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mental
health

wellbeing and recovery

a guide to cognitive- behavioural therapy (cbt)





Cognitive-behavioural Therapy (CBT) aims to help you to change the way that you think, feel and behave. It is used as a treatment for various mental health and physical problems.



What is cognitive behavioural Therapy?

Cognitive therapy

Our 'cognitive processes' are our thoughts which include our ideas, mental images, beliefs and attitudes. Cognitive therapy is based on the principle that certain ways of thinking can trigger, or 'fuel', certain health problems. For example, anxiety, depression, phobias, etc, but there are others including physical problems.

The therapist helps you to understand your current thought patterns. In particular, to identify any harmful, unhelpful, and 'false' ideas or thoughts which you have that can trigger your health problem, or make it worse. The aim is then to change your ways of thinking to avoid these ideas.

Also, to help your thought patterns to be more realistic and helpful.

Behavioural therapy

This aims to change any behaviours that are harmful or not helpful. Various techniques are used. For example, a common unhelpful behaviour is to avoid situations that can make you anxious. In some people with phobias the avoidance can become extreme and affect day to-day life. In this situation a type of behavioural therapy called 'exposure therapy' may be used. This is where you are gradually exposed more and more to feared situations. The therapist teaches you how to control anxiety and to cope when you face up to the feared situations. For example, by using deep breathing and other techniques.

Cognitive-behavioural therapy - CBT

This is a mixture of cognitive and behavioural therapies. They are often combined because how we behave often reflects how we think about certain things or situations. The emphasis on cognitive or behavioural aspects of therapy can vary, depending on the condition being treated. For example, there is often more emphasis on behavioural therapy when treating obsessive compulsive disorder (where repetitive compulsive actions are a main problem). On the other hand, the emphasis may be more on cognitive therapy when treating depression.



What conditions can be helped by cognitive behavioural Therapy?

CBT has been shown to help people with various condition - both mental health conditions and physical conditions.

For example:

- Certain anxiety disorders including phobias, panic attacks and panic disorder
- Depression
- Eating disorders
- Obsessive-compulsive disorder
- Body dysmorphic disorder
- Anger
- Post-traumatic-stress disorder
- Sexual and relationship problems
- Habits such as facial tics
- Drug or alcohol abuse
- Some sleep problems
- Chronic fatigue syndrome / ME
- Chronic (persistent) pain

As a rule, the more specific the problem, the more likely CBT may help. This is because it is a practical therapy which focuses on particular problems and aims to overcome them. CBT is sometimes used alone, and sometimes used in addition to medication, depending on the type and severity of the condition being treated.

What is likely to happen during a course of cognitive behavioural therapy?

The first session of therapy will usually include time for the therapist and you to develop a shared understanding of the problem. This is usually to identify how your thoughts, ideas, feelings, attitudes, and behaviours affect your day-to-day life. You should then agree a treatment plan and goals to achieve, and the number of sessions likely to be needed.

Each session lasts about 50-60 minutes. Typically, a session of therapy is done once a week. Most courses of CBT last for several weeks. It is common to have 10-15 sessions, but a course of CBT can be longer or shorter, depending on the nature and severity of the condition. In some situations CBT sessions can be done by telephone.



You have to take an active part, and are given 'homework' between sessions. For example, if you have social phobia, early in the course of therapy you may be asked to keep a diary of your thoughts which occur when you become anxious before a social event. Later on you may be given homework of trying out ways of coping which you have learned during therapy.

How well does cognitive behavioural therapy work?

CBT has been shown in clinical trials to help ease symptoms of various health problems. For example, research studies have shown that a course of CBT is just as effective as medication in treating depression and certain anxiety disorders.

There may be long-term benefits of CBT as the techniques to combat these problems can be used for the rest of your life to help to keep symptoms away. So, for example, depression or anxiety are less likely to recur in the future. There is good research evidence too to show that CBT can help to improve symptoms of some physical conditions such as rheumatoid arthritis.

What is the difference between cognitive-behavioural therapy and other talking treatments?

CBT is one type of psychotherapy ('talking treatment'). Unlike other types of psychotherapy it does not involve 'talking freely', or dwell on events in your past to gain insight into your emotional state of mind. It is not a 'lie on the couch and tell all' type of therapy.

CBT tends to deal with the 'here and now' - how your current thoughts and behaviours are affecting you now. It recognises that events in your past have shaped the way that you currently think and behave. In particular, thought patterns and behaviours learned in childhood, However, CBT does not dwell on the past, but aims to find solutions to how to change your current thoughts and behaviours so that you can function better in the future.

CBT is also different to counselling which is meant to be non-directive, empathic and supportive. Although the CBT therapist will offer support and empathy, the therapy has a structure, is problem-focused and practical.



What are the limitations of cognitive-behavioural therapy?

CBT does not suit everyone and it is not helpful for all conditions. You need to be committed and persistent in tackling and improving your health problem with the help of the therapist. It can be hard work. The 'homework' may be difficult and challenging. You may be taken 'out of your comfort zone' when tackling situations which cause anxiety or distress. However, many people have greatly benefited from a course of CBT.

How can I get cognitive behavioural therapy?

Your doctor may refer you to a therapist who has been trained in CBT. This may be a psychologist, psychiatrist, psychiatric nurse, or other health care professional.

There is a limited number of CBT therapists available on the NHS. You may wish to go private if it is not available in your area on the NHS. (See below for resources.)

However, government policy is to make CBT more widely available on the NHS.

Do-it-yourself cognitive behavioural therapy

Although CBT with the help of a trained therapist is best, some people prefer to tackle their problems themselves. There are a range of books and leaflets on self-help for the problems which CBT is useful for (anxiety, phobias, depression, etc). More recently, interactive CDs and websites are being developed and evaluated for self-directed CBT for a variety of conditions.

See the resources below for further details.

Further help and information

The British Association of Behavioural and Cognitive Psychotherapies (BABCP)
Globe Centre, PO BOX 9
Accrington BB5 2GD

Telephone 012 5487 5277

www.babcp.com

Maintain a register of practitioners. They also have pamphlets (for a small charge) which provide information about problems such as anxiety, depression, PTSD, OCD, etc.



Oxford Cognitive Therapy Centre (OCTC) FearFighter
www.octc.co.uk

www.fearfighter.com

Their website gives details of how to order a method for delivering CBT on the
a number of self-help booklets with a CBT internet.

approach for conditions such as OCD,
anxiety, panic, depression, phobias, etc.

Recommended books using CBT self-help
techniques

www.patient.co.uk/books.asp

Ultrasis

www.ultrasis.com

Produce interactive, computer based
CBT programmes.

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We also provide a range of community support services for people over 60 leaving hospital or who have become socially isolated to help them reintegrate into society.

We provide support to people with Personality Disorders, who self-harm and who are in prison. We also provide support to young mothers struggling with parenting and their mental wellbeing.

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