Definition Of Cognitive Behavioral Therapy And Its Function

Client Fit

Cognitive Behavioral Therapy has been proven to be useful for addressing anxiety disorders. CBT is considered the “gold standard” for treating anxiety disorders such as social anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety (Otte, 2011). CBT has also been seen as effective for mood disorders, such as acute depression and also severe depression. It was shown to be more effective with individuals who had lower pre-treatment dysfunctional attitudes in relation to bipolar disorder. There are less support and evidence of CBT being as effective with axis II disorders such as paranoid personality disorder and schizoid personality disorder (Driessen & Hollon, 2010). It is likely unhelpful with personality disorders and other axis II disorders as many of those affected with these disorders have difficulty inspecting their own thoughts and motivations (Bressert, 2018). Because CBT is so introspective, it is likely ineffective if the ability to be introspective is lacking.

Cultural Competence

CBT is seen as applicable to diverse groups, but work has to be done on the therapist’s side to tailor it to fit the needs of the client’s culture and individuality. CBT is based on the Western world view. An example of where it becomes less applicable to other cultures is with the Chinese. It encourages an individual’s ability to change and the need for self-development. In Chinese culture, the community is seen as the most important aspect, well above individualism. In American culture, constantly putting the needs of others above oneself is seen as a harmful behavior. In China, this is a large part of their identity. Pushing the American culture on an Eastern client would not be beneficial. The client would likely see it as a betrayal of their culture and feel that the therapist was pushing Western culture onto them (Guo & Hanley, 2015). It is important to keep in mind the social lifestyle of the individual. This applies not only to the Chinese culture but all cultures.

A useful acronym when applying CBT is the “Addressing” tool. Age and generational influences; Developmental and other physical, cognitive, sensory, and psychiatric Disabilities; Religion and spiritual orientation; Ethnic and racial identity; Socioeconomic status; Sexual orientation; Indigenous heritage; National origin; and Gender (Hays, 2012). It is necessary for social workers to be culturally competent. As stated in the NASW standards and indicators, it is vital that there is a commitment to further understand other cultures and embrace them within the therapeutic work. Being aware of culture prior to diving into the work helps establish this understanding (National Association of Social Workers, 2015). It is important to initially gather the “ADDRESS” of a client before assumptions are made that will hinder the process. An example of applying this is seen in the article, “Culturally responsive cognitive?behavioral therapy: Assessment, practice, and supervision”:

“To understand how considering CBT's limitations can lead to better adaptations, consider the example of an Alaska Native woman who feels very anxious because of worries about her

young adult son's drinking. If a non?Native therapist were to challenge the validity or rationality of her worries (e.g., “What's the worst that could happen? How likely is this to happen?”), the therapist would probably be seen as insensitive and/or naïve. A more culturally responsive approach would be to listen carefully, sensitively validate her fears (without reinforcing stereotypes), and then once a trusting relationship is established, help her consider the helpfulness of her worries. The latter might involve asking, for example, “Is it helpful to you to keep going over and over these thoughts? If you have done everything you can (i.e., the behavioral/action piece of CBT), are there more positive thoughts you could focus on, for example, reminding yourself of the strength you have in your faith, culture, and family?” (Hays & Iwamasa, 2006).

Summary

CBT is a powerful tool in therapeutic services. It helps the client identify their inner dialogue and how it may not be reality-based. It educates the client so they can help themselves and create the tools to successfully overcome their core beliefs. It is effective across many disorders but lacks evidence that it is applicable to personality disorders. CBT is a Western-based intervention but can be applicable to other cultures if researched properly and an understanding is created on how to adapt and customize it to each particular client. If this is not done, it does little to help address the problems the client is facing.

Researching this intervention really furthered my education and understanding of it. I thought I had somewhat of a grasp on CBT, but now I realize that there was a lot that I had to learn to further my knowledge on it. CBT is what I had been utilizing in my sessions at my internship. In just the past week after really delving into all the information I could gather on it, my session improved, and I was able to better work with my clients and help identify those core beliefs and I felt more comfortable in those sessions with my own capabilities. I also had not considered how it might not be best suited for certain cultures which now seems obvious, but prior I felt it was quite cultural friendly. Doing the research for this paper and project I now feel motivated to continue my education on other interventions so I can best work with future clients. I feel much more confident in CBT, yet I am still aware that I need a lot more practice. I want to do this with DBT, EMDR, MI, and other interventions as well. This assignment really resonates that to be the best social worker I can, I need to put forth effort into my education. The better I can communicate and utilize these interventions, the better I can help those I come in contact with throughout my career, which is one of the most important aspects of this field.