Cognitive-behavioral therapy (CBT) was developed 50 years ago. At a time where psychodynamic therapy dominated the mental health landscape, psychologist Albert Ellis and psychiatrist Aaron Beck realized that their patients’ thoughts and deeply held beliefs were directly connected to how they reported feeling. Additionally, it was recognized that people’s behaviors also affected their well-being. Consequently, the focus of therapy shifted from psychodynamic exploration to identifying and challenging patients’ maladaptive thoughts and helping them change the way they behaved. To this day, cognitive-behavioral therapists are helping their patients achieve significant symptom reductions, and in many cases, remission from various mental health concerns by changing the way patients think about themselves, others, and the world and encouraging adaptive behaviors.

CBT is the most researched form of psychotherapy to date and has a strong evidence base supporting its effectiveness. The highly structured nature of the therapy and the focus on symptom monitoring lend themselves to researching its effectiveness. CBTs have been the focus of many randomized controlled trials and effectiveness studies, with the majority demonstrating their effectiveness.¹ Not surprisingly, CBTs are currently considered frontline interventions for a large range of psychiatric disorders, especially mood and anxiety disorders.² CBTs can be used as standalone interventions, especially for nonpsychotic disorders, or in conjunction with medication management. One benefit of CBTs over the use of medications is their ability to facilitate lasting changes, even after the completion of treatment.³

For decades, the delivery format of CBTs has largely remained unchanged. CBTs have traditionally been delivered once per week in face-to-face individual or group therapy sessions by licensed professionals, who underwent often years of in-depth training in the intervention. In recent years, however, the delivery of CBTs has begun to change. In this issue of Psychiatric Annals, we highlight four articles that discuss novel delivery formats of CBTs that have emerged in recent years. We believe that each of these delivery formats will become more prominent in the next several years. Specifically, we invited experts to discuss (1) intensive or massed delivery of CBTs, in which sessions are delivered daily or even multiple times per day; (2) virtual reality exposure therapy, in which traditional cognitive-behavioral mechanisms are combined with emerging technologies to facilitate symptom improvement; (3) mHealth, in which mobile applications are used to enhance therapy; and (4) CBT delivered by laypersons, in which nonprofessionals are trained to deliver CBT to their peers to increase access to effective treatments in underserved communities.

Each article provides an overview of the existing evidence supporting their effectiveness, highlights current challenges, and points toward directions for future research. Although many

Philip Held, PhD; and Mark H. Pollack, MD

Guest Editorial

Novel Delivery Formats of Cognitive-Behavioral Therapies

Philip Held, PhD; and Mark H. Pollack, MD
of these topics have not yet reached the mainstream, it is important for clinical providers to become familiar with the direction in which the field is moving. The shift in the delivery of CBT aligns closely with societal and cultural changes that have been and are taking place today, and further highlights how adaptable the core components of CBT—cognitive and behavioral changes—are to survive the test of time. Novel CBT delivery formats have the potential to enable a larger number of people affected by mental health problems to gain access to effective treatments, thus breaking down barriers that prevent many people from getting the help they need, and for treatment delivery to become more efficient, enabling people to regain their functioning more quickly.

Our intent is for this issue to function as a relatively broad overview of distinct delivery formats. It is our hope that these articles spark not only interest among our readers, but also lead to rigorous research examining these and additional novel CBT delivery formats.

REFERENCES