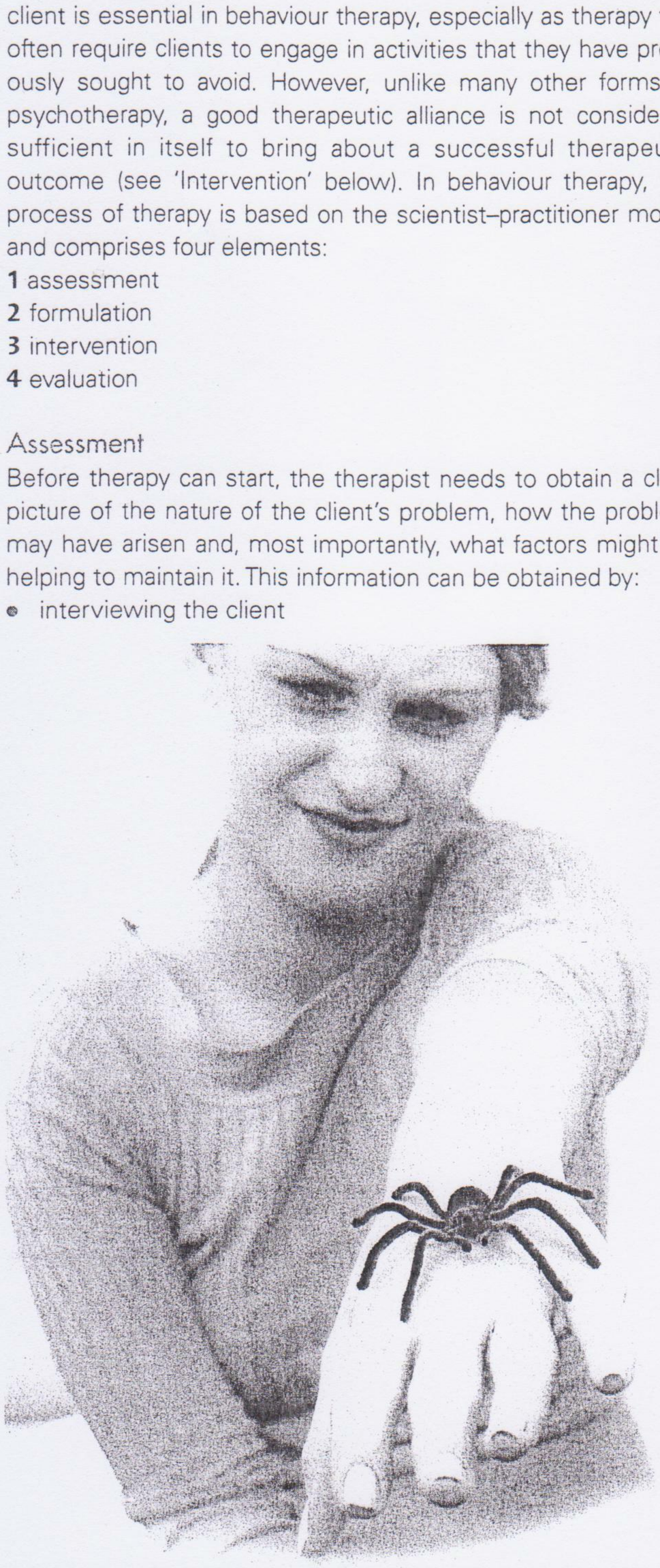
Intervention

The behaviours targeted for change are those identified in the formulation as causing or maintaining the client's problem in the here and now. The setting of goals (and sub-goals) for therapy makes explicit what can be expected from therapy, emphasises the possibility of change and helps to structure the therapy. Some of the most important therapeutic strategies employed by behaviour therapists to help clients attain their goals are discussed later.

Although behaviour therapy is a 'talking therapy', behavioural activities are viewed as the means to accessing and modifying the three emotional responses systems (autonomic, behavioural and cognitive). A central premise of behaviour therapy is that change in one of these systems (behaviour) will lead to eventual change in the other two (autonomic and cognitive) (Richards 2007). The adoption of this 'three systems' approach in behaviour therapy is important because it reflects more accurately the range of symptoms reported by clients and has resulted in more systematic evaluation of treatment outcomes (Hawton et al. 1989). There are several interventions commonly used in behaviour therapy.

Education

Behaviour therapists provide their clients with information about the behavioural approach and also teach skills and techniques to enable clients to manage their lives more resourcefully. This educational process begins during the assessment and formulation stages of therapy.



Systematic desensitisation treatment, a form of cognitive behaviour therapy (CBT)

Lea Paterson/SPL

? Which of the three major therapeutic strategies employed in behaviour therapy (exposure, response prevention and behavioural activation) is most likely to be used in therapy with clients presenting with the following problems?

- depression
- agoraphobia
- obsessive compulsive disorder

What are the reasons for your answers?

Homework

The application of behavioural techniques by clients in their day-to-day life between therapy sessions is a key determinant of the success of therapy. Homework assignments are therefore a vital aspect of behaviour therapy. Feedback obtained from the client about homework assignments is also used to tailor subsequent therapeutic interventions.

Relapse prevention

Before therapy ends, the client and therapist usually formulate a maintenance plan. This plan provides clients with knowledge of the early warning signs that may indicate their problems are recurring and a series of strategies they can start to use immediately to prevent such recurrence.

Evaluation

The selection and use of appropriate methods to evaluate the effectiveness, acceptability and broader outcomes of interventions used in therapy is an essential part of the therapeutic process. Evaluation is, therefore, an ongoing activity during therapy.

Major therapeutic strategies and techniques

The major therapeutic strategies used in behaviour therapy are:

- exposure
- response prevention
- behavioural activation (Richards 2007)

Exposure

This refers to helping a client confront stimuli that they fear until their responses (behavioural, physiological and cognitive) indicate that habituation to those stimuli has occurred.

For this to work, exposure to the feared stimulus usually needs to be prolonged. Therefore, avoidance responses (where a person 'escapes' from the feared stimulus as soon as he or she feels fearful or anxious) need to be curtailed.

In cases where there is a number of stimuli causing a client fear or anxiety, or exposure to a feared stimulus comprises a number of different stages, the client is usually exposed to the least feared stimulus or stage first, before gradually working up the hierarchy of stimuli or stages to what causes them the greatest fear or anxiety. This is known as graded exposure.

Response prevention

As well as avoiding stimuli that make them anxious or fearful, people often engage in safety behaviours — that is, repetitive, sometimes ritualistic, behaviours that bring some temporary reduction in the anxiety they feel. In doing so, they are trying to avoid exposure to what makes them anxious. Response prevention requires clients to stop such behaviours voluntarily.

Behavioural activation

This strategy aims to increase clients' engagement in activities they find pleasurable or enjoyable. Often behaviours become problematic because they gradually reduce a person's ability to engage in activities that provide them with positive reinforcement. People who avoid situations where there is a risk of exposure to something they perceive as aversive (even though the actual risk is small) not only reinforce their problem (negative reinforcement), but often withdraw from social activities providing opportunities for positive experiences. The consequent lack of positive reinforcement means that a person is less likely to engage in activities that are potentially enjoyable or help to build self-confidence.

Effectiveness

Behaviour therapy can be extremely effective in the treatment of anxiety disorders, particularly specific phobias (Wolitzky-Taylor et al. 2008). However, symptoms seldom disappear completely — therefore clients need to continue applying the knowledge and skills they acquire during therapy in order to maintain their progress and reduce the likelihood of problems recurring (see 'Relapse prevention' above). So, in a sense, the therapeutic work for the client continues after the professional relationship between therapist and client has ended.

Behaviour therapy is generally not helpful for clients who are seeking to explore and understand the existential conflicts they are experiencing. However, the therapeutic strategies described above are increasingly used within a CBT paradigm to help clients with a diverse range of problems (see, for instance, Butler et al. 2006). Cognitive therapy, the other component of this paradigm, will be considered in PSYCHOLOGY REVIEW, Vol. 14, No. 4.

References

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For more information on cognitive behaviour therapy, see:
www.babcp.com/silo/files/what-is-cbt.pdf

Up-to-date information about the Improving Access to Psychological Therapies (IAPT) programme can be found at:
www.iapt.nhs.uk/

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