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IMPROVING CBT: FROM BASIC SCIENCE TO PROCESS-BASED THERAPY

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CBT is one of the great success stories of psychiatry. However, we have reached a crisis point because treatment efficacy has not been improving over the last few decades. To overcome this crisis, I will discuss 3 strategies to improve our CBT approach, primarily focused on mood and anxiety disorders. First, insights from translational research and neuroscience can augment existing strategies, even on the molecular level. Second, theory-informed novel therapeutic strategies can enhance treatment success. Third, and perhaps most importantly, we need to revisit and improve some of our basic models and paradigms that serve as the basis for CBT. This may require a radical departure from the latent disease model of the current psychiatric nosology of the DSM/ICD and the absurd proliferation of the protocols-for-syndrome approach. Such a paradigm shift is currently underway, moving toward process-based therapy (PBT). PBT focuses on how to best target and change core biopsychosocial processes in a specific situation for given goals with a given client. This approach recognizes that psychotherapy typically involves non-linear (rather than linear), bidirectional (rather than unidirectional), and dynamic changes of many (rather than only a few) interconnected variables. Effective therapy leads to changes of the entire system toward a stable and adaptive state. This requires gathering high-density longitudinal idiographic data to capture the complexity of psychopathology using a dynamic network approach within the general framework of evolutionary science. I will conclude that CBT can be improved through translational research while embracing an evolutionary model toward psychopathology and treatment change.