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third wave

Abstract

Over the past decades we have been seeing new trends of emerging cognitive-behavioural psychotherapy (CBT) which fall into the third or even fourth wave. The field of psychotherapy is undoubtedly developing dynamically. This article draws attention to the existing CBT directions, placing the main emphasis on positive cognitive-behavioural therapy (P-CBT). In this new approach (also called the fourth wave) the focus is shifted from psychopathology to the strengths and resources of the client. From understanding the mechanisms of cognitive-behavioural dysfunction we move to focusing on the processes of formation of functional beliefs. Analysis of the problem is not the main reference point – its place is taken by goal analysis. In addition to the "down arrow" technique, "up arrow" appears. The article also describes elements of P-CBT such as therapeutic relationship, conceptualization, goal analysis, own observations, change of cognitive processes, change of behaviour, change of emotions, homework and feedback.

The second part of the article shows one of the first studies comparing classical cognitive-behavioural with P-CBT, the latter of which is currently being studied at the University of Maastricht. The authors of the research are: Nicole Geschwind, Emke Bosgraff, Fredrike Bannink and Frenk Peters. The study was conducted among patients diagnosed with depressive disorder. The article presents the methods of the study and its results.

The tides ripple unevenly but eventually they gouge one shore

Cognitive behavioral therapy is not an uniform paradigm – it changes over time and is enriched with new approaches and techniques. The primary source from which the development of today's waves started is the behavioral approach. It involves applying learning principles to develop methods to affect behavioral change [1]. In the 1970s, classical behavioral therapy evolved into the classic form of CBT – focusing on the role of dysfunctional patterns of thinking, emotions and behavior [2]. The "third wave" [3] has been developing for about 30 years.

Initially the "waves" metaphor aroused controversy – it was associated with something that "washes away" previous therapeutic approaches [4]. However, S. Hayes and G. Hof-

mann pointed out that the new waves merge with the old ones, creating some new quality, thereby changing the shore. In the "third wave" there was mainly a change in the indicative assumptions of CBT. Additionally, a set of new behavioral and cognitive approaches have emerged based on contextual concepts that focus more on people's attitudes to thoughts and emotions rather than their content. The main approaches are mindfulness, Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT).

After several years we can see how today's "edge" of CBT psychotherapy has changed. There is no doubt, that the "third wave" concepts are now a permanent element, harmonized with traditional CBT therapy. The research results show effectiveness of both ACT, DBT and mindfulness [5]. The third wave no longer places such emphasis on protocols developed for individual disorders, it places more emphasis on the process itself [6, 7]. For this reason, transdiagnostic models began to appear.

Modern CBT approaches are more open to different perspectives: humanistic, existential and analytical. The contemporary development of CBT differs from the procedures, schools focused on the meaning of thought, but tries to combine different waves of CBT in search of coherent processes of change [2].

A new approach called positive cognitive-behavioral psychotherapy is currently being investigated at the University of Maastricht. The following article briefly presents its main assumptions and the first results of the study.

Introduction

Development of new therapeutic trends enables therapists to use a wide selection of techniques that can be adapted to a given client. Thanks to this fact, the experience of limitations caused by various theories is minimized. Cognitive – behavioural therapy in many cases is a source of significant improvement in the functioning of clients. Qualitative researches show that people improve thanks to therapeutic techniques, e.g. in mood disorders by increasing client's awareness of mechanisms governing them [8]. About 60% of people treated accordingly to the assumptions of classic cognitive-behavioural therapy show improvement in their condition and 30% show remission [9]. These numbers may indicate that there is still room for improvement in therapeutic techniques. This situation rises some questions. What can be done to make even more people benefit from CBT? What other techniques will influence the change and help in the client's development? Which approach is the least intrusive and which will help to get fewer relapses? How can a therapist better reach the client's resources and increase their sense of effectiveness? Can therapy work faster and with less cost? And, importantly, can therapy be more enjoyable for the therapist?

Positive cognitive-behavioral psychotherapy

Traditional cognitive-behavioural psychotherapy places major emphasis on working with dysfunctional beliefs that influence behavior. In contrast, positive cognitive-behavioural psychotherapy focuses on client's resources, strengths, and beliefs that activate desired behaviors.

P-CBT is based on two approaches: solution focused therapy and positive psychology [10]. The client focuses on a given moment, on what is beneficial for his/her development at the moment [11]. The focal point is an aspect that helps to solve the problem – reach the goal, not the problem analysis itself. Clients talk about what they want, what they would like to achieve. Therapists also encourage clients to describe their future, they try not to focus only on the present and the past – in the context of looking for patterns of formation of negative schemas and beliefs.

Gassman and Grawe [12] showed that therapists who are successful with their work, from the very beginning of the relationship with the client focus on his/her strengths and try to show them. Bannink gives two arguments [11], which indicate that a structured approach to positive emotions can significantly influence the treatment of depression. The first one refers to the fact that people suffering from moderate depressive disorder have problems in dissociating themselves from negative emotions [13]. Fredrickson writes that the introduction of positive emotions influences the "combating" of negative emotions and more frequent application of coping strategies [14]. The second argument concerns studies showing that classical CBT brings positive effects in the treatment of negative affect, but does not sufficiently activate positive affect [15]. In light of these two arguments, psychotherapy in general and traditional CBT could benefit significantly from working with positive emotions and the process of stimulating positive experiences.

Basic assumptions of P-CBT

P-CBT is based on classical CBT techniques but uses them in such a way that the client can become aware of his/her strengths, resources, features and beliefs that improve his/her functioning [11]. The most important P-CBT techniques are outlined below. They share structured assumptions about an emphasis on positive emotions, behaviors, and thought patterns.

The therapeutic relationship – in both classical and positive CBT it is an important element of the client's recovery process. From the first meetings the psychotherapist focuses on a safe and kind atmosphere. The questions in P-CBT that arise while establishing relationships are focused on the advantages and strengths of the client. The client will relate to his/her problems. P-CBT does not avoid topics related to the client's problems (which naturally arise during the conversation) but also does not focus on them and does not ask for details.

Conceptualization – P-CBT is based on the customer's experience [16]. Conceptualization takes place with an emphasis not only on problems but also on their resources and

resilience. Kuyken, Padesky and Dudley [17] write that CBT has two main goals: relieving clients from suffering and building their mental resilience. Therefore, omitting strengths in the conceptualization deprives the therapist of an important work tool.

Goal analysis – problem analysis is not omitted, however, special emphasis is placed on goal analysis. Hatwon et al. [18] write that goal creation is based on classic CBT. P-CBT therapists use the SMART technique (specific, measurable, achievable, relevant, time-bound) – the goal must be well-defined, positively constructed, specific, detailed, time-bound, measurable. It is important for the client to be more focused on what he/she is striving for than what he/she wants to walk away from. Bannink suggests that in order to achieve this, it is important to concentrate on conversations that will show what in the certain situation was helpful in achieving the goal. This helps to find the mechanisms of a positive change.

Self observation and analysis of functioning – classic CBT uses a technique based on the analysis of situations, thoughts and emotions (ABC technique) in the context of symptoms and problematic situations. P-CBT therapists look at thoughts, emotions, and situations in the context of strengths that arise outside of schematic, problematic situations. They are supposed to expand the self-picture of a person, their strengths and resources. Bannink writes that in classical CBT the positive consequences of dysfunctional behavior must be undermined and the negative consequences are emphasized [16]. Exceptional situations (apart from the existing patterns) also have their positive consequences but in P-CBT they are not questioned, on the contrary, they are emphasized.

Changing cognitive processes, emotions and behavior – One of the basic principles of positive CBT is that the problem is not seen as permanent and unchanging. Its interpretation depends on the attention paid to it. Clients are encouraged by therapists to use self-supporting narratives in order to see themselves in a more positive light and to analyze favourable behaviors and identify positive emotions as well as ways of thinking.

Bannink lists several ways to work on the way you think, analyze and behave, including redirecting attention from problems to resources, to the future and helpful patterns. The “up arrow” technique is used [16], the client is encouraged to look for key beliefs about himself, about others and about the world – what helps him/her to function well in certain situations. This is in contrast to the “down arrow” technique where the client looks for negative beliefs. Clients also analyze their behavior in the context of helpful and strong sides that have been used in various types of situations. According to the positive CBT, faster change is possible when a person focuses attention on his/her goal and future and is encouraged to take specific behaviors in this direction, the so-called “baby steps”. The past is important because it has shaped what happens to the person today but it is not desirable for the client to interpret the future through the past and learned schemas.

Homework – in positive CBT homework is used only when the client finds it useful and needed. Changing beliefs, behavior and emotions most often occurs in the sessions themselves, so it does not have to happen between sessions due to homework.

Feedback – At the end of each session the client is encouraged to share their reflections. This makes the client gain a sense of agency and becomes aware of the progress that has been made during the session. Often used is the Session Rating Scale [19] – a paper/pencil tool for the client's session rating.

Follow-up sessions and the role of the therapist – follow-up sessions are arranged so that the client can see the progress in therapy. If the progress doesn't take place the situation should be analysed. The client decides when the next session will take place, the client says how much time is needed between sessions. P-CBT assumes that the client is the expert, the therapist is always one step behind. The therapist asks questions and the client looks for answers. This is a significant difference from classic CBT, in which the therapist acts as an expert.

Research

Bennink, Bosgraaf, Geschwind and Peters from Amsterdam and the University of Maastricht in February 2020 described the procedure, process and results of a study on positive cognitive-behavioural psychotherapy [11]. The authors provide two main arguments why they focused on positive emotions. Firstly, people suffering from depression have a deficit of positive emotions. Secondly, research on traditional CBT shows that its techniques used to work with negative affect are satisfying but insufficient to build a positive emotional state [20].

The following section presents the assumptions, course of the study and its results. The study was qualitative in nature[1].

Twelve study participants took part in the psychotherapeutic process. Each of them was diagnosed with mild depression. The clients participated in eight psychotherapeutic sessions assigned in a random order (traditional CBT first, then P-CBT or vice versa). Traditional CBT was based on the shortened depression treatment protocol of Bockting and Huibers [21], positive CBT was based on the assumptions of "Practicing positive CBT") [10]. After the end of the therapeutic process an interview with the study participants was conducted.

The aim of the study and interview was to verify and obtain an answer to the following question: how do people with depression experience P-CBT? The focus was on four areas: a) client's expectations towards P-CBT b) client's' preferences regarding classic CBT or P-CBT c) what determined client's preferences d) mechanism governing the change in P-CBT.

[1] The core of the approach is based on 2 articles – from 2018 and 2020. There are no newer studies in this area at the time of writing the article. Other "third wave" approaches have been developing for about 30 years and there is also richer literature from that period.

Client's expectations towards P-CBT

There were three main types of responses: 1) sceptical – participants assumed that P-CBT would not help in the treatment of depression 2) lessening – respondents referred to the lack of clarity of P-CBT techniques 3) tentatively positive – participants had positive expectations about the results of psychotherapy.

Preference for selecting CBT or P-CBT

Nine of the twelve participants chose P-CBT. Among them, eight felt that the ideal solution would be to combine the two approaches and one was in favour of P-CBT itself. The other three people found both treatments equal and saw no difference between them. It is worth emphasizing that the sequence of the two approaches was of great importance. Six people started with P-CBT, another six started with classic CBT. Four people in the first group (the beginning of P-CBT) said they would prefer to start with classic CBT. In contrast, the other two in this group found it hard to focus on their problems after working on their positive sides. These people felt that it would be better to talk about their problems first, especially in the early days of a severe illness.

Reason for choosing P-CBT and mechanisms of change

An analysis of the interviews with study participants suggests that an important reason for choosing P-CBT was the focus on positive emotions. Four factors that appear to play an important role in the choice of P-CBT according to the study were the following, well-being and a sense of empowerment, a significant impact from using the "up arrow" technique (which aims to reach positive beliefs), learning and appreciation "Baby steps" and rediscovering optimism and strengths.

Conclusions

Can we talk about the compatibility and possible coexistence of classical CBT and P-CBT? Study participants had different views on this statement. Some of them claimed that they were very satisfied with the combination of both approaches, e.g. respondents in everyday life chose techniques depending on the situation they were dealing with – sometimes they used the structural analysis of negative thoughts (classic CBT), and at other times they focused on positive sides and resources (P-CBT). People who started with P-CBT were more likely to find that the two techniques interfered. The leap from a positive approach to classical CBT caused mood instability.

However, most of the respondents preferred P-CBT. Qualitative analyses of the research show that positive emotions played a key role. P-CBT was not always considered easy

and pleasant, especially at the beginning of therapy. What respondents found that made this type of therapy enjoyable was focusing on the strengths and schemas that functioned appropriately in their lives. As a result, the time devoted to negative emotions, thoughts, behaviors and their impact on everyday functioning was reduced.

The change in negative affect is more evident in P-CBT than in classical CBT [22]. A large proportion of respondents considered classical CBT as insightful, but some of them found that focusing on problems and negative patterns is emotionally difficult and not productive. This caused treatment to be discontinued more often [8, 23].

The study shows that structured focus on positive emotions, resources and better moments is a promising technique in psychotherapeutic work with clients diagnosed with depression. Although the initial beliefs about P-CBT were sceptical, in the end this form of therapy was preferred by most of the respondents. Some respondents would add elements of traditional CBT as they find it important to be aware of the core of the problem. Experiencing the positive emotions during therapeutic sessions was defined as a challenge but ultimately pleasant and bringing the desired effects [11].

Summary

Positive Cognitive Behavioural Therapy also known as the "fourth wave" is a combination of classic CBT with positive psychology and solution focused therapy. The main assumptions concern focusing on the client's resources, on what he/she can achieve and not psychopathology. However, positive CBT does not ignore problematic situations. The therapist should refer to them but not focus on them. There is a shift of direction from problem situations towards strengths and solutions. P-CBT shows new techniques for influencing clients. The greater the range of techniques a therapist applies, the more people they are able to help by adjusting to a client, in accordance with their style of functioning.

We can see that cognitive-behavioural therapy is not a uniform field. New approaches are still being created and developed, behavioural therapy, cognitive-behavioural therapy, new waves are emerging. There are transdiagnostic models, such as the Fairburn model, on which work with people with eating disorders is based. Moreover, this article shows that a new "fourth wave" is looming on the horizon.

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