

## Editorial: Cognitive Behavioral Therapy: An Example of Evidence-Based Psychotherapy

Evidence-based medicine aims to apply the best available *evidence*, gathered in a scientific, systematic way, to medical decision making. As applied to mental health, evidence-based psychotherapy (EBP) calls upon clinicians to rely on scientific methodology in their clinical decisions; to work with clients using scientifically validated methods, tools and techniques, and to inform their clients of scientifically-based findings and approaches to their problems (1). EBP is contrasted with approaches that are based mostly on clinicians' personal experience and intuition. Over the past decades, few debates have aroused the passions of mental health professionals more than the question whether empirical research could and should inform the practice of psychotherapy, or, should psychotherapy be evidence-based (2).

Opponents of EBP doubt the utility of basing treatment on scientific research. For example, Peter Zeldow stated, "I have come to view clinical psychology's preoccupation with empiricism as a naïve, triumphalist narrative... I do not expect another 50 or 100 years of research to solve most of the problems that confront clinicians on a daily basis" (3, p. 3). This view highlights the subjective, almost art-like nature of therapy. By contrast, the psychoanalyst Peter Fonagy, a supporter of EBT, writes, "The claim that psychotherapy is an art form is not just romantically self-aggrandizing, it is also a powerful defensive strategy. Who could blame Leonardo da Vinci for not getting it right every time? And perhaps beauty – and therapeutic benefit – is in the eye of the beholder?" (4, p. 442). Whether the only alternative to "romantically self-aggrandizing" or "triumphalist" and futile, EBP is at the center of a philosophical, scientific, ethical and practical debate.

The term Cognitive Behavioral Therapy (CBT) refers to a family of treatment approaches aimed to influence dysfunctional emotions, cognitions and behaviors through goal-oriented, systematic and time-limited procedures. Because CBT deals

with measurable indices of distress, it lends itself to scientific studies more readily than do other treatment methods. CBT is by no means the only approach that can be evidence-based. Nor is the choice of CBT methods a guarantee that treatment be successful. Yet, CBT as a therapeutic movement has made an early and strong commitment to evidence-based psychotherapy, while for several other approaches the link between therapeutic progress and a priori defined and measurable outcomes appeared less intuitive. As is emphasized throughout this special issue, one of the advantages of the empirical approach to therapy that CBT takes is that it provides benchmarks for determining expected results of treatment and also allows for careful examination of techniques and processes that allow for modification and improvement in outcomes.

Mirroring similar developments in medicine, the controversy regarding evidence-based psychotherapy has reached climactic fervor in recent decades, in view of the reorganization of health care around the world. The need to provide affordable mental health care has contributed to favoring evidence-based and time-limited psychotherapy. CBT, being mostly evidence-based and focusing on time-limited interventions, has fared well in these reorganizations. For example, the British National Institute of Clinical Excellence (NICE) recommends CBT as the treatment of choice for a wide range of psychological problems, such as depression, anxiety, panic attacks, phobias, and OCD, as well as eating disorders (e.g., 5). In the United States, the National Institute of Mental Health (NIMH) also recommends cognitive behavioral interventions in the treatment of many anxiety disorders (6). CBT has also enjoyed widespread acceptance in many other European countries.

In Israel, the status of evidence-based treatment and of CBT is still controversial. On the one hand, many private practitioners are often only vaguely familiar with CBT techniques and tend to use them rather sporadically. Importantly, many

practitioners are not committed to evidence-based therapy, may not be aware of empirical research about the techniques they use, and may even reject the notion that empirical research is of any relevance to their practice. On the other hand, in the past decade, CBT has begun to gain traction in Israel. Academic research has devoted attention to CBT, courses in CBT are offered as a part of graduate and post-graduate curricula in psychiatry and clinical psychology, large medical centers and some public mental health clinics have sought training in and have begun to offer CBT, and some private practitioners are beginning to express more interest in learning CBT.

The main aim of this special issue of the *Israel Journal of Psychiatry* is to facilitate the dissemination of CBT to mental health practitioners by providing an in-depth, concise and accessible review of CBT as applied to many common clinical problems. It is commonly found that lack of training and the paucity of supervised placements are among the most important barriers to the utilization of evidence-based approaches (7). We hope that this issue will encourage such training, allowing mental health professionals from a variety of fields to familiarize themselves with the empirical foundations of those treatments as well as with common intervention practices. With this goal in mind, we strived to bring together Israeli researchers who study a variety of disorders, some that are typically associated with CBT (e.g., anxiety disorders) as well as others that are not as strongly linked to CBT (such as psychosis and personality disorders).

Opening this special issue is an article by Jonathan Huppert, reviewing the building blocks of treatment in CBT. The author emphasizes that CBT is not only a set of intervention techniques, but also a conceptual framework encompassing assessment and evaluation. The application of idiosyncratically-tailored, empirically-validated techniques is reflected both on the local (case-by-case therapeutic stance) and macro (treatment studies) levels. This constant evaluation of treatment progress is among the hallmarks of CBT, and is geared to optimize treatments of each individual patient.

The next section of the special issue reviews CBT for anxiety and depression. Sara Freedman and Rhonda Adessky present the current state of

the art in CBT for panic disorder (PD). Treatment outcome studies show that CBT is an effective, acceptable and cost-effective treatment for PD. The paper sheds light on the cost-effectiveness of CBT and reports that CBT exhibits higher cost-effectiveness than pharmacotherapy when long term outcome is considered. Guy Doron and Richard Moulding present an update on CBT for OCD, suggesting that CBT for OCD has dramatically improved the prognosis for this complex, sometimes incapacitating disorder. However, a significant proportion of individuals may still fail to benefit from treatment. Consistent with the “new wave” of CBT, which expands to non-traditional domains of individual differences research, the authors go on to propose several innovative and original ways of enhancing CBT for OCD by targeting clients’ attachment anxiety and dysfunctional self perceptions. Sofi Marom, Idan Aderka, Haggai Hermesh and Eva Gilboa-Schechtman present the maintenance models and main components of CBT for social phobia (SP). The authors report a CBT trial for the disorder in a naturalistic setting conducted in Israel. They suggest that although CBT for this disorder is effective, much room for improvement remains, and review some new directions in the development of CBT for this disorder. Nilly Mor and Dafna Haran review outcomes of CBT for major depressive disorder (MDD). CBT for MDD has received ample empirical support and is considered one of the most effective treatments for common psychiatric illness. The authors introduce recent evidence that CBT has been found to be equivalent to antidepressants in the acute phase of treatment, but to have superior lasting effects at treatment termination.

The next two papers broaden the scope of CBT and include treatments for children. The article by Lilach Rachamim, Nitsa Nacasch, Naama Shafran, Dana Tzur and Eva Gilboa-Schechtman highlights Prolonged Exposure (PE) therapy, which received strong empirical support and is widely disseminated in Israel. The authors review studies conducted in Israel among patients suffering from combat and terror related PTSD, and among pediatric survivors of single-event traumas. Nilly Mor and Joop Meyers focus on CBT for the most common childhood psychological problems – anxiety.

The article provides an outline of the central principles of applying CBT in the treatment of children and discusses the role that parents play in the implementation of these interventions.

CBT has been strongly identified as a treatment approach for Axis-I disorders, especially anxiety disorders and depression. However, the last decades have witnessed a wide broadening of CBT to other diagnoses as well. The following two articles extend CBT to areas that used to be identified with psychodynamic or pharmacological interventions, respectively. Eshkol Rafaeli reviews CBT for personality disorders while focusing on two influential models: Beck's CBT and Young's schema focused therapy. The author describes the growing evidence supporting the effectiveness of these treatments and addresses the need for integrative models for treatment of population with Axis-II disorders. Next, Sara Freedman, Ilanit Hasson-Ohayon and David Roe review another innovative area of CBT, the treatment of psychosis. Until recently, psychosis was not considered to be amenable to psychological interventions. Recent studies have challenged these conceptualizations. The article reviews CBT for persons with psychosis that focuses on education about symptoms and cognitive models as well as a collaborative exploration of thoughts and schemas surrounding delusions and hallucinations. The authors present studies showing that CBT is an effective intervention for this disorder.

The last article in this special issue, by Iftah Yovel, presents and describes the new generation of CBT, focusing specifically on Acceptance and Commitment Therapy (ACT). This approach expands the well-known building blocks of CBT, targeting broad life objectives by encouraging mindful acceptance of unwanted experiences and by fostering committed action which is consistent with one's chosen values.

We hope that the articles in this volume will help practitioners acquaint themselves with CBT, and appreciate its attention to therapeutic relationship, clinical complexity, and sensitivity to personal and cultural dimensions. We believe that collaborative efforts between clinicians and researchers can serve to reunite the domain of research and practice for the benefit of our patients.

## References

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