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Goldfried M R & Davison G C. *Clinical behavior therapy*.
New York: Holt, Rinehart and Winston, 1976. 301 p.
[State University of New York, Stony Brook, NY]

Written for the practitioner, *Clinical Behavior Therapy* describes and illustrates how behavior therapy may be implemented in actual clinical practice. The book covers such topics as behavioral assessment, the therapeutic relationship, relaxation training, desensitization, behavior rehearsal, cognitive relabeling, problem solving, reinforcement procedures, ethics, and selected clinical problems. [The *Science Citation Index*[®] (SCI)[®] and the *Social Sciences Citation Index*[®] (SSCI)[®] indicate that this book has been cited in over 240 publications since 1976.]

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We had been colleagues at Stony Brook since 1966 and had worked together in a number of contexts—the university clinic, supervision, teaching, and in the development of the graduate program in clinical psychology and the postdoctoral program in behavior therapy—but had never collaborated on any major writing project. Like the motivation many others have had for writing books, we were dissatisfied with the way behavior therapy had often been presented in the literature. It seemed too straightforward, mechanical, and simple, a presentation that did not match our own clinical experience or our observations as teachers and clinical supervisors. Moreover, we wanted

to see a more faithful representation of how clinical behavior therapy could be carried out in a more human—indeed, humanistic—way. In the early 1970s, we finally decided it was time to put some of these ideas and observations down on paper.

A major point we tried to get across was that it would be overly narrow and shortsighted to define behavior therapy in terms of its techniques, which are likely to change as a result of the ongoing research efforts that characterize this approach to therapy. Instead, we depicted behavior therapy as a general orientation to clinical work that draws on and maintains close ties with basic research and theory in experimental and social psychology.

As a bonus to the excitement and professional growth associated with the collaborative process, the book itself was well received. We believe the reason for this is that we made a concerted effort to address ourselves to the experiences and needs of practicing clinicians. Moreover, we openly acknowledged that it would be wrong to wipe the slate clean, as other orientations had much to offer to the clinical practice of behavior therapy. We also wrote the book not only for students and practitioners of behavior therapy, but also for therapists of other orientations who might want to incorporate behavioral thinking and methods into their clinical work.

Throughout the book, the importance of cognitive processes for understanding and changing human functioning was emphasized, which we hope has added to the cognitive view of behavior therapy that now seems to be more the rule than the exception. In turn, cognitive behavior therapy has naturally provided the bridge for what appears to be going on within the field of psychotherapy, namely, a movement toward rapprochement.¹⁻⁴

1. Davison G C & Neale J M. *Abnormal psychology: an experimental clinical approach*. New York: Wiley, 1982. 823 p.
2. Goldfried M R, ed. *Converging themes in psychotherapy: trends in psychodynamic, humanistic, and behavioral practice*. New York: Springer, 1982. 404 p.
3. Strupp H H. Are psychoanalytic therapists beginning to practice cognitive behavior therapy or is behavior therapy turning psychoanalytic? *Brit. J. Cognitive Psychother.* 1:17-27, 1983.
4. Wachtel P L. *Psychoanalysis and behavior therapy: toward an integration*. New York: Basic Books, 1977. 315 p. (Cited 140 times.)