



For better
mental health

Making sense of cognitive behaviour therapy (CBT)



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Making sense of cognitive behaviour therapy

CBT is a short-term talking treatment that has a highly practical approach to problem-solving. It aims to change patterns of thinking or behaviour that are behind people's difficulties, and so change the way they feel. This booklet is for anyone interested in knowing more about CBT. It explains who and what it's for, and how to find a therapist.

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 the personal meaning we place on things and how thinking patterns begin in childhood. Behavioural therapy pays close attention to the relationship between our problems, our behaviour and our thoughts.

What's the history of CBT?

In the 1960s, a US psychiatrist and psychotherapist called Aaron T. Beck observed that, during his analytical sessions, 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 client 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. He or she 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 client 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 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. Our thoughts can block us seeing things that don't fit with 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 other people 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. CBT helps people to correct these misinterpretations.

What form does treatment take?

CBT differs from other therapies because sessions have a structure, rather than the person talking freely about whatever comes to mind. At the beginning of the therapy, the client meets the therapist to describe specific problems and to set goals they want to work towards. The problems may be troublesome symptoms, such as sleeping badly, not being able to socialise with friends, or difficulty concentrating on reading or work. Or they could be life problems, such as being unhappy at work, having trouble dealing with an adolescent child, or being in an unhappy marriage.

These problems and goals then become the basis for planning the content of sessions and discussing how to deal with them. Typically, at the beginning of a session, the client and therapist will jointly decide on the main topics they want to work on this

week. They will also allow time for discussing the conclusions from the previous session. And they will look at the progress made with the 'homework' the client set for him- or herself last time. At the end of the session, they will plan another assignment to do outside the sessions.

Doing homework

Working on homework assignments between sessions, in this way, is a vital part of the process. What this may involve will vary. For example, at the start of the therapy, the therapist might ask the client to keep a diary of any incidents that provoke feelings of anxiety or depression, so that they can examine thoughts surrounding the incident. Later on in the therapy, another assignment might consist of exercises to cope with problem situations of a particular kind.

The importance of structure

The reason for having this structure is that it helps to use the therapeutic time most efficiently. It also makes sure that important information isn't missed out (the results of the homework, for instance) and that both therapist and client think about new assignments that naturally follow on from the session.

The therapist takes an active part in structuring the sessions to begin with. As progress is made, and clients grasp the principles they find helpful, they take more and more responsibility for the content of sessions. So by the end, the client feels empowered to continue working independently.

Group sessions

CBT is usually a one-to-one therapy. But it's also well suited to working in groups, or families, particularly at the beginning of therapy. Many people find great benefit from sharing their difficulties with others who may have similar problems, even

though this may seem daunting at first. The group can also be a source of specially valuable support and advice, because it comes from people with personal experience of a problem. Also, by seeing several people at once, service-providers can offer help to more people at the same time, so people get help sooner.

How else does it differ from other therapies?

CBT also differs from other therapies in the nature of the relationship that the therapist will try to establish. Some therapies encourage the client to be dependent on the therapist, as part of the treatment process. The client can then easily come to see the therapist as all-knowing and all-powerful. The relationship is different with CBT.

CBT favours a more equal relationship that is, perhaps, more business-like, being problem-focused and practical. The therapist will frequently ask the client for feedback and for their views about what is going on in therapy. Beck coined the term 'collaborative empiricism', which emphasises the importance of client and therapist working together to test out how the ideas behind CBT might apply to the client's individual situation and problems.

What kind of people benefit?

People who describe having particular problems are often the most suitable for CBT, because it works through having a specific 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.

It's likely to be more helpful for anyone who can relate to CBT's ideas, its problem-solving approach and the need for practical self-assignments. 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 a number of 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

CBT does not claim to be able to cure all of the above problems. For example, it does not claim to be able to cure chronic pain or disorders such as chronic fatigue syndrome. Rather, CBT might help people with, for example, arthritis or chronic fatigue syndrome, to find new ways of coping while living with the disorders.

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 also a wide variety of self-help literature. It provides information about

treatments for particular problems and ideas about what people can do on their own or with friends and family (see p. 14).

Why do I need to do homework?

People who are willing to do assignments at home seem to get the most benefit from CBT. For example, many people with depression say they don't want to take on social or work activities until they are feeling better. CBT may introduce them to an alternative viewpoint – that trying some activity of this kind, however small-scale to begin with, will help them feel better.

If that individual is open to testing this out, they could agree to do a homework assignment (say to go to the cinema with a friend). They may make faster progress, as a result, than someone who feels unable to take this risk.

How effective is it?

CBT can substantially reduce the symptoms of many emotional disorders – clinical trials have shown this. For some people it can work just as well 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 so practitioners may 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 an advantage for CBT. 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. The National Institute for Clinical Excellence (NICE) recommends CBT via the NHS for common mental disorders, such as depression and anxiety. (NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.)

Comparisons with other types of short-term psychological therapy aren't 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 client 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, experts know quite a lot about people who have relatively clear-cut problems. They know much less about how the average person 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 people's problems.

How does CBT work?

CBT is quite complex. There are several possible theories about how it works, and clients 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 people 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.

Someone who's depressed may come to see themselves as an ordinary member of the human race, rather than inferior and fatally flawed. Even more basically, they may come to have a different attitude to their thoughts – that thoughts are just thoughts, and nothing more.

A new form of relationship

One-to-one CBT can bring the client into a kind of relationship they may not have had before. The 'collaborative' style means that they are actively involved in changing. The therapist seeks their views and reactions, which then shape the way the therapy progresses. The person may be able to reveal very personal matters, and to feel relieved, because no-one judges them. He or she arrives at decisions in an adult way, as issues are opened up and explained. Each individual is free to make his or her own way, without being directed. Some people will value this experience as the most important aspect of therapy.

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?

It's possible to get CBT on the NHS in some places, and the NHS Mental Health Service is developing fast. But in many areas this is patchy. Some counsellors and psychologists offer CBT under the NHS. Some nurses, doctors, occupational therapists and clinical psychologists working in community mental health teams can also provide CBT. Some NHS Trusts will have specialist therapy services.

Your GP may be in the best position to give you information about local services. However, waiting lists tend to be long and it's not easy to find practitioners who have good training. There aren't many private practitioners yet, although many private 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. 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 and continuing professional education. A copy of this register can be obtained from the BABCP. (See *Useful organisations*, on p. 18.)

There are practitioners working within the UK using other cognitive behaviour treatments. These include Kelly's 'Personal Construct Therapy' and Albert Ellis' 'Rational Emotive Therapy'. These therapies have not received so much scientific attention and they have not developed particular methods for specific problems in the same way.

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 *References*, on p. 21 and *Further reading*, on p. 22.) Researchers haven't paid much attention, so far, to whether these books can be helpful. There is one study of *The feeling good handbook* (see p. 21), which they found effective for alleviating depression. This suggests that it could be beneficial for other problems, in the same way, although this will depend on the severity of the problem and how long it's been going on.

A recent development is using interactive CD-Rom programmes, which 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 progress in graphical form, which may be encouraging. They may well come to be more freely available for self-help use.

Cognitive behaviour therapy in action

Mike is a 38-year-old gay man who had suffered disabling bouts of depression, on several occasions in his life, which caused him to make several career changes. He twice tried to commit suicide. He also suffered from a great deal of anxiety and stress, had some drink problems and found it difficult to control his temper, especially when drinking.

Mike was referred for CBT after a typical episode was triggered by stress at work. At his first meeting with his therapist, Mike already knew what he wanted to work on. He had a great sense of failure over his history of depression and what he called his lack of success in his career ('I've really messed up'). He was anxious about his job prospects. He felt unattractive and was worried about ageing and about further losing his physical appeal. He felt his angry impulses were in danger of getting out of control.

In therapy, Mike learned to monitor his actions and his emotional responses. He began to plan activities that gave him a boost and to deal with situations that he had avoided through fear. He learned to identify when he was being extreme or biased in his thinking. He became good at examining his emotion-driven thoughts and reasoning them out so that he got things into proper perspective.

His mood noticeably improved, and he began to tackle longer-standing problems. He began looking at job prospects, by planning a more realistic choice of career, and sending in applications. He established a more equal relationship with his partner. He dealt with social situations, without demanding attention and special treatment from friends. Mike had to face up to problems that were difficult to take on board, such as his perfectionism and the unreasonable demands he made on other people. But Mike was highly motivated by the crisis in his life to find alternatives.

This is what he wrote towards the end of his therapy:

'I have had many painful episodes of depression in my life, and this has had a negative effect on my career and has put considerable strain on my friends and family. The treatments I have received, such as taking antidepressants and psychodynamic counselling, have helped to cope with the symptoms and to get some insights into the roots of my problems.

CBT has been by far the most useful approach I have found in tackling these mood problems. It has raised my awareness of how my thoughts impact on my moods. How the way I think about myself, about others and about the world can lead me into depression. It is a practical approach, which does not dwell so much on childhood experiences, whilst acknowledging that it was then that these patterns were learned. It looks at what is happening now, and gives tools to manage these moods on a daily basis.

The work has moved on to look at deeper beliefs, which can dominate one's life and cause loads of problems. For example, I have found that I have a strong entitlement belief [a belief that he is entitled to expect certain things from other people]. This is characterised by low frustration tolerance, anger, and inability to control impulses or be told what to do. It has been a revelation to look back on one's life and see how this pattern has dominated a lot of what I have done. CBT has given me a feeling of being more in control of my life. I am now coming off medication and, with the support of my therapist and partner, I am learning new ways of being in the world. The challenge remains to change these thoughts and behaviours. It will not happen overnight.'

Mike is a man who has applied himself very actively to change. As this quotation reveals, CBT offered him much more than the 'quick' fix that it is sometimes portrayed as giving.

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or MindinfoLine on 0845 766 0163.

Association for Cognitive Analytic Therapy

tel. 0844 800 9496, web: www.acat.me.uk

Information about Cognitive Analytic Therapy, developed by Dr Anthony Ryle. Information and help in finding private or NHS therapists

Association for Rational Emotive Behaviour Therapy

tel. 01376 572 777, web: www.rebt.bizland.com

Maintains a register of professionally trained Rational Emotive Behaviour Therapists and Counsellors

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 01254 875 277, web: www.babcp.com

Promotes the development of the theory and practice of behavioural and cognitive psychotherapies. Can provide details of accredited therapists. Full directory of psychotherapists available online

British Association for Counselling and Psychotherapy (BACP)

tel: 0870 443 5252 web: www.bacp.co.uk

Provides online search facility for accredited counsellors and psychotherapists in the UK

The British Psychological Society

tel. 0116 254 9568, web: www.bps.org.uk

Publishes a directory of chartered psychologists across the UK, who may practice CBT. Available on the web and in public libraries

Depression Alliance

tel. 0845 123 2320, web: www.depressionalliance.org

Support and understanding to anyone affected by depression

First Steps to Freedom

helpline: 0845 120 2916, tel. 01926 864 473

web: www.first-steps.org

Offers help to those who suffer from phobias, panic attacks, general anxiety and obsessive-compulsive disorders

National Phobics Society

helpline: 0870 122 2325, web: www.phobics-society.org.uk

A national registered charity run by sufferers and ex-sufferers of anxiety disorders, providing phone and online support

No Panic

helpline: 0808 808 0545, web: www.nopanic.org.uk

Runs local self-help groups and produces a range of leaflets, information, audio and video cassettes

OCD Action

tel. 0845 390 6232, web: www.ocdaction.org.uk

A national charity for people with obsessive-compulsive disorder (OCD) and the related disorders such as body dysmorphic disorder (BDD), compulsive skin picking (CSP) and trichotillomania

Oxford Cognitive Therapy Centre

tel: 01865 223 986, web: www.octc.co.uk

Aims to provide cognitive therapy training and other resources to NHS and other professionals, voluntary organisations, and clients

Triumph Over Phobia (TOPUK)

tel. 0845 600 9601, web: www.triumphoverphobia.com

A national network of structured self-help groups. Helpline for people experiencing anxiety disorders

United Kingdom Council for Psychotherapy (UKCP)

tel. 020 7014 9955, web: www.psychotherapy.org.uk

Regional lists of psychotherapists are available free

Useful websites

www.abct.org

Association for Behavioural and Cognitive Therapies

www.beckinstitute.org

The Beck Institute for cognitive therapy and research

www.calipso.co.uk

Calipso produces mental health training materials for healthcare professionals, and self-help materials, including CDs

www.cognitivetherapyassociation.org

The International Association for Cognitive Psychotherapy

www.eabct.com

European Association for Behaviour and Cognitive Therapies

www.nice.org.uk

National Institute for Health and Clinical Excellence, provides reports and guidelines on various mental disorders and treatments

References

The feeling good handbook D. D. Burns (Penguin 1990)

Love is never enough A. T. Beck (Penguin 1988)

Mind over mood: a cognitive therapy treatment manual for clients D. Greenberger, C. A. Padesky (Guilford 1995)

Reinventing your life J. E. Young, J. S. Klosko (Plume 1994)

Treatment choice in psychological therapies and counselling: evidence-based clinical practice guidelines (The DOH 2001)

Further reading and order form

- The anger control workbook: simple, innovative techniques for managing anger and developing healthier ways of relating* M. McKay, P. Rogers (New Harbinger Press 2000) £14.99
- The assertiveness workbook: how to express your ideas and stand up for yourself at work and in relationships* R. J. Paterson (New Harbinger Press 2000) £13.99
- Climbing out of depression: a practical guide for sufferers* S. Atkinson (Lion Publishing 1993) £7.99
- Depression: the way out of your prison* (3rd ed) D. Rowe (Brunner-Routledge 2003) £9.99
- How to assert yourself* (Mind 2006) £1
- How to cope with panic attacks* (Mind 2006) £1
- How to cope with the stress of student life* (Mind 2006) £1
- How to deal with anger* (Mind 2006) £1
- How to improve your mental wellbeing* (Mind 2006) £1
- How to increase your self-esteem* (Mind 2006) £1
- How to look after yourself* (Mind 2006) £1
- How to restrain your violent impulses* (Mind 2006) £1
- How to stop worrying* (Mind 2006) £1
- The Mind guide to managing stress* (Mind 2006) £1
- The Mind guide to relaxation* (Mind 2006) £1
- Overcoming anxiety* H. Kennerley (Robinson 1997) £9.99
- Overcoming depression* P. Gilbert (Constable 2000) £9.99
- Overcoming low self-esteem* M. Fennell (Robinson 1999) £9.99
- Overcoming panic* D. Silove, V. Manicavasagar (Robinson 1997) £9.99
- Overcoming social anxiety and shyness* G. Butler (Robinson 1999) £9.99
- Overcoming childhood trauma* H. Kennerley (Robinson 2000) £9.99
- Understanding anxiety* (Mind 2006) £1
- Understanding depression* (Mind 2006) £1
- Understanding mental illness* (Mind 2006) £1
- Understanding obsessive-compulsive disorder* (Mind 2004) £1
- Understanding phobias* (Mind 2004) £1

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- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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