

The Future and Promise of Cognitive Behavioral Therapy: A Commentary

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- Cognitive behavioral therapy • Information processing
- Biological integration • Mechanism research

In this article, the authors present their view of the future and promise of cognitive behavioral therapy (CBT). As the Academy for Psychological Clinical Science and the independent accrediting entity it created, the Psychological Clinical Science Accreditation system, have recently launched a movement aimed at reforming all of clinical psychology, the article begins with a discussion of this movement's view of the future of clinical psychology and the implications of that vision for CBT. In short, if this movement is successful, it will result in a greater emphasis on empirical science in the practice of clinical psychology. As CBT is the approach to therapy that currently has the greatest number of controlled scientific studies supporting it, if clinical practice indeed becomes more deeply rooted in science, this should be an impetus for CBT to grow. The very same scientific evidence that supports the efficacy of CBT, however, also shows that CBT is far from fully efficacious. Thus, several recent trends are discussed that the authors believe hold great promise to enhance the effectiveness of CBT. In particular, there have been recent signs of greater integration of CBT with biological approaches, cognitive science, systemic approaches, motivational interviewing, and strengths-based approaches. As depicted in **Fig. 1**, the authors believe that each of these tends toward greater integration must continue and grow for CBT to realize its full potential. Greater attention to mechanism research is also warranted.

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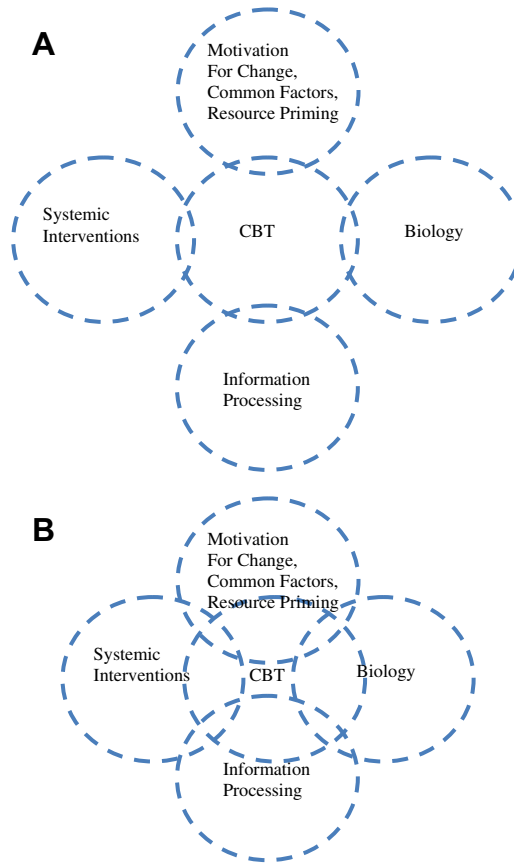


Fig. 1. (A) The current state of CBT and its integration with other approaches. (B) The more integrated future of CBT.

THE FUTURE OF CLINICAL PSYCHOLOGY: IMPLICATIONS FOR CBT

Baker and colleagues¹ have argued that clinical psychology currently operates in a pre-scientific mode much as was true of medicine before the publication of the Flexner² Report in 1910. Baker and colleagues¹ base their conclusion largely on 2 facts. First, surveys indicate that many clinical psychologists value clinical experience and expert opinion more than scientific evidence in making clinical decisions.³ Second, although there has been a great deal of progress over the past 3 to 4 decades in the development of empirically supported treatments (ESTs) for various psychological problems that are also disseminable and cost-effective, many patients receiving psychological services do not receive ESTs.¹ Finally, a growing number of clinical psychologists are being trained in free-standing professional schools, many of which do not offer high-quality, science-based training.⁴

Although the current status of clinical psychology is troubled, a movement is underway to try to achieve similar reforms to those triggered by the Flexner Report² that helped move medicine from a pre-scientific state to its more scientific current state. The Academy for Psychological Clinical Science has recently launched a new system for accrediting doctoral programs in clinical psychology, the Psychological Clinical Science Accreditation System (PCSAS). It is hoped that graduation from

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