

# Cognitive Behaviour Therapy

Ett försenat jubileum

Alexander Rozental  
Per Carlbring



## Cognitive Behaviour Therapy: 50<sup>th</sup> anniversary

Soon after the foundation of the Swedish Association of Behaviour Therapy (SABT) in 1971, the journal *Beteendeterapi (Behaviour Therapy)* was launched with the aim of disseminating research and concepts relevant for clinical practice in behavioral therapy. Its first editors were Björn Danielsson and Susanne Gaunitz, and 11 Editors-in-Chiefs have since then been in charge of its release: Karl-Olov Fagerström, Steven Linton, Per-Olov Sjärdén, Lars-Göran Öst, Sten Rönnerberg, Lars-Gunnar Lundh, Gerhard Andersson, Gordon Asmundson, Per Carlbring, and, presently, Mark Powers (American office) and Alexander Rozental (European office). Over the years, the journal has changed its name on two occasions; *Scandinavian Journal of Behaviour Therapy* (1975–2001), following an increased interest in behavioural therapy in the other Scandinavian countries, and, later, *Cognitive Behaviour Therapy* (2002–), reflecting a transition that had begun years before that embraced both behavioural and cognitive traditions.

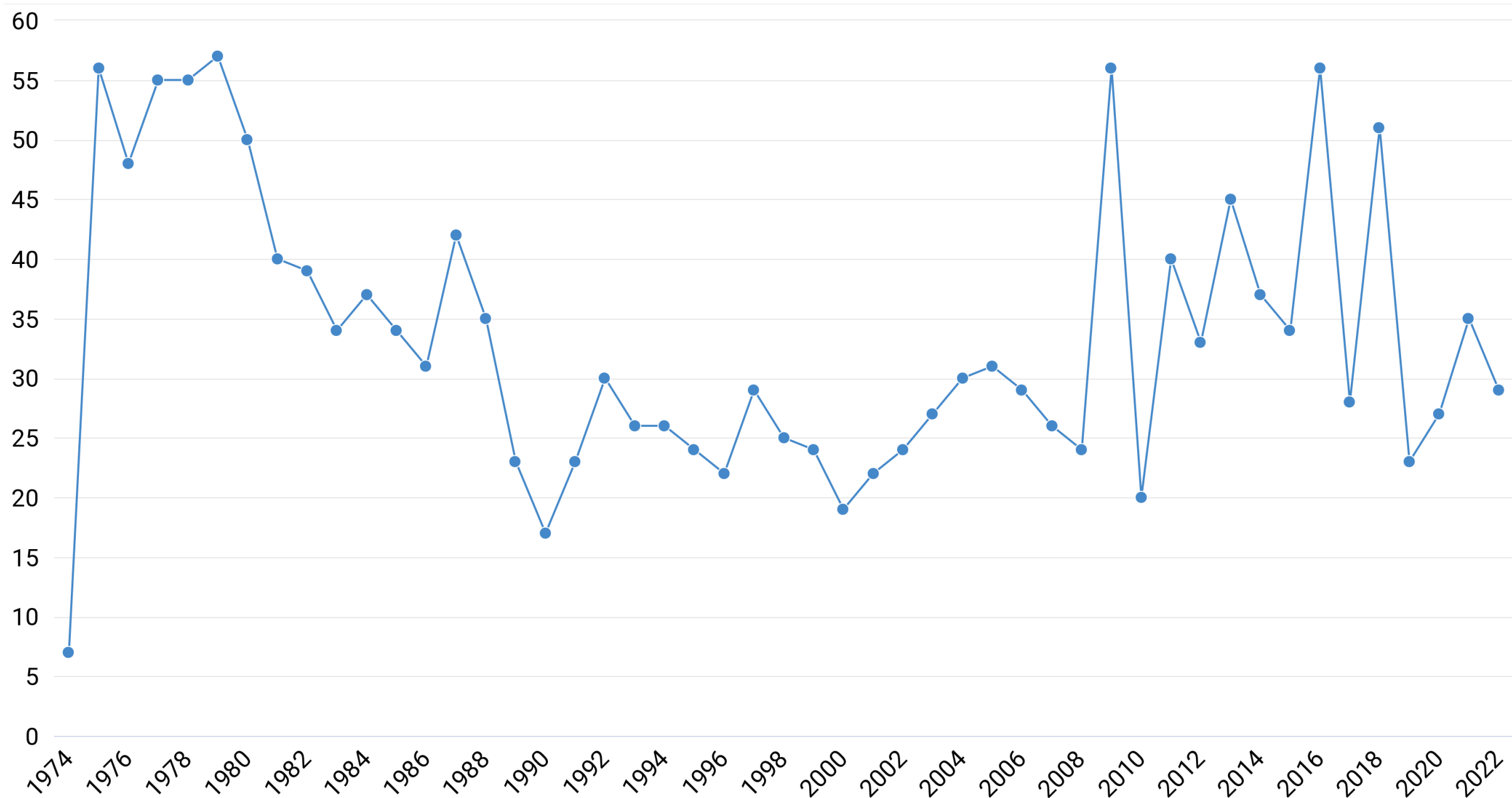
So far, 52 volumes have been released, with publications involving single case designs, naturalistic observations, cross-sectional surveys, psychometric investigations, experiments, randomized controlled trials, meta-analyses, the use of both quantitative and qualitative methodologies, as well as book reviews and editorials on a wide range of topics related to the understanding of psychiatric disorders and the outcomes, implementation, teaching, and supervision in cognitive behavior therapy. [Figure 1](#) shows the number of publications per year throughout the period 1974–2022 (which is as far back as publication data are possible to retrieve via [www.dimensions.ai](http://www.dimensions.ai)). During the last three decades, the average number of publications per year have increased from 25 in the 1990s, 28 in the 2000s, to 37 in the 2010s.

In terms of contributors, [Table 1](#) provides an overview of the 20 most published and cited authors throughout the years, retrieved from the publisher Taylor & Francis. It includes some of the most highly distinguished and respected researchers in the field. These comprise past editors, such as Gerhard Andersson, Per Carlbring, and Lars-Göran Öst, but also renowned figures like Richard H. Heimberg, Michael W. Otto, and Pim Cuijpers. Since its first issue, more than 500 unique authors have contributed to Cognitive Behaviour Therapy.

One important milestone during the last couple of years has been the release of the journal's first impact factor in 2015. An impact factor is a measure of the average number of citations the publications in a journal received during a two-year time-period. Although there are valid objections to this measure and its significance for science (Garfield, 2006), it does nevertheless provide an estimate of how influential the journal is when it comes to the recognition of its publications. [Table 2](#) provides an overview of the impact factors since it was first received. Based on this, *Cognitive Behaviour Therapy* was ranked 12<sup>th</sup> place out of 130 journals in clinical psychology in 2020, according to







● Publications (total)

Source: <https://app.dimensions.ai>  
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**Table 1.** The most published authors in Cognitive Behaviour Therapy.

Author	Country	Publications	Citations	Citations (Mean)
Gerhard Andersson	Sweden	91	5165	56.8
Michael J. Zvolensky	United States	52	769	14.8
Lars-Göran Öst	Sweden	48	713	14.9
Per Carlbring	Sweden	45	2531	56.2
Lars-Gunnar Lundh	Sweden	35	751	21.5
Gordon Asmundson	Canada	29	1054	36.3
Per-Olov Sjärdén	Sweden	23	59	2.6
Karl-Gunnar Götestam	Norway	19	56	3.0
Sherry H. Stewart	Canada	18	555	30.8
N. Brad Schmidt	United States	18	339	18.8
R. Nicholas Carleton	Canada	18	581	32.3
S. Martin Taylor	Canada	17	500	29.4
Peter J. Norton	Australia	15	568	37.9
Steven J. Linton	Sweden	15	376	25.1
Giulio E. Lancioni	Italy	15	105	7.0
Lennart Melin	Sweden	13	211	16.2
Mark Powers	United States	13	540	41.5
Pim Cuijpers	The Netherlands	13	2761	212.4
Richard G. Heimberg	United States	12	245	20.4
Michael W. Otto	United States	12	181	15.1

**Table 2.** Impact factors 2015–2021.

Year	Impact factor	5-year impact factor
2021	3.928	5.672
2020	5.761	5.455
2019	4.413	4.240
2018	2.843	3.052
2017	2.802	N/A
2016	2.264	N/A
2015	2.129	N/A

# 1970-tal

**Tema:** de första formativa åren – etablering av beteendeterapi i Sverige, Norden och interaktion med omvärlden

**Ämnen:** schizofreni, talsvårigheter, rollspel i psykoterapi och att förstå depression från ett inlärningspsykologiskt perspektiv

Wiemer (1975): en teknik som skulle “assist the client to identify his cognitions, and to restructure them”

Linton (1979): beteendeterapeutiskt tillvägagångssätt för att behandla ryggsmärta



## Forskningsrapporter

Eriksson, B. Ett försök till nyorientering i skolans elevvårdsarbete. Licentiatavhandling. Pedagogiska institutionen, Göteborgs universitet. Ht 1970.

Eriksson, B. & Österling, L. Elevvård Göteborg: En modell för skolans elevvårdsarbete. Stockholm: Skandinaviska Testförlaget, 1971.

Hedén-Chami, M. Systematisk desensibilisering och autonoma responser. Licentiatavhandling. Psykologiska institutionen, Uppsala universitet. Vt 1971.

Holm, U. & Holm, G. Systematisk desensibilisering - prövning av en beteendeterapeutisk metod. Licentiatavhandling. Pedagogiska institutionen, Uppsala universitet. Vt 1971.

Högström, G. Depression som social inlärning - en litteraturstudie. C1-uppsats. Pedagogiska institutionen, Stockholms universitet. Vt 1971.

Meijer, A. Eliminering av ångest och undvikandebeteende genom presentation av ångestproducerande stimuli: några metoder och teorier. Psykologuppsats. Pedagogiska institutionen, Stockholms universitet. Ht 1971.

Rönnerberg, S. APPU - ett forskningsprogram i beteendeterapi. APPU-rapport nr 1. Pedagogiska institutionen, Stockholms universitet, Vt 1972.

Rönnerberg, S. Beteendeanalys. APPU-rapport. Pedagogiska institutionen, Stockholms universitet. Vt 1972.

Öst, L-G. Systematisk Desensibilisering. Praktisk tillämpning av en beteendeterapeutisk metod. Stockholm: CBT, 1971.

## WORKSHOP

*Robert Paul Liberman, MD*

från University of California håller en tredagars workshop i Stockholm i veckan 2-6 febr 1976. Han kommer att ta upp framför allt

1. Behavioural-educational programs in a community mental health center
2. Training in personal effectiveness: a new behavioural group therapy
3. Behavioural group therapy with married couples.

Kursen kommer att hållas på Pedagogiska institutionen, Stockholms universitet. Den kan (med inläsning av litteratur i förväg) tillgodoräknas som 5-poängskurs i forskarutbildningen. Kursavgiften ca 200 skr. Anmälan till Sten Rönnerberg, Illerstigen 14, S-171 71 Solna.

### LOKALA FÖRENINGSMÖTEN I UPPSALA

för Beteendeterapeutiska Föreningen

Under höstterminen har följande föreningsmöten planerats och genomförts i Uppsala. Dessa har hållits i Beteendevetenskapliga Institutionsgruppens lokaler, Trädgårdsgatan 20, Uppsala, kl 19, följande dagar:

- 20.11.75 Beteendeterapi och människosyn - etiska problem och politiska konsekvenser (Stig Edling, Pockettidn R, Åke Setréus, RFHL, K-O Fagerström, ETF).
- 16.12.75 Åskfobi (L-G Öst, Anita Jerremalm, Rolf Olovsson).

## 6TH EUROPEAN CONGRESS OF BEHAVIOUR THERAPY 1976

The 6th Congress of the European Association for Behaviour Therapy will be held on Island of Spetsai, near Athens, Greece, September 5-8, 1976.

Current clinical research projects and methodological issues will be reported. Participants are invited to present a limited number of free papers. Abstracts of free papers (in English) should be sent by the end of June 1976 to Dr J Boulougouris, Eginition Hospital, 74 Vaa, Sophias Ave, Athens, Greece, from whom further information could be requested.

For information about charter flight from Stockholm (cost about 1.000 swcr), please contact Elisabeth Anell, Sköldungagatan 53, S-753 35 Uppsala, Sweden, tel 018/12 23 17.

## INTERNATIONAL CONGRESS OF BEHAVIOUR THERAPY 1977

At the 500 year anniversary of the University of Uppsala, an International Congress of Behaviour Therapy will be held in Uppsala, Sweden, August 24-27, 1977.

The scientific program will include *Symposia* over the following themes: 1) About Behaviourism, 2) The Role of Cognition in Behaviour Modification, 3) Addictive Behaviours, 4) Family, Group and Community Therapy, and 5) A Laboratory Model for Psychopathology. *Free Papers*, and *Films* will be presented, as well as *Science Fairs*. For information regarding the scientific program, please contact K G Götestam, Ulleråker Hospital, S-750 17 Uppsala, Sweden.

For housing and travel information, please contact Nyman & Schultz Resebureau, Kungsgatan 43, S-753 21 Uppsala, Sweden.

## PRESSKLIPP

Beteendeterapeutiska Föreningen (BTF) i Sverige har sedan 1975-03-15 prenumererat på ämnesområdet "beteendeterapi" (BT) hos AB Pressurklipp. Detta innebär att BTF erhåller urklipp ur dags- och viss fackpress av alla artiklar som berör BT. Denna bevakning av vad som skrivs om BT har tillkommit därför att styrelsen funnit att informationen om BT i massmedia dels är bristfällig och ofullständig, dels i vissa fall missvisande. Styrelsen handhar den kontinuerliga bevakningen av massmedia, initierar svar på publicerade artiklar när så bedöms påkallat och ombesörjer information till journalister och tidningsredaktioner. Under tiden 1975-03-15--76-03-15 har till BTF:s kännedom kommit totalt 68 artiklar som berör BT.

Bland de större diskussioner som samlat flera debattörer och som pågått i ett flertal artiklar, märks debatten om BT och kriminalvård i DN, diskussionen om psykoanalys och BT på DN:s "hörnsplatt", och diskussionen om psykoanalys och BT i Läkartidningen. Dessutom har artiklar om BT förekommit i RFHL-kontakt. Psykolognytt har reproducerat en artikel om beteendeterapeutisk familjeterapi ur denna tidskrift, och vi har, i mer eller mindre positiva ordalag, kunnat läsa om behandling av tandläkarskräck, åskfobiforskning, aversionsterapi med homosexuella och alkoholister, behandling av transsexualitet hos barn och betydelsen av YAVIS-karakteristika för bedömningen av lämplighet för terapi. Martin ("helplessness") Seligmans besök i Uppsala föranledde några artiklar om en inlärningspsykologisk syn på depressioner och Bandura presenterades i två artiklar i Psykolognytt.

Som helhet kan konstateras att informationen om BT under året varit mer mångfacetterad och rikhaltig än tidigare och att BT inte enbart fått vara i försvarsställning i debatten, vilket tidigare varit vanligt. Styrelsen skulle gärna vilja se att fler, på fältet aktiva beteendeterapeuter tog initiativ till att presentera sin verksamhet i dags- och fackpress. I det starka sug efter information om psykologisk terapi som f n finns i samhället bör det vara relativt lätt att föra fram information om BT. Styrelsen hjälper gärna till med förslag till ämnen för artiklar, lämpliga publiceringsvägar, etc.

P O Sjöden



# 1980-tal

**Tema:** etableringen och tillämpningen av kognitiv terapi och framväxten av beteendemedicin

**Ämnen:** tillämpad avslappning, ensessionsbehandling för specifik fobi, studiedesign och psykometriska utvärderingar

Nordlund (1983): slumpmässigt urval av svenskar där 6 % uppgav att de aldrig hade flugit på grund av sin flygrädsla

Kelly och Lawrence (1987): att använda inlärningspsykologi på samhällsnivå för att förebygga spridningen av HIV/AIDS

## INSTRUCTIONS TO AUTHORS

- Aim and Scope:** The Journal is devoted to rapid publication of articles within the broad framework of learning theory, behaviour therapy, and behavioural medicine. Empirical, methodological, theoretical and review papers will be included. Case and preliminary studies are also appropriate especially if they present new findings or clear demonstrations of a technique. To bridge the gap between researchers and clinicians, articles which describe, in detail, how to conduct a particular analysis or treatment will also be published. The Journal makes no page charge for articles. Monographs are periodically published and authors share publication costs.
- Submission:** Three copies of the manuscript, typed and double spaced, should be sent to:  
Steven Linton, Editor  
Scandinavian Journal of Behaviour Therapy  
Department of Clinical Psychology  
University of Uppsala  
Box 1225  
S-751 42 UPPSALA, Sweden  
or to: Steven J. Linton  
Dept. of Occupational Medicine  
Örebro Medical Centre Hospital  
S-701 85 ÖREBRO  
Sweden
- Language:** Articles must be in English or a Scandinavian language. All papers, regardless of language, must have an English abstract and title. Writing should be concise and correct. For Scandinavian authors submitting manuscripts in English, a special language service is available. On request, a consultant (not necessarily a psychologist) will examine your paper for a small fee.
- Style:** The current edition of the American Psychological Association's Publication Manual should be consulted. Manuscripts must have a separate title page with the title, author's names, affiliation, and postal address.
- Figures:** Original figures, glossy prints, or high quality copies with good contrast that can be reduced to fit the A5 format are necessary.
- Tables:** Submitted tables are photographed and published directly so they should conform to APA style and be camera-ready.
- References:** The APA style is used and a current issue of the Journal may be consulted for examples. Be sure that the reference list is complete and that each reference is correct.  
Example for a journal:  
Bratford, C.D. (1975). Perceptual learning in man. *Memory and Cognition*, 3, 632-636.  
Example for a book:  
White, K.E., & Johansson, G. (1978). *The behavioural analysis of anxiety*. New York: Macmillan.
- Proofs:** Proofs must be returned within 48 hours of receipt. Corrections other than printer's errors may be charged to the author.
- Reprints:** 25 reprints with unbound covers will be provided free of charge. Additional reprints may be ordered when sending in the proofs.
- Inquires:** Subscription and advertising rates as well as other inquires may be directed to the editor at the editorial office (address above).

## Scandinavian Journal of Behaviour Therapy

### Abstracts in English

S Force-Gävert & L Gävert: Behavior Therapy with Computer-feedback versus traditional starvation treatment. *Scand J Behav Ther*, 9, 1-14, 1980. Fourteen control and 14 behavior therapy subjects completed a 16 week weight reduction program in a private Stockholm obesity clinic. Controls lost an average of 6 kg, while behavioral subjects lost an average of 14 kg, a statistically significant difference. The behavioral approach was superior when judged on a long-range bases. At 6 months post treatment, behavioral subjects had maintained their lost weight, but controls had regained part of their weight. The unique feature of this behavior therapy program was initiation of a new computer-feedback system used to plan weekly personalized diets, analyze weekly food intakes and evaluate the on-going success of the patients' control over eating behavior. The behavioral therapy techniques were both well received and useful as guidelines for similar types of projects.

L Eriksen: A discussion of self-control from a behavioural point of view. I. What are self-control and self-reinforcement? *Scand J Behav Ther*, 9, 15-34, 1980. Some definitions of self-control are presented and discussed. The questions "what is the self" and "who observes and controls whom" are then proposed. Then follows a discussion of internal versus external control in self-control. Some definitions of self-reinforcement are reviewed. Different kinds of reinforcers are described and discussed. Then follows the question "are self-reinforcers primarily discriminants or reinforcers?" The procedures of self-reinforcement are presented.

A Jerremalm, J Johansson & L-G Öst: Applied relaxation as self-control technique for social phobias. *Scand J Behav Ther*, 9, 35-44, 1980. A systematic method for teaching relaxation as a general coping technique for social phobias in those clients where the physiological component dominates their phobic reaction is presented. Training is divided into four phases: progressive relaxation, cue-controlled relaxation, differential relaxation and applied relaxation. The ultimate goal for the client is to be able to quickly relax upon noticing early signs of anxiety.

K-O Fagerström: A rape relived. *Scand J Behav Ther*, 9, 45-50, 1980. A young woman's formerly unexplainable anxiety behaviours are related to a traumatic rape which was completely erased from her consciousness. A description of how the memory of the rape is reconstructed and reexperienced through interviewing and role-playing and the consequences for the anxiety behaviours are evaluated.



Norsk Atferdsterapeutisk Forening (NAFO) inbjuder till:

## NORDISKT MÖTE I BETEENDETERAPI

5—8 Maj, 1988

Hotell Maritim, Haugesund, Norge.

*Ur programmet:* Ivar Lovaas om självstimulering. En rad olika representanter från de nordiska länderna kommer att presentera bidrag. Symposier om: beteendeterapiens utmaning, radikal behaviorism vs. kognitiv psykologi, fobier, staff training and behavioral assessment in mental retardation, selektion av konsekvenser, självskadande beteende, verbalt beteende, missbruksproblem, skjemainduert atferd, klassisk betingning, anorexi, icke-verbal kommunikation, smärtbehandling, panic disorders, incest.

**Kongressavgift:** Medlem i någon av de nordiska beteendeterapeutiska föreningarna: 600 N.kronor.

Student som är medlem i någon av ovanstående föreningar: 400 N.kronor.

Icke-medlemmar: 800 N.kronor.

**Inkvartering:** Kod A — enkelrum, helpension: 575 N.kr. per dygn.

Pris per person Kod B — dubbelrum, helpension: 450 N.kr. per dygn.

Kod C — tresängsrum, helpension: 390 N.kr. per dygn.

Kod D — fyrsängsrum, helpension: 350 N.kr. per dygn.

Anmälan sker via insättande av kongressavgiften på NAFO:s postgironummer 2 22 41 86. Ange med kod vilket av boendalternativen Du önskar samt vem Du vill dela rum med. Hotell betalas direkt vid avresa. Anmäl helst individuellt, undvik gruppanmälan på samma postgiroblankett.

**SISTA ANMÄLNINGS DAG 18 MARS 1988.**

**Information:** Göran Svedsäter, Klæbuveien 34, 7030 Trondheim, Norge.  
Telefon priv. +07-943769, arbete +07-516230

Poster sessions kommer att arrangeras i möjligaste mån. Anmäl till organisatörerna om Du avser att presentera en poster.

*Scand J Behav Ther, 18, No. 3-4, 1989*

### BOOKS RECEIVED

The Scandinavian Journal of Behaviour Therapy hereby acknowledges with appreciation the receipt of these review copies of books from the publishers.

**Handbook of Clinical Psychophysiology.** By Graham Turpin (Ed.) Chichester: Wiley, 1989, 633 pages, 59.95 pounds.

**Women and Sex Therapy.** By Ellen Cole and Esther D. Rothblum (Eds.). New York: Haworth Press, 1988, 300 pages, 34.95 dollars (hard).

**The Psychologist's Companion, A Guide to Scientific Writing for Students and Researchers.** By Robert J. Sternberg, Cambridge: Cambridge University Press, 1988, 208 pages, 20.00 pounds.

**Panic Disorder: Theory, Research and Therapy.** By Roger Baker (Ed.). Chichester: Wiley, 1989, 350 pages, 37.00 pounds.

**Innovations in Child Behavior Therapy.** By Michel Hersen (Ed.). New York: Springer Publishing Co., 1989, 434 pages, 48.95 dollars.

**Att Förstå och Påverka Beteendeproblem. Liten Hjälprea för Lärare och Vårdpersonal.** Av Olle Wadström. Uppsala: Aros Förlag, 1989, 195 sidor, cirkapris, 242 kronor.

**Lära Läkare Leda.** Av Barbro Dahlbom-Hall. Stockholm: Natur och Kultur, 1989, 111 sidor, cirkapris 155 kronor.

**Psykoanalytiker Utan Soffa.** Av Clarence Crafoord (Red.). Stockholm: Natur och Kultur, 1989, 220 sidor, cirkapris 170 kronor.

**Självbiografi.** Av Sigmund Freud. Stockholm: Natur och Kultur, 1989, 207 sidor, cirkapris 182 kronor.

**Sigmund Freud, Mannen och Verket.** Av Lars Sjögren. Stockholm: Natur och Kultur, 301 sidor, cirkapris 207 kronor.

Readers who would like to review one of the books above in the *Scandinavian Journal of Behaviour Therapy* are invited to contact the Editorial Office. Review copies may be kept by the reviewer.



# 1990-tal

**Tema:** intresse för specifika psykiatriska diagnoser och fokus på behandling för barn och ungdomar

**Ämnen:** kortare behandlingar, beteendemedicin, perfektionism och tredje vågens kognitiv beteendeterapi

Wijma och Wijma (1996): bedömning och behandling av viginism med hjälp av kognitiv beteendeterapi

King och Tonge (1991): behandling av tvångssyndrom bland unga utifrån exponering med responsprevention

## INFORMATION

### Dialektisk beteendeterapi för suicidala borderline-kvinnor: En presentation

Anna Kåver

*Institutionen för klinisk neurovetenskap, Sektionen för psykiatri,  
Karolinska sjukhuset, Stockholm*

Patients showing the features of Borderline Personality Disorder as defined in DSM-IV are notoriously difficult to treat. They are difficult to keep in therapy, frequently fail to respond to therapeutic efforts, and make considerable demands on the emotional resources of the therapist, particularly when suicidal and parasuicidal behaviors are prominent. Dialectical Behaviour Therapy, (DBT) devised by Marsha Linehan at the University of Washington in Seattle, is an innovative method of treatment that has been developed specifically for this difficult group of patients. In the present paper, the theoretical grounds for DBT are summarized, as well as the treatment format and different treatment techniques. The empirical evidence for the effectiveness of the method, which has so far been demonstrated in a few controlled studies, is also summarized. Finally, there is a presentation of a research project led by Professor Marie Åsberg at the Karolinska Hospital in Stockholm, where a group of female patients at high risk of suicide will be scientifically investigated and described. Besides this careful investigation, Otto Kernberg's treatment model (PDT), Marsha Linehan's treatment model (DBT) and treatment as usual (TAU) will be to be implemented and compared in a controlled treatment study for this group of patients.

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## BOOK REVIEW

*Acceptance and Commitment Therapy*. Steven C. Hayes, Kirk D. Strosahl and Kelly G. Wilson. New York: Guilford Press, 1999. 304 pages. ISBN 1-57230-481-2.

Steven Hayes' *Acceptance and Commitment Therapy* (ACT) represents one of the most exciting new directions within the field of cognitive-behaviour therapy. The ACT approach has been developed by Hayes and his associates since the early 1980s by a combination of philosophical and theoretical work, empirical research, and technical development. For the first time, the ACT approach is now presented in book form. The book, which is written by Hayes in collaboration with Kirk Strosahl and Kelly Wilson, starts with a theoretical part, where the authors describe their basic theoretical and philosophical assumptions and the ACT model of psychopathology and human suffering. The second part of the book, which is the main part, describes the clinical methods used in ACT. Finally, the book concludes with a brief third part, that deals with more general questions involved in the use of ACT.

This book, in a way, suggests a new paradigm for cognitive-behaviour therapy – a paradigm that is clearly distinct from the cognitive paradigm as formulated by Beck and his followers, but that also differs in important respects from the Skinnerian radical-behavioural paradigm from which it takes its starting-point. The ACT approach is one of several new approaches – two others are Marsha Linehan's Dialectical Behaviour Therapy [DBT] and Robert Kohlenberg's Functional Analytic Psychotherapy [FAP] – which (1) is founded more in behavioural than in cognitive theory, and (2) focuses on the more severe forms of psychopathology. It is not easy to give a brief summary that captures all the rich ideas of the book. In this review, I will concentrate on the clinical parts of the ACT model, whereas I will not go into Hayes et al.'s very interesting theory of language, which is grounded in basic research, and which, in a way, lays the theoretical foundation for the entire ACT approach.

A main assumption of the ACT model is that much of human suffering and psychopathology is due to an excessive reliance on the *verbal regulation of behaviour* (in Skinner's terms: "rule-governed behaviour", as distinct from "contingency-shaped behaviour"). The two most devastating manifestations of this are referred to as *experiential avoidance* (avoiding aversive thoughts,

feelings, somatic sensations, memories, and so on) and *cognitive fusion* (becoming enmeshed in one's own verbal thoughts about the world). Consequently, two main purposes of ACT are to promote experiential *acceptance* (by means of exposure exercises focused on aversive thoughts, feelings, memories, etc.) and cognitive *defusion* (beginning to notice the act of structuring the world as distinct from the apparently "real" world silently structured by verbal thought). Both of these processes mean a "weakening" of the verbal regulation of our behaviour, and an increased openness to non-verbal aspects of the world.

But an equally important purpose of the ACT approach is the focus on *commitment*, i.e., to help the client to clarify his or her values and to develop concrete ways of living in accordance with these chosen values. And here the client is, in fact, encouraged to engage in *more* elaborate verbal thinking concerning values, goals and how to act in order to realize these goals. That is, verbal control is *strengthened* in some areas of life (external behaviour), whereas it is *weakened* in other areas of life (private experiences).

Moreover, commitment to values, goals and their realization is described as the superior goal of ACT. That is, even though a large part of therapy is focused on experiential acceptance by means of exposure exercises, this is done in a context of *commitment* to valued life directions. As the authors point out, "ACT is at its core a behavioral treatment. Its ultimate goal is to help the client develop and maintain a behavioral trajectory in life that is vital and valued. All ACT techniques are eventually subordinated to helping the client live in accordance with his or her chosen values. This means that even such key ACT interventions as defusion and acceptance are, in a sense, secondary. For example, although ACT is emotionally evocative, it differs from some emotion-focused approaches in that there is no interest in confronting painful or avoided private experiences for their own sake. Instead, acceptance of negative thoughts, memories, emotions, and other private events is legitimate and honorable only to the extent that it serves ends that are valued by the client" (p. 205).



## Therapist Behaviour during One-session Exposure Treatment of Spider Phobia: Individual vs Group Setting

Elisabeth Breitholtz<sup>1</sup> and Lars-Göran Öst<sup>2</sup>

<sup>1</sup>*Department of Psychiatry, Ulleråker, University of Uppsala, Sweden;*

<sup>2</sup>*Department of Psychology, Stockholm University, Sweden*

Therapist behaviours during treatment of 54 patients with spider phobia by massed exposure during one single session, individually, in a small group (3-4), or in a large group (7-8) were studied using videotaped recordings and rated on a 5-grade scale by two independent observers. The behaviours observed more frequently in the individual treatment than in the group treatment were reality testing, feedback, and empathy. Physical contact and determination were used significantly more often in the group treatment. Furthermore, differences in behaviours used in different phases of the treatment were found. Humour increased from the beginning of the treatment through the middle and final phases of the session. Demonstration and role play decreased from the beginning of the treatment through the middle and final phases of the session. Outcome on the behaviour approach test was predicted by three variables (positively by physical contact, and negatively by instruction and assurance), and on the Spider Phobia Questionnaire (SPQ) by four variables (positively by education and physical contact, and negatively by determination and instruction). The implications of these results are discussed, along with the issues of reliability and validity of the instrument used. *Key words: therapist behaviour, exposure, spider phobia, one-session exposure treatment, inter-rater reliability, predictors of success.*

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## A Behaviour Medicine Approach to Epilepsy – Time for a Paradigm Shift?

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The major contribution of the behavioural approach to the understanding and treatment of epilepsy has been the construction of a self-management model comprising: (i) recognition that external factors influence the occurrence and inhibition of the epileptic seizure and (ii) teaching people with epilepsy to recognize and utilize these factors to influence seizure occurrence. The behavioural medicine model regards the epileptic seizure as any behaviour, amenable to classical and operant conditioning. Part one of this paper presents a literature review of behavioural medicine treatment of people with epilepsy. Part two presents a study illustrating spontaneous means by which people with epilepsy predict, prevent and inhibit seizure occurrence. A total of 160 children and adults with refractory seizures were studied over a 10-year period. This study addresses the issues of which types of seizures or what categories of people with epilepsy might be more amenable to learning factors and thus respond to behavioural treatment. The need for a paradigm shift from the traditional medical concept of epilepsy to a behavioural medicine concept, as has been the case with chronic pain, is discussed. *Key words: Self-management; seizure control; cognitive-behavioural treatment; classical and operant conditioning of seizure behaviour.*

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# 2000-tal

**Tema:** internets genombrott och intresset för transdiagnostiska perspektiv på psykiatriska diagnoser

**Ämnen:** internationalisering (Cognitive Behaviour Therapy), motiverande samtal och internetbehandling

Zetterqvist (2003): internetbaserad kognitiv beteendeterapi rörande stresshantering

Ghaderi (2001): låg självkänsla som riskfaktor vid utvecklingen av ätstörningstillstånd

## EDITORIAL

## On Alice in Wonderland, Statistics, and Whether CBT Should Take the Prize

Attitudes can change, and this has certainly occurred when it comes to the recognition of psychotherapy, in general, and of cognitive behavioural approaches to therapy, in particular. My belief is that things have changed for the better. However, since Rosenzweig (1936) likened the effects of psychotherapy to the "dodo bird" verdict from Alice in Wonderland, the notion that "all therapies are equal" has been with us. Cognitive behaviour therapists have resisted, but meta-analyses have indeed shown, provocative findings ending with the conclusion that "All must have prizes" (e.g. Wampold et al., 1997). Although this conclusion has been contested (e.g. Crist-Christoph, 1997; Shadish & Sweeney, 1991), it is a surprisingly persistent idea that has been further boosted by the consumer reports study (Seligman, 1995). However, apart from that very much criticized study (Barlow, 1996; Jacobson & Christensen, 1996), the dodo-bird verdict rests on matters that are more statistically than clinically motivated. What I am referring to is of course meta-analysis and its role in guiding clinical practice. As most readers probably know, meta-analysis consists of a host of techniques used in quantitatively summarizing findings from a body of empirical research. There are several ways of doing this, and there is by no means a consensus on how to conduct meta-analyses. There are differences, for example, between medical and psychological approaches to meta-analysis (Greenland, 1994).

In Sweden, several authorities have claimed the efficacy of short-term psychodynamic psychotherapy when referring to meta-analyses, among them Cullberg and Armelius (cf. Cullberg, 1995). Schubert and Sandell (1994), too, claimed the efficacy of psychodynamic psychotherapy on the basis of meta-analyses; they also stated that no psychotherapy had been found superior to any other. To my knowledge, three meta-analyses have been published on the effects of short-term psychodynamic psychotherapy (Svartberg & Stiles, 1991; Crist-Christoph, 1992; Anderson & Lambert, 1995). Unfortunately, they do not make us any the wiser; the most important caveat is that the summarized studies are heterogeneous, which makes them difficult to combine. For example, such diverse treatments as interpersonal therapy and Mann's time-limited psychotherapy have been combined. Moreover, there are few controlled studies in which cognitive behavior therapy (CBT) has been directly compared with psychodynamic therapy, and even fewer if we exclude studies on interpersonal therapy (e.g. Fairburn, Jones, Peveler, Hope, & O'Connor, 1993). However, this does not necessarily mean that meta-analysis is useless as a guide. On the contrary, numerous meta-analyses have supported the efficacy of CBT (e.g. Dobson, 1989). More recently, stringent standards of what counts as an improvement have been endorsed in meta-analysis (Abramowitz, 1998). This recent development might be important in that "clinical significance" (Jacobson & Truax, 1991) is a more conservative and clinically valid approach by which to assess the effects of therapy.

By and large, problems interpreting research findings are the result of a lack of understanding of basic statistical procedures, such as null hypothesis testing and what the  $p$ -value actually stands for. The  $p$ -value stands for the probability of obtaining data as extreme or more extreme given that the null hypothesis is true:  $p$  (data|null hypothesis). There is nothing sacred about  $p < 0.05$  (Cohen, 1994), nor is it any guarantee that the patients have improved; this point has been made several times (Bakan, 1966; Gigerenzer, 1993; Hughdahl & Öst, 1981; Meehl, 1978). In fact, it has been shown that psychologists have difficulty interpreting statistics, and this even yields researchers (Zuckerman, Hodgins, Zuckerman, & Rosenthal, 1993).

## EDITORIAL

## Psychological Impact of the Events and Aftermath of the September 11th, 2001, Terrorist Attacks

On September 11th, 2001, the world was shaken by the devastating acts of terrorism that occurred on American soil in the destruction of the World Trade Centre buildings in New York City and the attack on the Pentagon in Washington, DC. Not only were many lives lost and families torn apart by this horrible tragedy, but people in regions not directly impacted by the terrorist acts were also affected given the repeated media portrayals of images such as the planes striking the buildings and the World Trade Centre towers crumbling to the ground. In the aftermath of the attacks, much research activity has ensued, in attempts to answer questions about the nature, extent, and duration of psychological responses to these events among members of the general public and among vulnerable populations like groups of individuals with specific psychiatric disorders. In this issue of *Cognitive Behaviour Therapy* we are fortunate to have the opportunity to present a special series of three papers focusing on the psychological impact of exposure to this trauma. Each study in this series applies a different perspective to this issue, ranging from an epidemiological perspective on negative traumatic reactions in the general population, a clinical psychology perspective on negative traumatic reactions among a group of patients relative to controls, and a social psychology perspective on the processes by which personal growth can emerge from exposure to such adversity. A novel feature of all three studies is that they investigate the impact of 'remote exposure' since participants resided in areas not directly affected by the terrorist attacks and, in two cases, outside of the U.S.

The first article, by Asmundson and colleagues, reports on the results of their telephone survey study on psychological responses to the events and aftermath of September 11th. Participants were 122 residents of a city in a Canadian prairie province who were contacted by phone 7-

8 months post-September 11th. Participants were classified into one of two groups depending on whether or not they met criteria suggesting probable panic disorder (PD) on a validated brief screening measure. Reactions to the events of September 11th in terms of current mood, fears, avoidance, and posttraumatic stress disorder symptoms were examined for the entire sample as well as compared across the two groups. Despite the remote nature of the exposure and the passage of time since the trauma, some reactions were quite frequently endorsed in the sample as a whole. For example, 42% of the sample reported definite avoidance of flying in the USA since the attack! Moreover, the adjustment and behavior of those respondents with probable PD were more adversely affected by the events of September 11th relative to those without PD. This timely and significant study is consistent with a large body of literature suggesting that even remote viewing of trauma can have a significant and lasting negative impact on the viewer (e.g., Schuster et al., 2001). It also adds to the growing literature suggesting that exposure to trauma may have a greater negative impact on individuals with certain pre-existing anxiety disorders.

The second article, by Riemann and colleagues, reports on the results of a clinical case control study on psychological responses to September 11th in a particular group of anxiety disorder patients. This clinically-relevant study was designed to determine if there was a differential impact of remote exposure to the terrorist attacks among a group of 25 patients with obsessive compulsive disorder (OCD) compared to an age- and education-balanced group of 27 normal controls. Patients and controls were retrospectively assessed 4-6 months post-September 11th in terms of mood, cognitive, behavioral, and somatic changes since the attacks. Consistent with Asmundson et al.'s findings in the first paper in this special series,



## Motivational Interviewing Versus Cognitive Behavioral Group Therapy in the Treatment of Problem and Pathological Gambling: A Randomized Controlled Trial

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**Abstract.** Pathological gambling is a widespread problem with major implications for society and the individual. There are effective treatments, but little is known about the relative effectiveness of different treatments. The aim of this study was to test the effectiveness of motivational interviewing, cognitive behavioral group therapy, and a no-treatment control (wait-list) in the treatment of pathological gambling. This was done in a randomized controlled trial at an outpatient dependency clinic at Karolinska Institute (Stockholm, Sweden). A total of 150 primarily self-recruited patients with current gambling problems or pathological gambling according to an NORC DSM-IV screen for gambling problems were randomized to four individual sessions of motivational interviewing (MI), eight sessions of cognitive behavioral group therapy (CBGT), or a no-treatment wait-list control. Gambling-related measures derived from timeline follow-back as well as general levels of anxiety and depression were administered at baseline, termination, and 6 and 12 months posttermination. Treatment showed superiority in some areas over the no-treatment control in the short term, including the primary outcome measure. No differences were found between MI and CBGT at any point in time. Instead, both MI and CBGT produced significant within-group decreases on most outcome measures up to the 12-month follow-up. Both forms of intervention are promising treatments, but there is room for improvement in terms of both outcome and compliance. *Key words:* gambling; motivational interviewing; cognitive behavior therapy (CBT); psychotherapy outcome.

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## Hierarchical Model of Vulnerabilities for Emotional Disorders

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**Abstract.** Clark and Watson's (1991) tripartite model of anxiety and depression has had a dramatic impact on our understanding of the dispositional variables underlying emotional disorders. More recently, calls have been made to examine not simply the influence of negative affectivity (NA) but also mediating factors that might better explain how NA influences anxious and depressive syndromes (e.g. Taylor, 1998; Watson, 2005). Extending preliminary projects, this study evaluated two hierarchical models of NA, mediating factors of anxiety sensitivity and intolerance of uncertainty, and specific emotional manifestations. Data provided a very good fit to a model elaborated from preliminary studies, lending further support to hierarchical models of emotional vulnerabilities. Implications for classification and diagnosis are discussed. *Key words:* anxiety; depression; negative affectivity; anxiety sensitivity; intolerance of certainty

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# 2010-tal

**Tema:** reguljär sjukvård, digitalisering och potentiellt negativa effekter av psykoterapi

**Ämnen:** Unified Protocol, virtual reality, smarta telefoner och tillägg till behandling (t.ex. fysisk träning)

Levy och Radomsky (2014; 2016): ny syn på användningen av säkerhetsbeteenden i behandlingssammanhang

Hedman (2010): kognitiv beteendeterapi i grupp för patienter med hälsoångest



