COGNITIVE BEHAVIOUR THERAPY

CBT is a short-term talking treatment that nonetheless has a highly practical approach to problem-solving. It aims to change patterns of thinking or behaviour that are behind people's difficulties, and in doing so to change the way they feel.

What is cognitive behaviour therapy?

Cognitive behaviour therapy (CBT) describes a number of therapies that all have a similar approach to solving problems, which can range from sleeping difficulties or relationship problems, to drug and alcohol abuse or anxiety and depression. CBT works by changing people's attitudes and their behaviour. The therapies focus on the thoughts, images, beliefs and attitudes that we hold (our cognitive processes) and how this relates to the way we behave, as a way of dealing with emotional problems.

An important advantage of CBT is that it tends to be short, taking three to six months for most emotional problems. Clients attend a session a week, each session lasting either 50 minutes or an hour. During this time, the client and therapist are working together to understand what the problems are and to develop a new strategy for tackling them. CBT introduces them to a set of principles that they can apply whenever they need to, and which will stand them in good stead throughout their lives.

CBT is a combination of psychotherapy and behavioural therapy. Psychotherapy emphasises the importance of subjective meaning and how thinking patterns begin in childhood. Behavioural therapy pays close attention to the relationship between specific problems, behaviours and thoughts.

What's the history of CBT?

In the 1960s, a US psychiatrist and psychotherapist called Aaron T. Beck observed during his analytical sessions that his patients tended to have an 'internal dialogue' going on in their minds, almost as if they were talking to themselves. But they would only report a fraction of this kind of thinking to him.

For example, in a therapy session the patient might be thinking to him- or herself: 'He (the therapist) hasn't said much today. I wonder if he's annoyed with me?' These thoughts might make the client feel slightly anxious or perhaps annoyed. The patient could then respond to this thought with a further thought: 'He's probably tired or perhaps I haven't been talking about the most important things'. The second thought might change how the patient was feeling.

Beck realised that the link between thoughts and feelings was very important. He invented the term 'automatic thoughts' to describe emotion-filled or 'hot' thoughts that might pop up in the mind. Beck found that people weren't always fully aware of such thoughts, but could learn to identify and report them. If a person was feeling upset in some way, the thoughts were usually negative and neither realistic nor helpful. Beck found that identifying these thoughts was the key to the client understanding and overcoming his or her difficulties.

Beck called it cognitive therapy because of the importance it places on thinking. It's now known as CBT because the therapy employs behavioural techniques as well. The balance between the cognitive and the behavioural elements varies among the different therapies of this type, but all come under the umbrella term cognitive behaviour therapy. CBT has since undergone successful scientific trials in many places by different teams, and has been applied to a wide variety of problems.

What's so important about negative thoughts?

CBT is based on a 'model' or theory that it's not events themselves that upset us, but the meanings we give them. If our thoughts are too negative, it can block us seeing things or doing things that don't fit – that disconfirm – what we believe is true. In other words we continue to hold on to the same old thoughts and fail to learn anything new.

For example, a depressed woman may think, 'I can't face going into work today: I can't do it. Nothing will go right. I'll feel awful.'
As a result of having these thoughts – and of believing them – she may well ring in sick. By behaving like this, she won't have the chance to find out that her prediction was wrong. She might have found some things she could do, and at least some things that were OK. But, instead, she stays at home, brooding about her failure to go in and ends up thinking: 'I've let everyone down. They will be angry with me. Why can't I do what everyone else does? I'm so weak and useless.' So, that woman probably ends up feeling worse, and has even more difficulty going in to work the next day.

Thinking, behaving and feeling like this may start a downward spiral. This vicious circle can apply to many different kinds of problems.

How does this kind of problem start?

Beck suggested that these thinking patterns are set up in childhood, and become automatic and relatively fixed. So, a child who didn't get much open affection from their parents but was praised for school work, might come to think, 'I have to do well all the time. If I don't, people will reject me'.

Such a rule for living (known as a 'dysfunctional assumption') may do well for the person a lot of the time and help them to work hard. But if something happens that's beyond their control and they experience failure, then the dysfunctional thought pattern may be triggered. The person may then begin to have 'automatic' thoughts like, 'I've completely failed. No-one will like me. I can't face them'.

CBT acts to help the person understand that this is what's going on. It helps him or her to step outside their automatic thoughts and test them out. CBT would encourage the depressed woman mentioned earlier to examine real-life experiences to see what happens to her, or to others, in similar situations. Then, in the light of a more realistic perspective, she may be able to take the chance of testing out what others do think by revealing something of her difficulties to friends.

Clearly, negative things can and do happen. But when we are in a disturbed state of mind, we may be basing our predictions and interpretations on a biased view of the situation, making the difficulty that we face seem much worse. Through CBT, people are helped to correct these misinterpretations.

What kind of people benefit?

People who describe having particular problems are often the most suitable for CBT because it works through having a specified focus and goals. It may be less suitable for someone who feels vaguely unhappy or unfulfilled, but who doesn't have troubling symptoms or a particular aspect of their life they want to work on. Anyone who can relate to CBT's ideas, its problem-solving approach and the need for practical self-assignments may also be more easily helped. People tend to prefer CBT if they want a more practical treatment, where gaining insight isn't the main aim.

CBT can be an effective therapy for the following problems:

- anger management
- anxiety and panic attacks
  child and adolescent problems
- chronic fatigue syndrome
- chronic pain
- depression
- drug or alcohol problems
- eating problems
- general health problems
- habits such as facial tics
- mood swings
- obsessive-compulsive disorder

- phobias
- post-traumatic-stress disorder
- sexual and relationship problems
- sleep problems

There is a new and rapidly growing interest in using CBT (together with medication) with people who suffer from hallucinations and delusions, and those with long-term problems in relating to others.

It's less easy to solve problems that are more severely disabling and more long-standing through short-term therapy. But people can often learn principles that improve their quality of life and increase their chances of making further progress. There is a wide variety of self-help literature available, which both gives more information about treatments for particular problems and ideas about what people may do on their own or with friends and family.

How effective is it?

CBT can substantially reduce the symptoms of many emotional disorders – clinical trials have shown this. In the short term, it's just as good as drug therapies at treating depression and anxiety disorders. And the benefits may last longer. All too often, when drug treatments finish, people relapse, and this had led practitioners to advise patients to continue using medication for longer.

When patients are followed up for up to two years after therapy has ended, many studies have shown a marked advantage for CBT.

For example, 12 sessions of CBT have been shown to be as helpful in tackling depression as medication that continued throughout the two-year follow-up period. This research suggests that CBT helps bring about a real change that goes beyond just feeling better while the patient stays in therapy. This has fuelled interest in CBT. Comparisons with other types of short-term psychological therapy aren't quite so clear-cut. Therapies such as inter-personal therapy and social skills training are also effective. The drive is now to make all these interventions as effective as possible, and also, perhaps, to establish who responds best to which type of therapy.

Limitations

CBT is not a miracle cure. The therapist needs to have considerable expertise – and the patient must be prepared to be persistent, open and brave. Not everybody will benefit, at least not to full recovery in a short space of time. It's unrealistic to expect too much.

At the moment, we know quite a lot about people who have relatively clear-cut problems. We know much less about how the average patient may do – somebody, perhaps, who has a number of problems that are less clearly defined. Sometimes, therapy may have to go on longer to do justice to the number of problems and to the length of time they've been around. One fact is also clear, though. CBT is rapidly developing. All the time, new ideas are being researched to deal with the more difficult aspects of patients' problems.

How does CBT work?

CBT is quite complex. There are several possible theories about how it works, and patients often have their own views. Perhaps there is no one explanation. But CBT probably works in a number of ways at the same time. Some it shares with other therapies, some are specific to CBT. The following illustrate the ways in which CBT can work.

Learning coping skills

CBT tries to teach patients skills for dealing with their problems. Someone with anxiety may learn that avoiding situations helps to fan their fears. Confronting fears in a gradual and manageable way helps give the person faith in their own ability to cope. Someone who is depressed may learn to record their thoughts and look at them more realistically. This helps them to break the downward spiral of their mood. Someone with long-standing problems in relating to other people may learn to check out their assumptions about other people's motivation rather than always assuming the worst.

Changing behaviours and beliefs

A new strategy for coping can lead to more lasting changes to basic attitudes and ways of behaving. The anxious client may learn to avoid avoiding things! He or she may also find that anxiety is not as dangerous as they assumed. The depressed client may come to see him- or herself as an ordinary member of the human race, rather than someone inferior and fatally flawed. Even more basically, the client may come to have a different attitude to their thoughts – that thoughts are just thoughts, and nothing more.

Solving life problems

The methods of CBT may be useful because the client solves problems that may have been long-standing and stuck. Someone anxious may have been in a repetitive and boring job, lacking the confidence to change. A depressed person may have felt too inadequate to meet new people and improve their social life. Someone stuck in

an unsatisfactory relationship may find new ways of resolving disputes. CBT may teach someone a new approach to dealing with problems that have their basis in an emotional disturbance.

How can I find a therapist?

This may be the hardest bit. CBT clinicians/psychologists/counselors are thin on the ground in Ireland. There aren't many private practitioners yet, although some hospitals employ CBT therapists.

There is no legal requirement for therapists to register and be approved, but the British Association of Behavioural and Cognitive Therapy has a register of its members. Many Irish Cognitive Behaviour Therapists are members of this organistation. Therapists on the register have to present detailed information on their training and experience, supported by a qualified practitioner. They have to agree to conditions of ethical practice to include supervision, continuing professional education, etc. A copy of this register can be obtained from the BABCP.

Can I learn CBT techniques by myself?

Since CBT has a highly educational component, much use is made of reading material in individual therapy and this has been expanded into a large self-help literature over recent years (see Further reading and references). Whether use of books of this kind is helpful is a question that has not received much attention from researchers. There is one study of *The Feeling Good Handbook*, which was found effective for alleviating depression. This may suggest that other problems might be helped in the same way, although this will depend on the severity of the problem and how long it's been going on. Certainly a series of talks on CBT techniques and the reading of relevant material can do no harm. Indeed it is likely that it could prove beneficial for some clients.

A recent development is the use of interactive CD-Rom programmes that can be accessed via your GP or other service-providers. Some of these are very high quality. Some people may prefer them to seeing a therapist, particularly as a first step. They can help with devising relevant activities and monitor your individual progress in graphical form, which may be encouraging. They are currently being looked at by researchers in depression and eating disorders and may well come to be more freely available for self-help use.

Recommended Book

Overcoming Depression – a self-help guide using Cognitive Behavioral Techniques by Paul Gilbert (Robinson, London)