

COGNITIVE BEHAVIOURAL TRANSACTIONAL ANALYSIS

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Cognitive Behavioural Transactional Analysis (CBTA)

This form of treatment is a blend of Cognitive Behaviour Therapy (CBT) and Transactional Analysis (TA).

This is how we blend them;

Cognitive-Behavioural Therapy is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. This too, is a central plank of the model developed by TA's originator, Eric Berne. He had been trained as a psychoanalyst, but was rejected by them because he applied his scientific training to therapy. He wanted to analyse what was happening, including the way in which the client's thinking was related to their feeling and behaviour.

Cognitive-behavioural therapy does not exist as a distinct therapeutic technique.

The term "cognitive-behavioural therapy (CBT)" is a very general term for a classification of therapies with similarities. There are several approaches to cognitive-behavioural therapy, including Rational Emotive Behaviour Therapy, Rational Behaviour Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behaviour Therapy. We argue that Transactional Analysis should also be included.

Transactional Analysis and most cognitive-behavioural therapies have the following characteristics:

1. They are based on the idea that emotional responses are linked to beliefs and thoughts. Cognitive-behavioural therapy and TA are based on the idea that our thoughts and beliefs underpin our feelings and behaviours, and are not inextricably and irrevocably caused by external things, like people, situations, and events. The benefit of this fact is that we can change what we believe and the way we think to feel / act better even if the situation does not change. Eric Berne believed this, and related it to existentialism.

2. CBT and TA are both designed to be goal oriented and to enable rapid change. Eric Berne spoke disparagingly about the length of time that was being taken to effect cure in psychoanalysis, and emphasised rapid change in TA. He said if a therapist did not cure the patient in the first session, they should go home, work out why not, and go back and cure them the next session.

Cognitive-behavioural therapy is considered among the most rapid in terms of results obtained. The average number of sessions clients receive (across all types of problems and approaches to CBT) is only 16. TA too, has proved itself effective as a brief psychotherapy. Other forms of therapy, like psychoanalysis, can take years. What enables TA and CBT to be briefer are their highly instructive nature and the fact that they make use of homework assignments. CBT is time-limited in that we help clients understand at

the very beginning of the therapy process that there will be a point when the formal therapy will end, whereas TA tends to work towards the achievement of an agreed therapeutic goal, and that may take slightly longer or slightly less sessions than anticipated. The ending of the formal therapy is a decision made by the therapist and client. Therefore, neither TA nor CBT are open-ended, never-ending processes.

3. A sound therapeutic relationship is necessary for effective therapy, but is not the only focus.

Cognitive-behavioural therapists and Transactional Analysts believe it is important to have a good, trusting relationship with the therapist, but that is not enough. TA and CBT therapists believe that in addition to having a good relationship with the therapist, clients change because they develop new beliefs, learn how to think and feel differently and they act on that learning.

4. TA and CBT are characterised by a collaborative effort between the therapist and the client.

Eric Berne emphasised that therapy was teamwork by client and therapist, towards an agreed goal. Cognitive-behavioural therapists seek to learn what their clients want out of life (their goals) and then help their clients achieve those goals. The therapist's role is to listen, teach, and encourage, while the client's role is to express concerns, learn, and implement that learning.

5. TA and CBT emphasise that the person is responsible.

Both TA and CBT emphasise that the client is responsible for how they respond to what happens to them; they have a choice in the matter. Neither TA nor Cognitive-behavioural therapy tell people how they should feel. However, most people seeking therapy do not want to feel the way they have been feeling. We have undesirable situations whether we are upset about them or not. If we are upset about our problems, we have two problems; the problem, and our distressed reaction to it. Most people want to have the fewest number of problems possible. So when we learn how to take responsibility for how we respond; for example, more calmly, not only do we feel better, but we usually put ourselves in a better position to make use of our intelligence, knowledge, energy, and resources to resolve the problem.

6. CBT and TA are structured and goal orientated.

Cognitive-behavioural therapists and Transactional Analysts have a specific agenda for each session, which they agree at the start. Specific techniques / concepts are taught during each session. CBT focuses on the client's goals. We do not tell our clients what their goals "should" be, or what they "should" tolerate. We are directive in the sense that we show our clients how to think and behave in ways to obtain what they want. Therefore, CBT therapists do not tell their clients what to do - rather, they teach their clients how to do.

7. Both TA and CBT emphasise that we can gain a perspective on situations, which enable us to problem solve.

TA traditionally encourages the early decontamination of the Adult Ego State, that is,

enables the client to function in the here and now, in alliance with the therapist, in order to gain the ability to problem solve in the present, relatively uninfluenced by how others were in the person's past, and indeed how they themselves functioned historically. A central aspect of CBT is the inductive method; that is, rational thinking based on fact. Often, we upset ourselves about things when, in fact, the situation isn't like we think it is. If we knew that, we would not waste our time upsetting ourselves. The inductive method encourages us to look at our thoughts as being hypotheses or guesses that can be questioned and tested. If we find that our hypotheses are incorrect (because we have new information), then we can change our thinking to be in line with how the situation really is.

8. Homework is a central feature of CBT, and may be used by TA practitioners. Goal achievement (if obtained) could take a very long time if a person were only to think about the techniques and topics taught for one hour per week. That's why CBT and TA therapists assign reading assignments and encourage their clients to practice the techniques learned.

9. CBT and TA are based on a developmental model. CBT is based on the scientifically supported assumption that most beliefs, emotional and behavioural reactions are responses to past events. Therefore, the goal of therapy is to help clients unlearn their unwanted reactions and to learn a new way of reacting. This is expressed in TA as the concept of Life Script. The developmental emphasis of TA and CBT has an additional benefit - it leads to long term results. When people understand how and why they are doing well, they know what to do to continue doing well.

10. CBT and TA use a range of methodologies. Cognitive-behavioural therapists want to gain a very good understanding of their clients' concerns. That's why they often ask questions. They also encourage their clients to ask questions of themselves, like, "How do I really know that those people are laughing at me?" "Could they be laughing about something else?" TA therapists use a number of therapeutic interventions, based on Berne's suggested six, and this may involve questions. Berne describes his major six interventions in his book "Principles of Group Treatment", published in 1963.