

Delivering Cognitive Behaviour Therapy Informed by a Contemporary Framework of Psychotherapy
Treatment Selection and Adaptation

Andrew C. Page, Kathleen S. Camacho, & James T. Page

School of Psychological Science

University of Western Australia

Author Notes

Funding: This research was supported in part by an ARC Linkage Grant (LP 150100503) and an Australian Government Research Training Program Scholarship.

The Authors declare that there is no conflict of interest.

Correspondence concerning this article should be addressed to Andrew C Page,
School of Psychological Science M304, The University of Western Australia, 35 Stirling
Highway, Crawley, WA 6009, Australia. Email: andrew.page@uwa.edu.au

Running Head: Delivering Cognitive Behaviour Therapy

Word count: 979

Abstract

Research into cognitive behaviour therapy can be viewed through a contemporary framework of psychotherapy delivery. This model divides psychotherapy decision-making into two phases: selection and adaptation. In the first, selection phase, clinicians consider the evidence-base of therapies for a clinical presentation and choose which to implement first. The second element of the contemporary framework of psychotherapy delivery is adaptation. Thus, psychotherapy research needs to go beyond a demonstration of the effectiveness of CBT to understanding the processes of psychotherapy.

Delivering Cognitive Behaviour Therapy Informed by a Contemporary Framework of Psychotherapy Treatment Selection and Adaptation

A typical paper about cognitive-behaviour therapy (CBT) begins with the claim it is the gold standard of evidence-based treatments for the area of investigation. The evidence-based practice movement has proliferated lists of clinical presentations and a variant of CBT invariably matches against every disorder. Unquestionably, this outcome is good for mental health delivery. However, with the passing of time, increasing numbers of the clinical presentations can also be paired with additional evidence-based psychotherapies. Investigations of CBT in the context of multiple evidence-based therapies is the backdrop against which the current special issue is located.

The research into CBT reported herein can be viewed through the lens of a contemporary framework of psychotherapy delivery. This model divides psychotherapy decision-making into two phases: selection and adaptation. In the first, selection phase, clinicians consider the evidence-base of therapies for a clinical presentation and choose which to implement first. The evidence-based decision involves selecting based on methods such as a personalised advantage index (Huibers et al., 2015), choosing the order in which components from a treatment are delivered (Bosley, Fisher, & Taylor, 2018), or matching using techniques such as the nearest neighbour (Lutz et al., 2019). A key element is that selection decision requires exploring factors that inform choice between available therapies. In this context, Reiss et al. (2019) compared the psychophysiological outcomes of two CBT-based treatments on test anxiety. These treatments included relaxation and an imagery rescripting. Before and after treatment participants took part in a social evaluation task while their physiological and state anxiety levels were recorded. The addition of using physiological responses is an innovative way of assessing treatment effectiveness for anxiety-related disorders, as they are key

for some anxiety presentations. While no significant differences arose, imagery-based CBT seemed to have lower physiological responses. Results provide a suggestion that alternative forms of CBT may have differing outcomes, thereby informing selection decision-making. Also, Urech et al. (2019) examined patient perspectives of CBT incorporating internet-based modules. This person-centred research found that patients with varying severities of depression had differing perspectives on the addition of the internet modules. They highlighted the need to take patient characteristics (such as the patient work load, treatment goals, severity of depression, as well as access and ability to use technology) into account when using internet-based modules. Additionally, it was interesting that some patients viewed the internet modules collaboratively, as a mutual agreement to complete certain personalised tasks decided upon in discussion with the therapist, and that others perceived it as a burden and felt that they did not have sufficient discussion with the therapist about it. These aspects highlight potentially important considerations of having effective internet-based CBT. Together, these two papers contribute towards an understanding of the principles that psychotherapists can use when selecting CBT and adaptations thereof.

The second element of the contemporary framework of psychotherapy delivery is adaptation. This describes the way that information about treatment progress (often obtained using Routine Outcomes Monitoring; Newnham & Page, 2010) is used to modify a selected treatment or to switch treatment strategies when a patient is not responding relative to expected treatment trajectories (Hooke, Sng, Cunningham, & Page, 2018). Adaptation was informed initially by monitoring symptoms, but more recently, it has begun to consider feedback to therapists the information about progress on the mediators of change and it has expanded beyond the within-therapy feedback to consider extra-therapy moderators of change (e.g., therapist effects).

Psychotherapy research that informs adaptation can be work that explores the mechanisms and mediators of change. By way of example, Nielsen et al. (2019) focused on the role of patient factors such as emotion regulation, attentional control, and attachment styles, on outcomes for

anxiety patients. This paper used attentional control assessments as a novel predictor of therapeutic outcomes and is striking in demonstrating such a diverse range of emotion regulation and attentional control predictors of treatment outcomes. Patients who exhibited higher baseline attachment anxiety showed smaller declines in anxiety. Traditionally, CBT has focused less on constructs like attachment when profiling patients for treatment. Since individuals with high attachment anxiety perceive a congruence between negative emotions and their attachment goals, Nielsen has identified a factor that may perpetuate negative emotions and therefore, attachment anxiety may be important to assess when selecting treatments.

While research exploring treatment factors such as therapist adherence and competency on outcomes for adults is growing, there is less research on the role of these factors when treating children. Rapley and Loades (2019) examined the role of adherence and competency on treatment outcomes for children in a meta-analytic review. This gap in the literature is important to fill, as understanding the treatment factors related to the clinician's role in therapy will promote behaviours by the clinician which are conducive to better outcomes. The review highlighted the inherent difficulties caused by multiple therapist and patient variables moderating the relationship and the absence of a clear outcome for such important processes highlights the need for more research. Finally, Schwartz et al. (2019) provided a unique look into resistance during therapy and found that effect of resistance on therapeutic outcomes alters as treatment progressed. Earlier hostile resistance predicted attrition, while later hostile resistance predicted slower symptoms reduction. Patients who were never hostile at any point during therapy had better treatment outcomes. Interestingly, there was an absence of therapist effects, suggesting that therapists had an equal probability of encountering resistance and points to the importance of training for all.

In conclusion, as the field of psychotherapy research continues to mature, strong evidence-based treatments, such as CBT, are being joined by other treatments with comparable effect sizes. This presents clinicians with the need to develop an evidence-based approach to making decisions

about treatment selection and adaptation. The papers in the Special Issue, by going beyond just a demonstration of the effectiveness of CBT to understanding the processes of psychotherapy, inform these approaches and represent cutting edge of CBT research.

References

- Bosley, H. G., Fisher, A. J., & Taylor, C. B. (2018). Differential responses of positive affect, negative affect, and worry in CBT for generalized anxiety disorder: A person-specific analysis of symptom course during therapy. *Psychotherapy Research, 28*, 630-642.
<https://doi.org/10.1080/10503307.2016.1233366>
- Hooke, G. R., Sng, A. A. H., Cunningham, N. K., & Page, A. C. (2018). Methods of delivering progress feedback to optimise patient outcomes: The value of expected treatment trajectories. *Cognitive Therapy and Research, 42*, 204–211. DOI: 10.1007/s10608-017-9851-z
- Huibers, M. J., Cohen, Z. D., Lemmens, L. H., Arntz, A., Peeters, F. P., Cuijpers, P., & DeRubeis, R. J. (2015). Predicting optimal outcomes in cognitive therapy or interpersonal psychotherapy for depressed individuals using the personalized advantage index approach. *PloS one, 10(11)*, e0140771. <https://doi.org/10.1371/journal.pone.0140771>
- Lutz, W., Rubel, J. A., Schwartz, B., Schilling, V., & Deisenhofer, A. K. (2019). Towards integrating personalized feedback research into clinical practice: Development of the Trier Treatment Navigator (TTN). *Behaviour Research and Therapy, 120*, 103438.
<https://doi.org/10.1016/j.brat.2019.103438>
- Newnham, E. A., & Page, A. C. (2010). Bridging the gap between best evidence and best practice in mental health. *Clinical Psychology Review, 30*, 127–142.
- Nielsen, S. K. K., Hageman, I., Petersen, A., Daniel, S. I. F., Lau, M., & Win, C. (2019). Do emotion regulation, attentional control, and attachment style predict response to cognitive behavioral therapy for anxiety disorders? – An investigation in clinical settings. *Psychotherapy Research, XX*, yy-yy. <https://doi.org/10.1080/10503307.2018.1425933>

- Rapley, H. A., & Loades, M. E. (2019). A systematic review exploring therapist competence, adherence, and therapy outcomes in individual CBT for children and young people. *Psychotherapy Research, XX*, yy-yy. <https://doi.org/10.1080/10503307.2018.1464681>
- Reiss, N., Warnecke, I., Tibuos, A. N., Tolgou, T., Luka-Krausgrill, U., & Rohrmann, S. (2019). Effects of cognitive-behavioral therapy with relaxation vs. imagery rescripting on psychophysiological stress responses of students with test anxiety in a randomized controlled trial. *Psychotherapy Research, XX*, yy-yy. <https://doi.org/10.1080/10503307.2018.1475767>
- Schwartz, R. A., Chambless, D. L., McCarthy, K. S., Milrod, B., & Barber, J. P. (2019). Client resistance predicts outcomes in cognitive-behavioral therapy for panic disorder. *Psychotherapy Research, XX*, yy-yy. <https://doi.org/10.1080/10503307.2018.1504174>
- Urech, A., Krieger, T., Mösender, L., Biaggi, A., Vincent, A., Poppe, C., Meyer, B., Ripper, H., & Berger, T. (2019). A patient post hoc perspective on advantages and disadvantages of blended cognitive behaviour therapy for depression: A qualitative content analysis. *Psychotherapy Research, XX*, yy-yy. <https://doi.org/10.1080/10503307.2018.1430910>