LITERATURE REVIEW ON COGNITIVE BEHAVIORAL THERAPY

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ABSTRACT: A comprehensive literature review on Cognitive Behavioral Therapy (CBT) is discussed in the present article. CBT has been one of the most appropriate treatment methods for people with anxiety and depression and is an effective treatment for depressive disorder in adults of all ages and is associated with continuous improvement over time. Key findings on the archival research pointed about Cognitive Behavioral Therapy as one of the most systematically researched and updated psychosocial treatments for depression in adulthood under investigation. Discussion and recommendations for future research compile the present work.

KEYWORDS: Cognitive Behavioral Therapy, depression, treatment, adulthood

INTRODUCTION

In the present paper, we reviewed the current epistemology of Cognitive Behavioral Therapy (CBT). We conducted extensive archival research on the subject under review, aiming to organize sparse data in a single study, providing scholars and practitioners, among other professionals, with a consolidated up-to-date perspective on CBT.

CBT has been one of the most appropriate treatment methods for people with anxiety and depression, according to Serfaty et al. (2009), is an effective treatment that is recommended for depressive disorder in adults of all ages and is associated with continuous improvement over time; It is one of the most systematically researched psychosocial treatments for depression in adulthood.

Cognitive-behavioral therapy is a type of psychotherapy that modifies one's thinking patterns. In a nutshell, the therapist helps identify dysfunctional thought patterns and their behavioral responses to stressful and challenging situations. On the subject, Paloski and Christ (2014, p. 222) describe:

Cognitive behavioral therapy is one of the therapeutic approaches for the treatment of mild and moderate depression, whether offered independently or in combination with psychotropic drugs. However, in the case of depression with psychotic symptoms, psychotherapy is only possible with the drug consortium. This combination has studies that point to a reduction in beck inventory scores that measure the levels of depression, anxiety, hopelessness and suicidal ideation, the frequency and strength of negative automatic thoughts, with consequent flexibilization of dysfunctional nuclear beliefs

Published by ECRTD-UK

Print ISSN: 2055-0863(Print), Online ISSN: 2055-0871(Online

and remission of depressive symptoms, producing better biopsychosocial functioning of the patient.

Driessen and Hollon (2010) explain that cognitive-behavioral therapy is useful in the acute treatment of depression and can provide a viable alternative to antidepressant medications for even more depressed unipolar patients when implemented competently. CBT may also be useful as a complement to medication treatment for bipolar patients, although studies are few and not entirely consistent.

CBT is based on the assumption that inaccurate beliefs and processing of inappropriate information (which form the basis for repetitive negative thinking) play a causal role in the etiology and maintenance of depression. This "cognitive model" postulates that when unfit thinking is corrected, both acute suffering and the risk of subsequent return of symptoms will be reduced (Driessen and Hollon, 2010).

From this, it is understood that CBT is useful in the treatment of depression, presenting itself as one of the main alternatives to drug treatment, and can also, for the most severe cases such as psychotic depression, be added to the drug treatment, bringing significant results in the short and long term.

METHODS AND RESEARCH LIMITATIONS

The present research is a qualitative study on the subject of Cognitive Behavioral Therapy (CBT). It encompasses an inductive rationale and interpretive approach. We endeavored on up-to-date secondary data, through archival research, aiming at presenting a current epistemology on the subject under review.

This article is limited to the Cognitive Behavioral Therapy (CBT) approach. Other psychosocial approaches are not investigated in this study.

CBT TECHNIQUES

CBT techniques are mostly used for treatment that involves the cognitive-behavioral therapist's search for the patient's change of thinking and, consequently, his depressive behavior, which according to Paloski and Christ (2014), should start with the construction of a cognitive conceptualization, which must be done whenever he comes across new clinical data. The authors explain its construction:

Cognitive conceptualization begins in the first contact with the patient, being an uninterrupted procedure, passive changes the course of care and as new data are revealed. The therapist bases his hypotheses on the data he collected, however, first, this understanding about the patient is not clearly based on real data. Thus, the psychotherapist will have to frequently investigate the conceptualization with the patient at strategic points, exactly to have security about his observations and understandings. In the construction of the conceptualization, it is necessary that the therapist keep in mind the cognitive model, which raises the proposition that emotions

and behaviors are directly influenced by the subject's perception of events. The thoughts that each individual has in certain situations is what will give the emotional

and behavioral tone in relation to the situation experienced, that is, more important than the experience are the perceptions about it (Paloski and Christ, 2014, p. 223).

Thus, cognitive conceptualization is the first technique to be used, based on the therapist's knowledge of the patient, which should be constantly updated during treatment. Powell et al. (2008, p. 575) mention that the therapeutic strategies of depression CBT occur in three phases and highlight the active participation of the patient as one of the main advantages of this type of treatment: (i) focus on

automatic thoughts and depressogenic schemes; (ii) focus on the style of the person relating to others; and (iii) behavior change in order to better cope with the problem situation.

One of the advantages of CT is the character of active participation of the patient in the treatment so that he (or she) is helped to (i) identify their distorted perceptions; (ii) recognize negative thoughts and seek alternative thoughts that reflect reality more closely; (iii) find the evidence that supports negative and alternative thoughts; and (iv) generate more accurate and credible thoughts associated with certain situations in a process called cognitive restructuring.

It is emphasized that throughout each session, the therapist and the patient will analyze and identify situations within their life that may contribute to or cause their depression. It is then that any of the distorted perceptions and current thought patterns can be identified and addressed.

According to Powell (2008), one of the powerful tools used in patients with depression is scheduling and monitoring activities. This technique provides information about the patient's functioning (for himself and the therapist), and can be a support for those under pharmacological treatment, since they can record their side effects, activities and changes in symptoms. Thus, the relationship between depressive symptoms and the lack of positive behaviors can be evidenced, thus creating opportunities for problem solving.

Still according to Powell (2008), a significant contribution of Beck and other researchers is that, in addition to reducing positive reinforcement, the patient with depression aggravates his symptoms by cognitive assessments and flawed conclusions that he draws from this lack of reinforcement, thus performing fewer and fewer activities and concluding that there is no solution to their problems.

When the patient is able, with the help of the therapist, to modify his/her behavior, he begins to highlight the misunderstandings of his/her previous cognitive evaluations, finding in a practical way how his/her inaccurate thoughts generated emotions and dysfunctional behaviors.

According to Asunción e Silva (2019), the following tools are used by CBT in the treatment of depression and anxiety: (i) Socratic questioning; (ii) dysfunctional thinking record (rpd); (iii) decatastrophizing; (iv) art therapy; (v) coping; (vi) relaxation and breathing; (vii) sleepand treatment; (viii) psychoeducation.

Faria (2011) cites Socratic questioning as one of the possibilities of CBT intervention. This questionnaire originated with Socrates (470 BC – 399 BC), an Athenian philosopher who used a

technique of "questioning" called maieutics, whose meaning would be "to give birth." Through this feature, he questioned his opponents in debates searching for the "true truth" (Gottschalk, 2010).

According to Santos and Medeiros (2017), Socratic questioning in the clinical context suggests to the individual away review his thoughts and distorted beliefs to burnout them through a confrontation in the form of a questionnaire himself. However, these same authors mention that Socratic questioning should be used to raise awareness of the patient and, instead of debates related to his/her situation, it

is recommended that the patient be led by the therapist so that he/she arrives alone with his/her healthy conclusions. Knapp and Beck (2008) define the Dysfunctional Thoughts Registry (RPD) as an essential tool to track the thoughts that arose from the stimulating situation and produce various behaviors. According to these authors, the RPD enables patients to find, demystify, and modify dysfunctional meanings for a more rational understanding.

The practice consists of annotating the daily situations that cause some malaise, recording beyond the situation and time in which it occurred, the thoughts and emotions that arose.

Descatastropization (Savoia, 2004) is a strategy that helps patients to test the reality of their negative/catastrophized thoughts and aims to decrease or cancel the concentration of the client in extreme negative aspects of a situation. It is applied through many techniques, such as time projections and questions about the possibilities and outcomes of events occurring (Canals et al., 2009).

Art therapy, a nonverbal approach alternative to traditional verbal psychotherapies, can be considered in treating depressive disorders, although its study in the clinical context is recent and little addressed (Ciasca, 2017).

Coping strategies were defined by Lazarus and Folkman (1984) as "constantly alterable cognitive and behavioral efforts to control (overcome, tolerate, or reduce) specific internal or external demands that are assessed as exceeding or stressful the person's resources."

This strategy uses a process of evaluating situations considering two levels: primary (what is at stake?) and secondary (what resources and coping options are available?). The coping strategy is defined from this evaluation, and the Coping Strategies Inventory (IEC) can be adopted.

Viana (2012) defines coping as a strategy where there would be the possibility of regulating emotions/suffering and managing the problem itself. There is also the possibility of resignifying an aversive event and setting new goals for problem-solving.

Relaxation is a technique used to reduce anxiety (Faria, 2011) from a perspective where the patient perceives himself as an agent who controls the situation.

According to Asunción e Silva (2019), relaxation involves procedures ranging from respiratory control to the creation of mental images that facilitate therapy progress.

Among the forms of relaxation, we can mention progressive muscle relaxation (contraction and relaxation in muscle groups), visualization (imagination of situations that cause relaxation), and meditation (acceptance of reality and suspension of circumstances).

DISCUSSION

In this article, we aimed at reviewing the CBT standards and procedures. CBT is useful for the treatment of Generalized Anxiety Disorder (GAD), through relaxation techniques, problem-solving, planning of recreation activities, focus on treatment for change, and anticipatory control of concern and catastrophizing (Linden et al., 2005).

According to Asunción e Silva (2019), sleep hygiene consists of educational procedures that favor quality of sleep, since its lack can impact the body from fatigue, tiredness to lack of concentration and attention as other psychological impairments. Sleep hygiene is an effective method that helps reduce anxiety and insomnia (Ferreira, 2015). Nogueira, Crisostomo, Souza, and Prado (2017) point out that psychoeducation has a critical role in guiding patients about the consequences of behaviors in constructing beliefs, values, feelings, and how they have repercussions on their lives and those of others. It is a form of learning that, according to Beck (2013), provides the individual with reflections on people, the world, and ways of behaving in the face of situations. According to Lemes and Neto (2017), psychoeducation has the objective of instructing and bringing together psychological and pedagogical instruments.

This study suggests that the combination of CBT and the drug approach showed efficacy in treating bipolar, obsessive-compulsive, depressive, and post-traumatic stress disorder. Long-term benefits in

the quality of life of individuals with panic disorder and social phobia were also evidenced. In the case of treatment of generalized anxiety disorder, CBT was even more effective than drug therapy.

Straube (2006) verified that CBT is considered adequate for the treatment of Specific Phobias (SP) since it involves activation of stimuli, senses, and individual responses that can be stored in memory so that the dynamic network can be altered by new information (Davist and Ollendick, 2005).

Mululo, Menezes, Fontenelle, and Versiani (2009) point out that there is efficacy in CBT techniques in treating social anxiety. However, the authors clarify that CBT is not restricted to their techniques, but that they would be a tool to investigate the symptoms brought by patients.

Finally, other cognitive-behavioral techniques are Self-instruction training; Training in stress inoculation, Covert conditioning techniques; Training in the reversal of habits; Thought to stop technique; Paradoxical intention techniques; Biofeedback techniques; Intervention for emotional regulation.

IMPLICATIONS AND FUTURE RESEARCH

Research on CBT has attracted scholars' attention as conceptual development has evolved regarding parties and issues negotiated. The implications are observed in distinct sorts of businesses, industries, and services, for instance, (i) mining industry (Dias, M. & Davila, 2018); aerospace industry (Cruz

& Dias, 2019, 2020; Dias, Lopes and Teles, 2020); (iii) civil works (Dias, M et al., 2017); (iv) civil aviation (Dias, 2020; Dias, Lopes and Teles, 2020; Dias, 2019); (v) cruise lines services (Dias & Lopes, 2020); (vi) carmaker industry (Dias, Duzert, and Teles, 2018, Dias, 2017); (vii) retail business (Dias et al., 2014); (viii) public transportation (Dias, and Teles, 2018); (ix) streaming video business (Dias and Navarro, 2017; Dias, 2020); among others.

This article has the merit of combining in one single research, decades of past studies, implying in useful to scholars, decision-makers, and therapists. Future research is encouraged on CBT's combination with other techniques and approaches, such as Neuro-Linguistic Programming (NLP), combined with factors that interfere with burnout syndrome, for instance. Additionally, descriptive case studies, including the recent cases of psychological disturbance provoked by the coronavirus pandemic's consequences, are also indicated for future investigation.

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