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Transformation of Cognitive Behavior Therapy as a Psychotherapeutic Intervention in Contemporary Health Care: A Review

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ABSTRACT

Cognitive behavior therapy (CBT) is an evidence-based intervention in contemporary clinical health care services. CBT was developed as a psychotherapy to overcome the deficits of psychoanalysis and behaviorism by Aron T. Beck. However, after 63 years, CBT has transformed from its early framework. In comparison to other psychotherapies, cognitive behavior therapy has rapidly changed and developed as an evidence-based clinical intervention. Therefore, this study explored the evolution of cognitive behavior therapy by focusing on its origin, development, limitations, clinical application, third waves, and future directions. Early CBT therapeutic framework has developed as a cognitive model of depression and developed as an intervention to address the negative core belief of individuals and rationalize maladaptive behaviors, thoughts, and emotions. However, clinicians have experienced several limitations and scholars have recognized theoretical limitations in CBT. Later, scholars on CBT have overcome these deficits and developed disorder-specific CBT therapies. Then, clinicians empirically evaluate those therapeutic frameworks and transform CBT into an evidence-based clinical intervention. Further, CBT has strength in integrating third-wave therapies. In the future, CBT will therapeutically further transform with technology, integrating advanced theories of pathology, and clinical demand of the present health care services. Therefore, as a psychotherapeutic intervention, cognitive behavior therapy has transformed from its early framework, and at present, it has developed empirically. Further, in the future, it will transform into a more effective psychotherapeutic intervention.

1. Introduction

Globally, many people are suffering from one or many mental health disorders. For an effective recovery and rehabilitation of the individual, psychotherapy is an essential clinical intervention in the present health care services. Cognitive behavior therapy (CBT) is a popular and effective evidence-based intervention in contemporary psychotherapy practice. Utilization of the psychological theory-based intervention propagated with psychoanalysis therapy was introduced by Sigmund Freud. Following that, behaviorism therapies were developed. However, both psychological therapies had several deficits while delivering effective psychotherapy. Therefore, to overcome these challenges, in 1960, Aron T. Beck introduced cognitive behavior therapy, based on the cognitive model of psychopathology (Pomerantz, 2017). Presently, CBT has transformed from its early framework which was developed in 1960. Therapeutically, cognitive behavior therapy addresses the individual maladaptive cognition, belief, behavior, emotions, and thoughts. The therapist utilizes several cognitive and behavioral strategies to correct those maladaptive functions of the individual for recovery (Hofmann et al., 2012). After the completion of 63 years, CBT has evolved as the most effective therapeutic intervention in clinical health care services. Therefore, this study has evaluated the transformation of cognitive behavior therapy from its early framework to its present utilization in clinical health care services. The hypothesis of the study is, that cognitive behavior therapy has transformed from its early framework and has overcome the limitations of the therapeutic interventions in an empirical manner. Research objectives are (1) To identify the origin, development, and limitations of cognitive behavior therapy from a clinical perspective; (2) To identify the strengths of cognitive behavior therapy from the therapeutic perspective; (3) To recognize the nature of the third wave in CBT which developed to overcome the deficits of the cognitive behavior therapy; (4) To recognize the future direction of the cognitive behavior therapy; (5) To evaluate the transformation of cognitive behavior therapy from its early framework and contemporary application of CBT in health care. The findings of this study have been discussed under five headings and the first heading elaborates on the origin and development of CBT. Throughout the findings, it highlights that therapeutically, CBT was propagated to overcome the deficits of the earlier therapies. The early cognitive model of CBT was developed as a result of the treatment for depression. It was a successful triumph in psychotherapies. Further, this will emphasize the therapeutic framework of CBT and the clinical methods utilized in the intervention. Therefore, CBT was a successful outcome in psychotherapy. However, clinicians and researchers have recognized several deficits in the theoretical framework of CBT (Clark, 1995), which are discussed under the limitations of CBT. Nevertheless, clinicians and scholars who are engaged in the practice and research of CBT address these criticisms more rationally and empirically and have transformed cognitive behavior therapy into more effective psychotherapy. The third heading discusses the transformation process of CBT and emphasizes the clinical effectiveness of CBT by highlighting the results of 250 meta-analyses on CBT (Hofmann et al., 2012). Moreover, the content will elaborate on the disorder-specific intervention of CBT in the present clinical health care which utilizes the management of mental disorders (Beck, 2011a). The fourth heading has discussed the integration of third-wave therapies utilized to strengthen cognitive behavior therapy which is integrated with the major intervention of CBT for an effective recovery of the individual (Kahl, 2012). As scholars predict, CBT is transforming continually with its future directions (Hofmann, 2021). Next, this study will explore the future direction of CBT from a more empirical perspective to recognize the shape and utility of CBT in future clinical interventions. Thus, this study has explored

the transformation of cognitive behavior therapy by evaluating the early classical framework of CBT, its limitations, strengths, third wave, and future direction in the context of contemporary and future clinical healthcare services.

2. Materials and Methods

This review is qualitative and the scope of the study is based on the indexed, peer-reviewed journal articles. A total of 14 indexed studies and secondary resources were examined. Indexed studies were collected through electronic database indexes of PubMed, PubMed Central, Psychinfo, and Google Scholar. To collect articles from the databases, the utilized search terms are; limitations of cognitive behavior therapy, weaknesses of cognitive behavior therapy, strengths of cognitive behavior therapy, the effectiveness of the cognitive behavior therapy, the third wave of cognitive behavior therapy, and future direction of cognitive behavior therapy. The article selection criteria included limitations, weaknesses, strengths, and effectiveness of third-wave therapies, and future directions of cognitive behavior therapy. A single study may discuss above mentioned single point or many points of criteria. However, studies that have focused on the effectiveness of cognitive behavior therapy based on clinical interventions are ignored in this study. It mainly focused on studies that emphasize the theoretical concepts interrelated with the study. The evaluation process of this study focused on identifying the limitations, weaknesses, strengths, and effectiveness, of cognitive behavior therapy and the development of third-wave and future directions of CBT which have been discussed in the selected articles and analyzed according to the research objectives and evaluated the transformation of cognitive behavior therapy from its early framework to the contemporary application of in health care. The result and discussion are presented under the below-mentioned headings according to the objectives of the study.

3. Results and Discussion

3.1 Origin and Development of CBT

Contemporary world individuals face many psychological challenges in their daily lives. On several occasions, individuals can be resilient to these challenges and move forward. However, most individual personalities have not been developed comparably to cope with challenges and sustain their well-being in their existence. Therefore, the sequel individual drives to mental health disorders. According to the World Health Organization Report on world mental health, 970 million people suffered from mental health disorders (World Health Organization (WHO), 2022). This shows that individuals in all life stages may experience one or more mental health disorders. To recover from this pathological mental health condition, contemporary medical services provide two major interventions which are mainly drug-based therapy and psychotherapeutic rehabilitation. These two interventions are provided as combined or monotherapy. For effective recovery, psychotherapeutic interventions are compulsory (Gabbard et al., 2005). The two major interventions developed in the field of psychotherapy are psychoanalysis and behaviorism. However, clinicians have recognized that there are several deficits and drawbacks in these two interventions which negatively affect the outcome of the intervention. To address this lacuna in psychotherapy, Aron T. Beck and Albert Ellis have initiated the cognitive therapy movement and enhanced the effectiveness of psychotherapy. This addressed the individual thinking process to overcome their psychological deficits. However, both of them have developed two different treatment approaches. The cognitive behavior therapy approach developed by Albert Ellis is known as Rational Emotive Therapy (RET), and Aron Beck has developed Cognitive Behavior Therapy (CBT) (Pomerantz, 2017). In 1960, Aron Beck empirically studied depression and recognized that distorted negative

thought patterns are associated with mental health disorders. Based on this theoretical foundation, he developed cognitive therapy and later it was known as cognitive behavior therapy (Beck, 2011b). This therapy was developed with the two learning theories of social learning theory and cognitive appraisal theory (Flannagan, 2015). Therapeutically, this intervention modified dysfunctional thinking and behavior and directed individuals to solve their current psychological problems. The cognitive model of pathology in CBT is highlighted below;

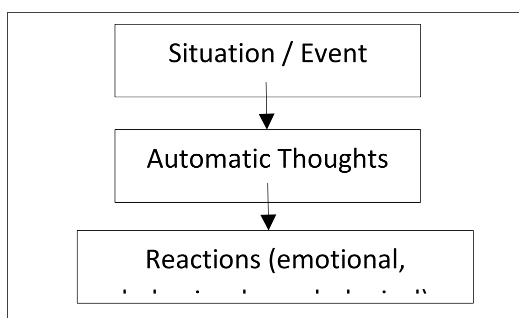

Figure 1. Cognitive Model of Cognitive Behavior Therapy (Beck, 1963)

This cognitive model of CBT emphasizes that automatic thoughts are developed through situational experience. However, it originated through the core belief of the individual (Beck, 2005). Therefore, the nature of the individual core belief system and experience of the situation activates the automatic thoughts in cognition. Automatic thoughts are known as a negative thought flow of the mind. This negativity will further grow with the childhood traumatic experience, cognitive assumptions, and attitude (Beck, 2005). As a result of these negative automatic thoughts, individuals develop negativity in their behavior and emotion. As a result, individuals may experience psychopathology in their way of living. Cognitive behavior therapy was mainly attentive to restricting the above-described cognitive process of the individual. According to this model, an automatic thought process pops up in the mind due to the overgeneralization of elective abstraction personalization, and labeling. In the intervention process of CBT, its major therapeutic goal is to address the core belief of the individual and then improve their cognition, behavior, and emotions to change from their current status with a strong therapeutic alliance. Further, this intervention is delivered according to a treatment plan (Thase et al., 2017). Mainly, cognitive behavior therapy was developed for depression. Then it extends as an intervention for suicide prevention, anxiety disorder, personality disorder substance abuse disorder, and recently, schizophrenia (Beck, 2011a). Further, the later development of cognitive behavior therapy emphasizes that psychopathology is associated with dysfunctional beliefs and memories that operate in coordination with the affective, behavioral motivational, and physiological responses. Further, this pathological framework is linked with internal and external stimulants and cognitive schemas. These maladaptive cognitive schemas and beliefs drive an individual to the vulnerability of psychopathology. Moreover, later development of Cognitive behavior therapy has addressed the individual cognitive schemas which are the store of all the phenomenological experiences of an individual (Beck, 2011a). Therapeutically, cognitive behavior therapy transforms individual negative cognitive framework into positive. Through the intervention of CBT, clinicians empower the individual to cope with unhealthy and maladaptive cognitive patterns by changing the individual negative cognitive patterns through the utilizing therapeutic techniques of CBT which are psychological assessment and evaluation methods, emotion evaluation, treatment planning, and follow-up, counseling skills, behavioral activation, and change techniques, cognitive restructuring strategies, modification of core belief and schemas, problem-solving, psychosocial education, thought recording, re-socialization, rewarding, relaxation, role play, skill training, refocusing, exposure therapy, and homework

(Beck, 2011b). In addition, it utilizes the approaches of Socratic questioning, scheme-focused intervention, guided discovery, reduction of activity, self-recovery based on adult learning, self-rating, and self-monitoring for therapeutic success (Westbrook, 2007). Through the utilization of the above therapeutic techniques, cognitive behavior therapy intervention has propagated as popular talk therapy in the clinical setting and health care service in the early period of the evolution.

3.2 Limitations of CBT

Cognitive behavior therapy in its initial stage originated and developed as a revolutionary intervention for treating many mental health disorders. However, with time, many deficits have manifested in cognitive behavior therapy. A major criticism propagated against CBT was that this therapy has a limited view of emotions and interpersonal factors and it has overemphasized the consciousness-controlling process of the individual. Therefore, the early intervention of cognitive behavior therapy was inadequate to maintain the therapeutic alliance. Empirically, these have affected the effectiveness of cognitive behavior therapy (Clark, 1995). These censures emphasize that cognitive behavior therapy has developed its cognition model based on psychopathology and it is therapeutically addressing individual emotions and interpersonal factors based on their cognition. Nevertheless, it was adequate to present an emotional recovery model based on this therapeutic framework. According to the above-mentioned cognitive model, automatic thought originated through the individual core belief which is a deep cognitive process of an individual. However, cognitive behavior therapy in its intervention only addresses the surface consciousness process of the individual. Therapeutically, it was inadequate to address the underlying process of cognition. Due to this lacuna of the theoretical framework of cognitive behavior therapy, clinicians were inadequate to develop and sustain a positive therapeutic alliance with the client. Therefore, in its early stage, it developed with a strong therapeutic origin but it was inadequate to give an effective application in the health care setting. Further, these limitations have been highlighted in many studies. Due to this limitation, cognitive behavior therapy had to continue longer follow-up treatment sessions for the recovery of the individuals whereas dropouts and treatment refusal also may occur. These limitations of CBT generate the risk of co-occurring or directing the individual to comorbid pathological conditions. Hence, CBT was inadequate in providing total recovery through its major framework. Further, implementation of the CBT intervention in a real clinical setting was challenging and ineffective due to the complex framework of cognitive behavior therapy. Moreover, studies highlight that the effectiveness of CBT intervention in changing automatic thoughts, beliefs, emotions, and behavior is less. On several occasions, it may cause the improvement of the symptoms of the respective disorder (Arch, 2009).In addition, in the initial stage of CBT, practitioners have recognized several deficits in the application of this intervention. Through the CBT intervention, it’s unable to recognize the significant reduction of the symptoms in the therapy delivery process. Therefore, the therapeutic outcome was not effective and productive in the intervention. Further, after the intervention, cognitive behavior therapy has given less attention to the relapse prevention of the client. As a result, the client has recurrent exposure and experiences identical to mental health-related challenges or disorders (McMain, 2015). Moreover, Cognitive behavior therapy has been recognized as a time-consuming intervention in its initial stage because the treatment plan of the individual consists of 12 and 24 weekly sessions. On several occasions, it may be longer than planned. Clinicians have experienced these challenges while delivering cognitive behavior therapy and those deficits have negative effects on the efficacy of the CBT and the evaluation of the

recovery of the clients. Further, another therapeutic study reveals that cognitive behavior therapy is ineffective in the treatment of children and young people. The CBT intervention for the mentioned population has given less focus on the maladaptive cognitive processes of the children. The implicational extent of CBT has given more focus on the behavior than the cognitive. Moreover, theoretical models developed based on children's cognitive and psychopathological conditions are incomprehensible. Cognitive behavior therapy intervention for children and young people consists of eight core treatment components and it is delivered through 42 different combined interventions. Therefore, effective delivery of CBT for children and young people is a complex process and the outcome of the therapy is questionable. Moreover, the management of multiple comorbid conditions and long-term effectiveness was lacking in CBT (Stallard, 2002). Therefore, scholars have emphasized that CBT was inadequate in addressing children and young people's cognitive pathology more effectively throughout the intervention of cognitive behavior therapy. Further, another study emphasizes that CBT intervention for children was ineffective because children have not developed their level of cognitive maturity or proper operational thinking as described in the CBT, and cultural differences also may occur for the intervention of CBT for the children (Kurniawan, 2008). The traditional approach of cognitive behavior therapy failed to address the potential of the individual holistically. That is, the traditional approach of CBT addresses only the cognitive and behavioral elements of modification of the clients. Secondly, the traditional approach of cognitive behavior therapy has not been developed with a strong foundation in neuroscience and cognitive psychology. Further, in the early stages of CBT, researchers have shown that there is no significant therapeutic outcome in addressing the dysfunctional attitude of individuals (Gaudiano, 2008). Later development of cognitive behavior therapy also needed long-term follow-ups for the intervention process and positive outcomes. Several studies indicate that at least one year of follow-up is necessary for some cases. Therefore, measuring outcomes based on the long-term treatment process is challenging, and sustaining therapeutic alliance also may be negative with these therapeutic conditions (Thoma, 2015). In addition, another study related to the meta-analysis of a special population indicates that CBT intervention for children is not superior to medications (Hofmann, 2021), and the Efficacy of cognitive behavior therapy as an intervention for the elderly population is also lacking (Hofmann, 2012). While delivering cognitive behavior therapy in a clinical setting, therapists have experienced that application of CBT in actual clinical settings is also problematic due to the cultural and social outlooks. Therefore, access to CBT interventions in developing countries is remarkably slighter. The gap between science and practice is also affected by this matter. Additionally, the effectiveness of CBT depends on the practitioner's knowledge of practice and training in CBT. This has been evidentially proved through one cross-cultural study on cognitive behavior therapy which emphasizes that the invalidity of access to the upgrading of cognitive behavior therapy may directly affect the effective service delivery of CBT (Selvapandiyan, 2019). In addition, therapist competencies in CBT intervention may limit the effectiveness of the delivery of psychotherapy. Therefore, therapist competencies in recognizing the problem, diagnosis, conceptualization, treatment planning, therapeutic alliance, patient feedback analysis, therapist reactions, organization of therapy sessions, and facilitating cognitive change will determine the effective delivery of the intervention (Beck, 2011b). Therefore, both practitioner competency and client viewpoints affect the active therapeutic session and effective recovery (McMain, 2015).

3.3 Clinical Effectiveness of CBT

Cognitive behavior therapy has moved forward with these deficits and challenges as a clinical intervention in the health care setting. However, clinicians who are actively enrolled in the CBT intervention have addressed these deficits and developed this psychotherapy with a solid theoretical and pragmatic foundation with empirical evidence based on clinical research. The later development of cognitive behavior therapy was not dependent on its early-stage theoretical framework and later it was developed and delivered as a scientific intervention (Beck, 2011a). As an intervention, cognitive behavior therapy has exhibited its pragmatic and empirical convenience as an effective psychotherapy for many mental disorders. Contemporary CBT is performed as a first-line intervention and bid as a monotherapy and combined therapy (Pomerantz, 2017). More than four decades through 250 meta-analyses have shown the empirical clinical efficacy of CBT (McMain, 2015). The early stage of clinical study related to CBT has mainly focused on assessing the effectiveness of CBT in depression and anxiety. Later researchers examined the effectiveness of CBT with the diagnoses of schizophrenia, personality disorder, bipolar disorder, eating disorders, addictive disorders, anger, criminal behavior, marital discord, pain management, stress-related medical conditions, substance use disorder, panic disorder, social anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, and specific phobias. Researchers have recognized that CBT is effective in the management of the above-mentioned mental disorders. Further, its scientific and implicational value has increased with the recognition given by the American Psychiatric Association and National Institute for Health and Care Excellence. Therefore, these two organizations have given scientific value and recommendations for the application of cognitive behavioral therapy as an evidence-based intervention for above mentioned mental disorders (McMain, 2015). Moreover, other empirical clinical studies related to the efficacy of cognitive behavior therapy have been proven by further research studies and highlighted that CBT is also effective in the general medical conditions of chronic pain, fatigue, and distress-related chronic diseases (Hofmann, 2021). Therefore, the clinical intervention of cognitive behavior therapy addresses the pathological cognitive model of each mental disorder which is described below;

Table 1. The cognitive profile of mental health-related disorders (Beck, 2011a)

Mental Health Disorder	Systematic basis in processing information
Depression	Negative view of self, experience, and future
Hypomania	Inflated view of self and future
Anxiety disorder	Sense of physical or psychological danger
Panic disorder	Catastrophic interpretation of bodily/mental experience
phobia	Sense of danger in specific, avoidable situations
Paranoid state	Attribution of bias to others
Hysteria	Concept of motor or sensory abnormality
Obsession	Repeated warnings or doubts about the safety
Compulsion	Rituals to ward off the perceived threat
Suicidal behavior	Hopelessness and deficiencies in problem-solving
Anorexia nervosa	Fear of being fat
Hypochondriasis	Attribution of serious medical disorder

Further, in the delivery of cognitive behavior therapy in the present clinical settings, therapists are utilizing two approaches. In the first approach, the clinician selects evidence-based therapies for the intervention. Second, the clinician helps the client with the adaptation. Adaptation is the most salient feature of this CBT process. In this stage, the clinician monitors the outcomes of the interventions and facilitates the individual to change. The effectiveness of CBT is indicated in both clinical and biological aspects. Biologically individualized CBT indicates a better response in brain metabolism and clinically it shows high scores in personalized advanced Index and cognitive therapy scale. Moreover, the major criticism of cognitive behavior therapy was that this intervention was inadequate for relapse prevention. Present clinicians on CBT have introduced skill development in the therapy sessions as a solution for the lacuna of relapse prevention (McMain, 2015). In addition, the clinical efficacy of CBT has been evaluated with biological studies. The experiments of neuron imaging and neuron biological responses have proven that CBT intervention biologically provides a positive response to the recovery process of CBT (Beck, 2011a). In contemporary healthcare practice, to fill this gap between the theory and practice of cognitive behavior therapy, researchers have introduced the practice-based research methodology for linking the theory and practice of CBT and making this intervention more effective with a solid foundation of empirical, evidence-based research. Thus, clinicians and researchers on cognitive behavior therapy have addressed criticism and weaknesses propagated against this intervention in a more empirical and evidence-based approach and highlighted the clinical effectiveness of CBT. Contemporary cognitive behavior therapy was recognized as a popular intervention among the clinicians and public which generates individual recovery within a short-term period as an evidence-based psychotherapy. In addition, practitioners and researchers in CBT developed many innovative forms to enhance the effectiveness of an intervention based on psychological principles (Wenzel, 2017). Further, in the later developments of CBT, clinicians, and researchers were able to develop specific CBT interventions for the special populations. For example, contemporary CBT approaches have been developed for the management of prenatal distress (Wenzel & Kleiman, 2014), children and adolescents (Szigethy, 2012), and the elderly population (Lauderdale, 2011) with mental pathological conditions. However, the major censure for cognitive behavior therapy was that this is an expensive treatment with accessibility for the peculiar therapy service from a well-trained and qualified clinician of CBT (Gaudiano, 2008).

3.4 Third Wave of CBT

Development and transformation of cognitive behavior therapy were not limited to the above-mentioned clinical application. Its further strength lies in addressing the criticism of the ineffectiveness of CBT through the third wave of CBT. Researchers and clinicians of cognitive behavior therapy have modified the CBT approaches with the integration of the emerged trend of CBT which is known as the third wave of CBT. The third wave of CBT therapies' focus is on modification of the cognitivity and helping individuals to transform their dysfunctional thought, emotions, and behavior into positive ones (Gaudiano, 2008). The third wave of CBT has propagated the integration of the principles of acceptance, mindfulness, and nonjudgmental awareness in comparison to the traditional approach of cognitive behavior therapy (Thoma, 2015). Further, the third wave of CBT was associated with Eastern religious teachings and propagated the cognitive-behavioral therapeutic aspects which are linked with the mentioned religious teachings. Therefore, CBT therapies have acquired a humanistic perspective through these interventions (Lambert, 2013).

The therapies developed on this foundation are known as third-wave CBT and those therapeutic interventions are mindfulness-based stress reduction therapy (MBSR), Mindfulness-based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), and metacognitive therapy (MCT) (Hofmann, 2010). In the therapeutic process, these therapies are delivered as integrative or combined therapies to decrease maladaptive behaviors and cognitions. Moreover, through the utilization of the ACT, therapists drive the client to a value-driven behavior and activate the commitment to a lifestyle change. Dialectical behavior therapy is majorly focused on improving skills in emotional regulation and interpersonal relationships. Metacognitive therapy assesses the individual repetitive cognition process and develops the skills of cognitive flexibility which drive an individual to overcome their psychological challenges. Mindfulness-based cognitive therapy has utilized Buddhist meditation techniques and introduced mindfulness meditation to the clinical intervention process. The goal of this intervention was to enhance metacognition awareness on experiencing the negative emotions and cognitions which come to mind for a positive recovery. To enhance this process, mindfulness-based stress reduction therapies are utilized to enhance the insight for a more relaxing experience (Kahl, 2012). These third-wave therapies are empirically utilized as integrative or supportive therapies on the delivery of cognitive behavior intervention and they enhance the process of relapse prevention and the long-term recovery of the individual. However, the major delicacy of third-wave therapies is that they still lag behind classical cognitive behavior therapy (Kahl, 2012).

3.5 Future Directions of CBT

The evolution of cognitive behavior therapy was not lead-up and its transformations occurred according to the therapeutic needs of clinical psychology and health care services. CBT has transformed from its original nature and developed in various dimensions. Recently, researchers focused on understanding the genetic, neurophysiological, and environmental factors associated with psychopathology and its relationship to the behavior, cognition, affective, and motivation of individuals and optimizing the delivery of CBT more effectively through the knowledge of the above-mentioned disciplines. Scholars are highlighting that CBT will further transform with its future directions. As mentioned above, CBT is effective in treating many mental health disorders. However, individual recovery and the positive outcome of recovery are even now questionable. Many clients receive the CBT intervention at a lower stage and each individual has not successfully recovered through the prescribed CBT framework. Considering these deficits, modern clinical psychology scholars are working on the development of individualized or personal-based CBT for the respective individuals (MCmain, 2015). Therefore, this approach has developed with practice-oriented research. Through individualizing, cognitive behavior therapy will recognize the unique characteristics of the individual and give an optimized outcome. This approach is known as personalized medicine (MCmain, 2015). Moreover, to provide more effective cognitive behavior therapy, contemporary scholars are developing this therapeutic framework into a transdiagnostic treatment approach (Clark, 2009). This is a common therapeutic framework applicable to any mental health disorder. According to cognitive behavior therapy, each mental health disorder has a unique psychological process. Therefore, CBT has developed to psychologically treat specific mental health disorders. The transdiagnostic treatment approach of CBT mainly focuses on the development of the interventional approach which is common in behavioral, cognitive, and physiological features across the disorders. Therefore, this new direction of CBT is absent from the

diagnostic assessment and developed with an empirical scientific integrative approach. However, pragmatically, this transdiagnostic approach of CBT is delivered as group therapy and utilizes the methods of psychoeducation, self-monitoring, cognitive restructuring, and exposure. Further, in clinical intervention, this approach empowers the client to cope with their daily life issues and psychological vulnerabilities. This new direction is effective in attracting more clients for the treatments in a cost-effective manner. Further, this CBT intervention is more oriented toward preventing than treating. However, the disadvantages of this approach are expected to be more scientific validations and it does not apply to some mental health disorders. Therefore, scholars focus on integrating those interventions for a more effective outcome (Stallard, 2002). In addition, cognitive behavior therapy has developed as a computer-based therapy in the present. In the technological base of CBT, digitalized therapeutic sessions are delivered to the client via computer-instructed programs or applications of the smartphone. (MCmain, 2015). Internet-based CBT programs evaluate the client's characteristics, workload and set the treatment goal. With accessibility to the internet, an individual can continue their own CBT session with the technological integration of CBT (Page, 2019). Scholars who are engaged in the development of CBT have introduced self-help books for clients to enhance their personalities through a self-refection approach. Further cognitive behavior therapy developed with the knowledge of cognitive science and neuroscience (Beck, 2011a). With the help of knowledge of cognitive science, therapists can move to the deeper dimensions of cognition and make a deeper change to overcome relapse prevention by addressing the core belief of the individual. This point shows that researchers on CBT are exploring psychopathology more and developing an empirical framework for the delivery of CBT (Gaudiano, 2008). For an effective delivery of cognitive behavior therapy in the future, it will be combined with various groups of therapies as alternative therapies on cognitive behavior therapy. These are problem-solving therapy, dialectical behavior therapy, metacognitive therapy, rational and emotive therapy, cognitive processing therapy, mindfulness-based cognitive therapy, cognitive behavior analysis systems of psychotherapy, behavior activation therapy, and schema-focused therapy (Gaudiano, 2008). Moreover, the contemporary therapeutic intervention of CBT is delivered not only for individuals, it is given as a group intervention. CBT group intervention approach has been propagated and it is delivered as a small-scale group and a larger group. In the intervention, open-ended, open-rotating, and programmed CBT techniques are utilized. Further, there are a couple of therapies that have been developed based on cognitive behavior therapy (Westbrook, 2007). Therefore, cognitive behavior therapy will be an interactive and holistic framework in the future. Furthermore, in future directions, it will not be limited to therapy of cognitive modification of individuals, and it will address all human suffering through the positive development of emotions and behavior. Therefore, cognitive behavior therapy will be the upcoming lean psychotherapy of the future decade of clinical healthcare service (Hofmann, 2021).

4. Conclusion and Recommendation

Contemporary cognitive behavior therapy has developed as an empirical, evidence-based psychotherapy in the present clinical health care services. However, that degree of cognitive behavior therapy has developed with several transformations within its 63 years of existence. CBT intervention was majorly developed as an intervention for depression, based on the cognitive therapy base, but it was propagated as psychotherapy to overcome the deficits of psychoanalysis and behaviorism. However, in its initial stage,

several limitations and weaknesses occurred in the delivery of psychotherapy. Therefore, the initial stage of CBT underwent criticism theoretically and pragmatically. By transforming CBT into a disorder-specific intervention, it has overcome its weakness and developed this psychotherapy as an evidence-based clinical intervention. Nevertheless, several limitations occurred in CBT, and to overcome those limitations, clinicians and researchers have introduced third-wave CBT therapies. These newly propagated therapies have contributed to the classical approach of CBT to ensure long-term recovery with relapse prevention. In the future, cognitive behavior therapy will further transform into an individualized CBT to shorten all the sufferings of the individual and enhance the quality of life of the individual. Further, CBT will be an easily accessible therapy in the future to cope with challenges with a solid foundation in cognitive sciences and neurology. Thus, cognitive behavior therapy transforms into effective psychotherapy in clinical health care by overcoming its limitations by addressing the clinical needs of the psychotherapy. Ultimately, cognitive behavior therapy will further transform for the enhancement of its effectiveness. Therefore, Cognitive behavior therapy will be the most outstanding therapy in psychological intervention in future clinical health care services. In addition, psychotherapists can recognize the transformation of CBT and deliver their therapeutic services by avoiding the limitations of CBT for the effective delivery of their therapeutic service. Further, clinicians can utilize the later development of CBT for effective healthcare services.

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