

This groundbreaking book makes the implicit explicit: cognitive behavior therapy is grounded in a strong, respectful, and caring therapeutic relationship. The research is clear and compelling: Attention to the therapeutic relationship improves treatment outcome and decreases therapy drop out. If doubts linger, Dr. Wenzel's clinical experience and wisdom will convince you. And once convinced, you'll find in this book skills, strategies, and guidance that will add both power and compassion to the cognitive behavior therapy you provide.

—**Michael A. Tompkins, PhD, ABPP**, codirector, San Francisco Bay Area Center for Cognitive Therapy, Oakland, CA; faculty, Beck Institute for Cognitive Behavior Therapy, Bala Cynwyd, PA, United States

Dr. Amy Wenzel, a leading expert in cognitive behavior therapy (CBT), delivers a compelling and comprehensive guide for clinicians on therapeutic relationship processes in CBT, including those unique to the modality. Rich in theoretical concepts and empirical research synthesis, this guide offers clinicians practical insights they can immediately apply in their sessions.

—**Nikolaos Kazantzis, PhD**, Cognitive Behavior Therapy Research Unit, Melbourne, Australia, and author of *The Therapeutic Relationship in Cognitive-Behavioral Therapy: A Clinician's Guide*

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INTRODUCTION

The Therapeutic Relationship and Its Relevance to Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a powerful, efficacious approach to psychotherapy for a host of mental health and adjustment issues. It is an active, problem-focused, and time-sensitive approach to treatment in which therapists (a) form a sophisticated case formulation of the cognitive, emotional, behavioral, and environmental factors that contribute to, maintain, and exacerbate pathology; and (b) collaborate with the client to apply strategic interventions meant to reshape one or more aspects of this system. CBT has transformed the lives of countless individuals, facilitating healing that, for so many, had been elusive. And yet, it is not without controversy. One topic that receives much debate among scholars and providers within the mental health field is the role of the therapeutic relationship in the delivery and efficacy of CBT.

Allow me to illustrate this observation with an anecdote. When I am training mental health professionals who hope to obtain advanced supervision in CBT, they often pose a scenario like this: “I’m having a reaction to my client, probably based in my own ‘stuff.’ It feels like countertransference. I think this is off-limits in CBT. Right?” Here is another example: “My client just experienced a significant loss, and I thought it would be off-putting to implement

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a CBT strategy. I just focused on providing care and support. But this means that I was no longer doing CBT. Right?” I always find the insertion of the simple question of reassurance (“Right?”) to be fascinating because therapists, in certain instances, seem to have an intuitive draw toward attending directly to the therapeutic relationship, but they fear that by doing so, they would be stepping outside of protocol and, therefore, would be out of compliance. In other words, many therapists have the sense that a focus on what is happening in the therapeutic relationship is part and parcel of other types of psychotherapies (e.g., psychodynamic psychotherapy) and that to be “doing” CBT with fidelity, they must be limited to the technical application of strategies that promote cognitive and behavioral change.

My response in these and similar circumstances is, without question, “Wrong!” These assertions could not be further from the truth. I contend that the highest-quality CBT is delivered when simultaneous attention is given to the cultivation, nurturance, and enhancement of the therapeutic relationship and to the strategic and responsive delivery of cognitive behavioral therapeutic interventions (cf. Kohlenberg & Tsai, 1991; Safran & Segal, 1990). Part of the cultivation, nurturance, and enhancement of the therapeutic relationship is intuiting and listening to our clients’ needs for empathy, support, validation, and care, especially after experiencing a significant loss, disappointment, or taxing challenge. Furthermore, attention directed to the therapeutic relationship itself may provide an important learning experience that prompts cognitive change about the self and relationships as well as behavioral changes in the way in which clients manage their relationships. I also contend that some of the very best CBT occurs when a pivotal issue has arisen in the therapeutic relationship, and cognitive behavioral principles and strategies are used to understand it, work through it, learn from it, and generalize it to other relationships outside of therapy. These contentions essentially form the thesis of this book on what I call *therapeutic relationship-focused CBT* (TRF-CBT).

Unfortunately, a stereotype exists about cognitive behavioral therapists, which is that they have ignored or minimized the importance of the therapeutic relationship on therapy process and outcome. This stereotype could have emerged because CBT is, indeed, a fairly structured therapy with treatment goals and an agenda that is set for each session and because there are, indeed, a vast array of techniques that are delivered with technical precision. Nevertheless, I believe the stereotype to be false. For instance, in their seminal book on behavior therapy, Goldfried and Davison (1976) emphasized the utmost importance of delivering behavioral techniques in a warm and empathetic manner of interaction with the client, making the provocative statement, “Any behavior therapist who maintains that principles of

learning and social influence are all one needs to know in order to bring about behavior change is out of contact with clinical reality” (p. 55). Wilson and Evans (1977) regarded the therapeutic relationship as being a catalyst of behavioral change strategies, such as by providing reinforcement to increase desirable behaviors (e.g., appropriate interpersonal behaviors that enhance relationships), improving the likelihood of client response to therapist intervention, and establishing therapeutic expectancies (e.g., optimism that therapy can improve their symptoms). Arnkoff (1983) observed that the therapeutic relationship allows therapists to observe, in real time, aspects of clients’ interpersonal functioning and to help clients adjust their interpersonal behavior within the relationship in a way that will generalize to relationships in their lives. Fast forwarding 40 to 45 years later, a consensus of 32 expert cognitive behavioral therapists regarded the development and maintenance of a good therapeutic alliance (a component of the therapeutic relationship, as described in Chapters 1 and 2 of this volume) as a core effective component of good CBT (Taylor et al., 2020).

Aaron T. Beck, who is regarded by most as the father of CBT, was heavily inspired by the writing of client-centered therapists who assigned a central role of the therapeutic relationship in psychotherapy, most notably Carl Rogers. Dr. Beck devoted a chapter to the therapeutic relationship in his seminal volume on cognitive therapy of depression (A. T. Beck et al., 1979), although his assertion in that chapter—that a strong therapeutic relationship is “a necessary but not sufficient agent of change” (p. 45)—often provokes strong reactions in therapists who practice from other theoretical orientations. Furthermore, observing Dr. Beck harness the power of the therapeutic relationship in real time was particularly striking for those of us fortunate enough to witness him conduct role plays and client consultations. I witnessed participants in workshops at the Beck Institute for Cognitive Behavior Therapy who watched Dr. Beck in action and were consistently awed by his kindness, empathy, sense of humor, and uncanny ability to connect with clients who were from very different backgrounds than himself. In the post-demonstration discussions that I often led, workshop participants concurred that they had expected Dr. Beck to demonstrate the masterful application of CBT strategies and techniques; what they had not expected was how “human” Dr. Beck came across to his clients and how it was the quality of the therapeutic relationship, rather than any specific CBT strategy he implemented, that stood out most.

Another insight about Dr. Beck’s views of the therapeutic relationship became evident in a question-and-answer session in which I participated with him in 2019, approximately 2 years before his death in 2021 at age 100. In that session, Dr. Beck remarked that he made an important error in

his early writings about cognitive therapy (which elicited a gasp from the audience). Specifically, Dr. Beck remarked that he assumed that clinicians learning CBT would have already had training in basic counseling skills and would have a great appreciation for ways to build the therapeutic relationship, so he focused his writing on the application of cognitive and behavioral principles, strategies, and techniques that were meant to be delivered in the context of a strong therapeutic relationship. Unfortunately, over time, this assumption morphed into a stereotype that cognitive behavioral therapists are uninterested in or inattentive to the therapeutic relationship (or both), which Dr. Beck lamented. This stereotype is beginning to loosen with the publishing of full volumes devoted to the therapeutic relationship in CBT (Gilbert & Leahy, 2007; Kazantzis et al., 2017), conceptual peer-reviewed manuscripts on the importance of the therapeutic relationship (K. S. Dobson, 2022; Kazantzis, Dattilio, et al., 2018; Lejuez et al., 2005), and empirical investigations into the role that components of the therapeutic relationship play in outcome in CBT (some of which are referenced in Chapter 2 of this volume). Nevertheless, criticism continues to be directed toward or implied about CBT with regard to the assumption that cognitive behavioral therapists assign a minimal role to the therapeutic relationship (e.g., Shedler, 2010) or do not fully appreciate distinctions among essential ingredients in the therapeutic relationship (Gelso, 2011).

I do, however, believe that cognitive behavioral therapists could stand to learn from and adapt the scholarship outside of the strict cognitive behavioral framework (e.g., from the psychodynamic literature, from the humanistic literature) that has great relevance to psychotherapy process and outcome (cf. Goldfried, 2013). Although CBT experts do a fantastic job of conducting empirical research to validate relevant constructs and quantify their association with treatment outcome, they do so almost exclusively within the cognitive behavioral framework (although there are some notable exceptions, such as collaborations at the University of Pennsylvania between Dr. Beck and renowned psychodynamic researchers such as Lester Luborsky, Paul Crits-Christoph, and Jacques Barber; cf. Crits-Christoph et al., 1998). With the publication of important books on CBT and the therapeutic relationship (Gilbert & Leahy, 2007; Kazantzis et al., 2017) in the past decade and a half, the time is ripe to integrate insights from outside of the cognitive behavioral framework to maximize the therapeutic relationship in the delivery of CBT. I believe cognitive behavioral therapists can learn a great deal from these insights that will only strengthen the efficacy of the approach.

The purposes of this book are (a) to provide a broad conceptualization of the therapeutic relationship by consulting and integrating literature that cuts across theoretical frameworks, and (b) to apply this broad conceptualization

to illustrate the way in which the therapeutic relationship can be used as both a facilitator of change as well as a central agent of change within the cognitive behavioral framework. In addition to acknowledging important theoretical and empirical scholarship on the therapeutic relationship that has been advanced by renowned CBT scholars, this book highlights and integrates important insights from scholars who operate outside of the cognitive behavioral framework. In addition, it provides specific clinical guidance for developing, maintaining, and enhancing the therapeutic relationship throughout the course of CBT, and it provides illustrations to support the notion expressed in the previous paragraph—that some of the very best CBT occurs in the context of an issue that is happening in real time in session within the therapeutic relationship (cf. Kohlenberg & Tsai, 1991; Safran & Segal, 1990). What is expected to emerge from this volume is a description of a TRF-CBT that brings together key scholarly advancements on the therapeutic relationship, translates them into clinical guidance, and sets up a foundation for future empirical research and clinical practice.

TRF-CBT is not yet another new manifestation of CBT. Instead, it is a framework that can be applied to any CBT protocol, approach, or delivery, in which the cognitive behavioral therapist is especially mindful of the following:

- (a) Cultivating the therapeutic relationship, as early as during the very first contact with the client;
- (b) Paying relatively equal attention to the therapeutic relationship and cognitive behavioral strategies and techniques as the course of a client's CBT progresses;
- (c) Delivering CBT strategies and techniques from a client-centered framework;
- (d) Applying CBT strategies and techniques in real time when issues arise within the therapeutic relationship to repair any potential rupture to the relationship and create a corrective learning experience that can be applied to relationships in clients' lives outside of session (cf. Alexander & French, 1946; Eubanks & Goldfried, 2019);
- (e) When relevant, cultivating a therapeutic relationship that provides a fundamental learning experience for clients who have had damaging relationships with key figures, such as a parent, a significant romantic other, or another person who played an important role in their lives (cf. Young et al., 2003);
- (f) When relevant, relying on the strength of the therapeutic relationship to weather any temporary plateaus or impasses that occur during the

course of treatment (i.e., even in moments in which it seems that the cognitive behavioral interventions are not exerting their desired effects, the therapist and client are still cultivating and coexperiencing their therapeutic connection as they continue on their path to see the client through to recovery); and

- (g) Using elements of the therapeutic relationship strategically, or in a way that facilitates the successful implementation of CBT strategies and techniques, as well as serving as an active agent of important cognitive, emotional, and behavioral change (cf. Zilcha-Mano, 2017, 2021).

I contend that delivering CBT with a focus on the therapeutic relationship pays homage to the history of psychotherapy scholarship, discourse, and research; enhances the therapeutic experience for both client and therapist; and, importantly (when verified by empirical research), has the potential to enhance engagement, retention in treatment, and ultimate outcome. Moreover, it is not difficult to surmise that when a client has a positive experience in psychotherapy attributed to a strong therapeutic relationship, they will readily return to treatment if they notice signs of relapse or are facing another major challenge in their life, and they would even speak highly of psychotherapy to others and encourage their loved ones to seek it out themselves.

Many psychotherapy research scholars differentiate between the relational and technical aspects of psychotherapy. There are an abundance of CBT texts that focus on the important technical aspects of the delivery of CBT, including fundamental strategies such as cognitive restructuring, behavioral activation, exposure, problem solving, and relapse prevention. This volume takes a different perspective in that I focus on the relational aspect that can be harnessed both in its own right and during implementation of the technical side of CBT.

STRUCTURE OF THIS VOLUME AND FINAL THOUGHTS

This volume is divided into two parts. Part I on contextual foundations describes theory, discourse, empirical research, and some clinical applications of general aspects of the therapeutic relationship. Chapter 1 considers various definitions of the therapeutic relationship as well as three components of the therapeutic relationship that pervade the psychotherapy literature in general and the psychodynamic literature in particular: (a) the therapeutic alliance, (b) transference and countertransference, and (c) the real relationship. In Chapter 2, I describe the common or generic factors that are applicable in

any type of psychotherapy, highlighting research on their relation to outcome, referencing their application in CBT-specific research, and suggesting ways to facilitate them in treatment. I illustrate the dynamic unfolding of many of these constructs with the case of Sarah first presented in the Preface of this volume. Chapter 3 takes the same approach with CBT-specific factors that contribute to the therapeutic relationship, with much dialogue between Sarah and her therapist to demonstrate specific ways to apply these factors in conjunction with the common or generic factors described in Chapter 2. After reading Part I, it is expected that the reader will come away with a broad overview of factors at work in the cultivation of the therapeutic relationship.

Part II of this volume summarizes clinical guidance for the implementation of TRF-CBT. Collectively, these clinical chapters illustrate ways to be mindful of the common and specific therapeutic relationship-enhancing elements described in Chapters 2 and 3 in nurturing a real, genuine therapeutic relationship. They also describe ways in which relationship-enhancing elements and CBT strategies and techniques can address a potential rupture in the therapeutic alliance. In Chapter 4, I describe principles of which therapists can be mindful even in the very first contacts with a client inquiring about CBT and scheduling a first session, as well as ways that cognitive behavioral therapists can build a therapeutic alliance with their clients in the first several sessions. Chapter 5 focuses on the use of the therapeutic relationship in the delivery of cognitive restructuring, a fundamental strategic intervention in CBT. Chapter 6 considers social problem solving, including the solving of problems that emerge within the therapy arrangement. Chapter 7 highlights the importance of a strong therapeutic relationship as a foundation for undertaking exposure interventions, and it discusses ways in which the therapeutic relationship itself can serve as an agent of exposure. Chapter 8 turns to schema modification, or the shifting of painful fundamental beliefs and associated affective and behavioral patterns that emerge from clients' past experiences. It is here that cognitive behavioral work is especially ripe for transference and countertransference to occur (Leahy, 2012). Finally, Chapter 9 focuses on the ending of treatment, including reflecting on the therapeutic relationship as treatment ends and working through any reactions that clients might have. The volume concludes with Chapter 10, reiterating the main premises of TRF-CBT and proposing a rich framework for conceptualizing the therapeutic relationship within the practice of CBT.

I leave the reader with the following sentiment as they embark on critical evaluation and thoughtful reflection on the therapeutic relationship in CBT. As stated eloquently by psychoanalyst Ralph Greenson (1978), "Technical errors may cause pain and confusion, but they are usually repairable; failure of humanness is much harder to remedy" (p. 377). Above all, this

volume is about being human as one delivers CBT (cf. J. S. Beck, 2021). And humanness comes with “warts and all”—in being human, sometimes therapists inadvertently do things that are not received well by the client. These are opportunities for therapists to grow as professionals and, more importantly, for clients to grow in their handling of the nuances of close interpersonal relationships. More generally, the gift of humanness has the potential to provide clients the opportunity to shift unhelpful and upsetting beliefs about their capacity for relationships, their own desirability in relationships, and the degree to which relationships are warm and trustworthy. From my standpoint, there is no greater experience that we can provide our clients in need.