

Acceptance And Commitment Therapy Distinctive Features Cbt Distinctive Features

List of cognitive-behavioral therapies

John T.; Bond, Frank W. (2011). Acceptance and commitment therapy: distinctive features. The CBT distinctive features series. London; New York: Routledge

Cognitive behavioral therapy encompasses many therapeutical approaches, techniques and systems.

Acceptance and commitment therapy was developed by Steven C. Hayes and others based in part on relational frame theory and has been called a "third wave" cognitive behavioral therapy.

Anxiety management training was developed by Suinn and Richardson (1971) for helping clients control their anxiety by the use of relaxation and other skills.

Aversion therapy, developed by Hans Eysenck

Behavior therapy

Behavioral activation is a behavioral approach to treating depression, developed by Neil Jacobson and others.

Cognitive therapy was developed by Aaron Beck.

Cognitive analytic therapy

Cognitive behavioral analysis system of psychotherapy

Cognitive emotional behavioral therapy

Cognitive processing therapy for Post traumatic stress disorder

Compassion focused therapy

Computerised cognitive behavioral therapy

Contingency management

Counterconditioning

Decoupling

Desensitization

Dialectical behavior therapy

Direct therapeutic exposure

Exposure and response prevention

Exposure therapy

Functional analytic psychotherapy

Habit Reversal Training

Metacognitive therapy

Metacognitive training

Mindfulness...

Metacognitive therapy

Peter L.; Wells, Adrian (2009). Metacognitive therapy: distinctive features. The CBT distinctive features series. London; New York: Routledge. ISBN 978-0-415-43498-0

Metacognitive therapy (MCT) is a psychotherapy focused on modifying metacognitive beliefs that perpetuate states of worry, rumination and attention fixation. It was created by Adrian Wells based on an information processing model by Wells and Gerald Matthews. It is supported by scientific evidence from a large number of studies.

The goals of MCT are first to discover what patients believe about their own thoughts and about how their mind works (called metacognitive beliefs), then to show the patient how these beliefs lead to unhelpful responses to thoughts that serve to unintentionally prolong or worsen symptoms, and finally to provide alternative ways of responding to thoughts in order to allow a reduction of symptoms. In clinical practice, MCT is most commonly used for treating anxiety disorders such as social anxiety disorder, generalised anxiety disorder (GAD), health anxiety, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) as well as depression – though the model was designed to be transdiagnostic (meaning it focuses on common psychological factors thought to maintain all psychological disorders).

== History ==

Metacognition, Greek for "more comprehensive...

Compassion-focused therapy

PMID 39199039. Gilbert, Paul (2010). Compassion-focused therapy: distinctive features. The CBT distinctive features series. London; New York: Routledge. ISBN 978-0-415-44807-9

Compassion-focused therapy (CFT) is a system of psychotherapy developed by Paul Gilbert that integrates techniques from cognitive behavioral therapy with concepts from evolutionary psychology, social psychology, developmental psychology, Buddhist psychology, and neuroscience. According to Gilbert, "One of its key concerns is to use compassionate mind training to help people develop and work with experiences of inner warmth, safeness and soothing, via compassion and self-compassion."

== Overview ==

A central therapeutic technique of CFT is compassionate mind training, which teaches the skills and attributes of compassion. Compassionate mind training helps transform problematic patterns of cognition and emotion related to anxiety, anger, shame and self-criticism.

Biological evolution forms the theoretical backbone of CFT. Humans have evolved with at least three primal types of emotion regulation system: the threat (protection) system, the drive (resource-seeking) system, and the soothing system. CFT emphasizes the links between cognitive patterns and these three emotion regulation systems. Through the use of techniques such as compassionate mind training and cognitive behavioral therapy...

Clinical formulation

behavioral therapy (CBT) and related therapies: systemic therapy, psychodynamic therapy, and applied behavior analysis. The structure and content of a

A clinical formulation, also known as case formulation, case conceptualisation, and problem formulation, is a theoretically based explanation or conceptualisation of the information obtained from a clinical assessment. It offers a hypothesis about the cause and nature of the presenting problems and is considered an adjunct or alternative approach to the more categorical approach of psychiatric diagnosis. In clinical practice, formulations are used to communicate a hypothesis and provide a framework for developing the most suitable treatment approach. It is most commonly used by mental health professionals and is deemed to be a core component of that profession. Clinical psychologists, mental health nurses, social workers, and some psychiatrists use this formulation based on specific psychological frameworks.

== Types of formulation ==

Different psychological schools or models utilize clinical formulations, including cognitive behavioral therapy (CBT) and related therapies: systemic therapy, psychodynamic therapy, and applied behavior analysis. The structure and content of a clinical formulation is determined by the psychological model. Most systems of formulation contain the following...

Vittorio Guidano

Narrative CBT: Distinctive Features. Routledge. Vallis, T.M., Howes, J.L. & Miller, P.C. (Eds.) (1991). The Challenge of Cognitive Therapy: Applications

Vittorio Filippo Guidano (4 August 1944, Rome, Italy – 31 August 1999, Buenos Aires, Argentina) was an Italian neuropsychiatrist, creator of the cognitive procedural systemic model and contributor to constructivist post-rationalist cognitive therapy. His cognitive post-rationalist model was influenced by attachment theory, evolutionary epistemology, complex systems theory, and the prevalence of abstract mental processes proposed by Friedrich Hayek. Guidano conceived the personal system as a self-organized entity, in constant development.

Among his published writings are the books Complexity of the Self (1987) and The Self in Progress (1991). He was the first president of the Italian Society of Behavioural and Cognitive Therapy (SITCC) and he co-founded the Institute of Post-Rationalist Psychology and Psychotherapy (IPRA). Guidano's work has been called "the most important influence" on Jeffrey Young's schema therapy. He also influenced the elaboration of other constructivist psychotherapies such as coherence therapy.

== Post-rationalist cognitive therapy ==

Post-rationalist cognitive therapy is a type of constructivist cognitive therapy that was created by Guidano in the 1980s and...

Schema therapy

Bernstein, David P; Young, Jeffrey E (2011). Schema therapy: distinctive features. The CBT distinctive features series. Hove, East Sussex; New York: Routledge

Schema therapy is a form of integrative psychotherapy developed by Jeffrey E. Young for use in the treatment of personality disorders and other chronic conditions such as long-term depression, anxiety, and eating disorders. Its basic assumption is that invalid assumptions and mental representations (schemas) hinder one's psychological functioning. Schema therapy aims to challenge and adjust those assumptions.

== Theoretical background ==

Schema therapy is an integrative psychotherapy combining original theoretical concepts and techniques with those from pre-existing models, including cognitive behavioral therapy, attachment theory, Gestalt therapy, constructivism, and psychodynamic psychotherapy.

Robert L. Leahy

Schema Therapy: Distinctive Features (2019) ISBN 1138561142 Don't Believe Everything You Feel: A CBT Workbook to Identify Your Emotional Schemas and Find

Robert L. Leahy is a psychologist and author and editor of 29 books dedicated to cognitive behavior therapy. He is the director of the American Institute for Cognitive Therapy in New York and Clinical Professor of Psychology in the Department of Psychiatry at Weill Cornell Medical College.

== Early life and education ==

Leahy was born in Alexandria, Virginia, the son of James J Leahy, a salesman, and Lillian DeVita, an executive secretary. His parents separated when he was 18 months old and his mother moved Robert to New Haven, Connecticut. He was educated at Yale University (B.A, M.S, MPhil., PhD) and later completed a post-doctoral fellowship in the Department of Psychiatry at the University of Pennsylvania Medical School under the direction of Aaron T. Beck, the founder of Cognitive Therapy.

Cognitive behavioral analysis system of psychotherapy

Penberthy, J. Kim (2015). CBASP as a distinctive treatment for persistent depressive disorder. CBT distinctive features series. London; New York: Routledge

The cognitive behavioral analysis system of psychotherapy (CBASP) is a talking therapy, a synthesis model of interpersonal and cognitive and behavioral therapies developed by James P. McCullough Jr. of Virginia Commonwealth University specifically for the treatment of all varieties of DSM-IV chronic depression. McCullough writes that chronic depression (i.e., depressive disorder in adults that lasts continuously for two or more years, or one year continuously in adolescents), particularly the type beginning during adolescence (early-onset), is essentially a refractory mood disorder arising from traumatic experiences or interpersonal psychological insults delivered by the patient's significant others (nuclear or extended family).

== Basic assumptions ==

Absence of felt interpersonal safety in patients. Chronic mood (e.g., chronic depression) denotes an absence of felt safety as regards (a) the precipitating (original) trauma event(s) or on a less sudden and violent level, (b) maltreating-hurtful significant others who have inflicted psychological insults on the individual through interpersonal rejection, harsh punishment, censure, or emotional abandonment/neglect. The lack of felt safety...

Eye movement desensitization and reprocessing

trauma-focused cognitive and behavioral therapies (TF-CBT), such as prolonged exposure therapy (PE) and cognitive processing therapy (CPT). However, bilateral

Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy designed to treat post-traumatic stress disorder (PTSD). Devised by Francine Shapiro in 1987, it involves talking about traumatic memories while engaging in side-to-side eye movements or other forms of bilateral stimulation. It is also used for some other psychological conditions.

EMDR is recommended for the treatment of PTSD by various government and medical bodies citing varying levels of evidence, including the World Health Organization, the UK National Institute for Health and Care Excellence, the Australian National Health and Medical Research Council, and the US Departments of Veterans Affairs and Defense. The American Psychological Association does not endorse EMDR as a first-line treatment, but indicates that it is probably effective for treating adult PTSD.

Systematic analyses published since 2013 generally indicate that EMDR treatment efficacy for adults with PTSD is equivalent to trauma-focused cognitive and behavioral therapies (TF-CBT), such as prolonged exposure therapy (PE) and cognitive processing therapy (CPT). However, bilateral stimulation does not substantially contribute to treatment...

Method of levels

Tai, S. (2012). A transdiagnostic approach to CBT using method of levels therapy. CBT distinctive features series. Milton Park, Abingdon, Oxon; New York:

The Method of Levels (MOL) is an application of perceptual control theory (PCT) to psychotherapy. A therapist using MOL does not make diagnoses or propose solutions or remedies. As the client talks about some matter, the therapist is alert to subtle interruptions indicating a shift of awareness to a perspective about that matter. The therapist asks what they were just thinking or feeling, and as the patient talks about that the therapist continues to be alert for intrusion of background thoughts or feelings. This process of "going up a level" continues until the higher-level sources of contradictory goals come into concurrent awareness from a yet higher level, allowing an apparently innate process of reorganization to resolve the conflict that was distressing the client.

== History ==

The Method of Levels originated in Bill Powers' phenomenological investigations into the mobility of awareness relative to the perceptual hierarchy. He prepared a description of it for his 1973 book, Behavior: The Control of Perception, but the editor persuaded him to remove that chapter and the chapter on emotion. He continued to demonstrate the technique at PCT conferences and other meetings. In the...

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