

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) is based on the theory that peoples' emotions and behaviour are influenced by their perception of events. It is not the situation in itself that determines what people feel but rather the way in which they react and feel about the situation. The situation does not change (eg) a traffic jam. Our emotional responses are determined by our perception of the situation.

CBT is a therapy used for a variety of disorders including depression, anxiety, obsessive-compulsive disorder, sleep disorders, eating disorders and substance abuse amongst others.

CBT is a form of therapy that emphasises the important role of thinking in how we feel and what we do. The aim of CBT is to modify people's thinking so that they can act and feel in more adaptive ways in response to a given event.

In essence, what CBT aims to achieve is to help people with mental health difficulties or other problems change how they view any given situation through how they think and act. Looking for a different outcome to the one that, whatever their illness may be, is compelling them to accept.

CBT tends to be a short therapy; however the duration of treatment varies significantly. Duration of treatment depends on the severity of the problem and a number of other factors; for example, you could be suffering from more than one mental health difficulty which may mean you need a longer duration of treatment. The shortest planned duration of therapy is usually about 6 sessions. Some people will only need a few sessions while for others it will take around ten to twenty sessions. A person will usually attend an appointment once a week or every fortnight, each lasting anything from 40 minutes up to an hour. Together with the therapist, a person will explore what their problems are with a view to gaining a greater understanding of them, and then develop a plan for tackling them. People learn a set of principles, skills and coping strategies that can be applied whenever needed. People may find them useful long after they have left therapy.

CBT is an interactive form of therapy. The person works with their therapist as an active partner in their treatment. At first, the therapist will carry most of the session's responsibilities, but as the therapy progresses and as the person learns how to use the coping skills and strategies shown during therapy, the person will take more and more responsibility for their therapy. The goal is the empowerment of the person in managing their recovery.

Compared to other therapies like psychoanalysis, CBT normally focuses on what is going on in the present rather than the past. However, any good therapist may also look at a person's past and how their past experiences impact on how they interpret the world now.

Negative thinking

Some events are instinctively upsetting. CBT suggests that in many cases it is not the event that upsets someone but the way they interpret the event.

A person's thoughts can block the person seeing things that do not fit in with what they believe to be true. People have a tendency to interpret events in ways that make them consistent with their own beliefs. In doing so they may either ignore or give excessive focus to certain aspects of the event. This tendency to interpret events in biased ways lead to a downward spiral of thinking that contributes to mental health difficulties.

Here is an example of a positive feedback cycle, or downward spiral:

Thought: I can't face going into work today.

Behaviour: Call in sick

Feeling: Feel low/depressed because didn't go to work.

Thought: I am incompetent. I can't do my job.

By doing this they are likely to continue to feel low and depressed. If they stay at home, worrying about not going in, they may end up thinking: "I've let everyone down. They will be angry with me. Why can't I do what everyone else does?" Consequently, they may judge themselves as being a failure and give themselves more negative feedback such as: "I'm so weak and useless."

They may then end up feeling worse, and have even more difficulty going to work the next day. Thinking, behaving and feeling like this may start a downward spiral. It may be part of an automatic negative way of thinking.

By continuing to think and behave in this way, they won't have the chance to find out that their thinking and prediction may be wrong. Instead, the way they think and act can lead them to be more convinced that what they are thinking is true. In CBT, they will learn to recognise how they think, behave and feel. They will then be encouraged to check out other ways of thinking and behaving that will be more beneficial to their overall mood.

Breaking the cycle of negative thoughts

Negative thinking patterns can start in childhood, and become automatic and rigid and relatively fixed. For example, if a person did not get much open affection from their parents but were praised for doing well in school, they might think: "I must always do well. If I do well, people will like me; if I don't, people will reject me."

If they have thoughts like these, this can work well for them a lot of the time; for example, it can help them to work hard and do well at their job. But if something happens that is beyond their control and they experience failure, then this way of thinking may also give them thoughts like: "If I fail, people will reject me." They may then begin to have 'automatic' thoughts like, "I've completely failed. No one will like me. I can't face them." In response to relatively minor failures they may believe they are "unlovable" and may contribute to feelings of low mood and anxiety. This is an example of a stress mediated motivation which may get many things done but which may not be pleasurable for the person.

CBT helps people to objectively monitor and challenge their own maladaptive thoughts. For example, if a person explains to their CBT therapist that they sometimes call in sick because they feel depressed, the therapist will encourage them to examine this experience to see what happens to them, or to others, in similar situations.

They may agree to set up an experiment where they agree to go to work one day when they feel depressed and would rather stay at home. If they then go to work, they may discover that their predictions were wrong. In the light of this new experience, they may feel able to take the chance of testing out other automatic thoughts and predictions they have made.

Some of the other work that can be done to manage negative thinking include use of thought diaries, Socratic questioning (a method of questioning that probes thinking at a deep level) and thinking about one's problems as if they were someone else's (e.g., a friend).

The therapist may ask the person to look at the way they interact with people e.g. if somebody had seemed to reject them, write a list of all the reasons against why the way they were thinking might be incorrect. This would help them see things from the other person's perspective, and realise they might be wrong in their assumptions.

Your therapist may encourage "self reward" as part of the therapy. Self reward is where you reward yourself with a pleasurable activity when you achieve a change in behaviour that was causing you a problem. For example, if you managed to go to work on a day you were feeling depressed or low (as opposed to calling in sick which may have been your automatic instinct in the past), after achieving your day's work, you could reward yourself by going to watch a film or going for a meal. You can involve family members and friends in this "reward" process so when you achieve a significant change or goal, your family or friend will be there to congratulate you and encourage you.

In the real world, negative things can and do happen. However, when a person feels depressed or anxious, they may base their predictions and interpretations on a 'faulty' view of the situation. This can make any difficulty they face seem much worse. CBT helps someone to understand that if things go wrong or they make a mistake, this does not mean that they are a failure or that others will see them as a failure. CBT helps people to think in adaptive ways in response to challenging situations, thereby promoting positive behaviours and buffering against negative emotions.

CBT, not just for depression

CBT can be an effective therapy for a number of problems:

- low mood
- generalised anxiety disorder
- panic disorder
- post-traumatic stress disorder
- obsessive-compulsive disorder (OCD)
- phobias
- sleep problems
- eating problems
- anger management
- chronic fatigue syndrome
- chronic pain
- relationship difficulties
- stress management
- sexual problems

It is important to note that CBT does not claim to be a "cure all" for the problems listed. However, CBT might help someone with pain or chronic fatigue syndrome, to find new ways of coping while living with these presentations.

Does it work for everyone?

Yes, CBT has the potential to work for everyone and can bring about substantial benefits for a wide range of mental health difficulties. It is estimated that 70% of people who present to GPs with mental health difficulties are mood and anxiety related (or both). Therefore, there is a big potential for CBT to help many of these people presenting with problems either as an alternative to medication or to compliment medication.

It is less easy to solve problems that are severely disabling and long-standing through short-term therapy. In practice, a person with long-term or co-morbid problems can still learn the basic principles that may improve their quality of life and increase their chances of making further progress.

CBT experts can very often help people who have relatively clear-cut problems. However, it is more difficult to help someone who has a number of problems that are less clearly defined. Sometimes, therapy may have to go on longer to fully benefit a person with a number of problems and who have had the symptoms for a long period of time.

CBT may be less suitable for people who feel generally unhappy or unfulfilled but do not have obvious symptoms or a particular aspect of their life they want to work on. CBT may be more difficult for those who lack specific treatment goals or those with a low motivation for therapeutic change.

Defined Structure

Sticking to a defined structure helps use the session more time efficiently. It also makes sure that important information is not missed out (the results of the assignments, for instance) and that both the person and the therapist have a chance to think about new assignments that naturally follow on from the session.

To begin with, the therapist takes an active part in structuring the sessions. As progress is made and the person grasps the ideas they find helpful, the person will then take more and more responsibility for the content of the sessions. By the end, the person should feel able to continue working on their own.

Adopting a “collaborative” style means that the person is actively involved in the therapy. The therapist seeks views and reactions, which will then shape the way the therapy progresses. The therapist should be non-judgemental which should help the person feel able to open up and talk about very personal matters. Some people will value this experience as the most important aspect of therapy.

A typical CBT session

A typical session may last up to an hour. CBT sessions have a reasonably defined structure. A comprehensive assessment will typically be carried out in the first session. At the beginning of the therapy, a therapist will discuss specific problems they have and to set goals they want to work towards. Once the problems to focus on have been agreed and goals determined, the content of sessions is then planned and how to deal with the problems is discussed. This may examine the nature, frequency and intensity of the person’s difficulties, their beliefs regarding their difficulties and any attempts they have made to deal with their difficulties.

Typically, at the beginning of a session, the person and the therapist will jointly decide on the main topics and goals to be worked on that week. The person will also be given time to discuss the conclusions from the previous session. With CBT the person is also given assignments. The person's progress will be monitored each week and the therapy will progress accordingly. At the end of the session, another assignment is planned to be done before the next session.

Between-session assignments are essential

The sessions provide invaluable support. However, most of the life-changing work takes place between sessions. Persons are most likely to benefit from CBT if they are willing to do assignments at home. Completion of home assignments is also a strong indicator to the therapist of the persons' motivation to effect real change in their lives. People can develop and reinforce the skills they learned in therapy.

For example, if a person is experiencing depression they may feel that they are not able to take on social or work activities until they feel 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 they are open to testing this out, they might agree to do an assignment, like going to the cinema with a friend. As a result, they may make faster progress than someone who feels unable to take this risk.

Learning coping strategies

CBT teaches people skills for dealing with different problems. For example:

- If they feel anxious, they may learn that avoiding situations actually increases fears. Confronting fears in a gradual and manageable way can give them faith in their own ability to cope.
- If they feel depressed, they may be encouraged to record their thoughts and explore how they can look at them more realistically. This helps to break the downward spiral of their mood.
- If they have long-standing problems in relating to other people, they may learn to check out their assumptions about other people's motivation for doing things, rather than always assuming the worst.

The number of sessions a person may need to attend varies widely. It is dependent on the persons commitment to the outcomes agreed at the outset of the therapy itself and their treatment progress. Obviously, provided the progress made indicates the therapy is working, there will come a natural point when the person should be able and equipped to manage on their own, which is the ultimate therapeutic goal.

Does CBT work?

Not alone has CBT been shown to reduce the symptoms of many mental health presentations, it is the first choice treatment (over and above medication) for many mental health difficulties including mild-to-moderate mood and anxiety problems, given that it has the potential to both effect short-term gains and maintenance of these gains over the long-term. For those using medication to manage existing issues, CBT can then be tried as an alternative therapy. For those not using medication, some may need initial phase medication to empower them to engage in therapy (e.g., CBT), while others may engage in therapy without ever having to resort to taking medication. Ultimately, CBT can empower and help individuals to replace the 'learned helplessness' they experience (as a result of their mental health problem) with a sense of control over their lives (e.g., adaptive beliefs, improved self-nurturing and coping, more reinforcing interpersonal interactions).

Once the therapy has finished, persons can avail of a wide variety of media such as books or online programmes, to help them continue to practice and learn more about the skills they learned during the therapy sessions. Frequently, many people access these books or online programmes prior to beginning CBT; this enables the person to understand how the therapy can benefit their thoughts and behaviour prior to commencing CBT with a therapist.

As with anything, CBT is not without its doubters. There are many views that suggest that due to the “present” / “now” nature of CBT. Some suggest it fails to deal with some perhaps more deep rooted problems of the persons past. However there is lots of research to say that CBT is effective for processing past events.

CBT could be criticised as giving too much attention to thoughts in comparison to emotions. Emotions and motivations are a major determinant of people’s behaviour and can influence ways of thinking (e.g., if a recovering drug addict enters a drug taking situation, thoughts will be activated promoting drug use such as “It won’t be much harm if I take the drug one more time”). Modern cognitive theories do recognise such “hot” thoughts related to “difficult to shift” emotions. A challenge for cognitive therapies in the future may be to not just manage and attenuate these “hot” thoughts associated with maladaptive behaviours, but to develop ways to generate “hot” thoughts associated with motivating adaptive behaviours.

However, modern theories emphasise that dealing with these “hot” thoughts are related to “difficult to shift” emotions; thus is a way of dealing with them.

The Behavioral aspect of CBT deals with motivations to an extent. Therefore at times, the therapist may focus on modifying behaviour that is causing the problem rather than the thoughts and feelings that may be causing them.

Phobias are an example of a behaviour that can benefit from CBT. For example, for a person who seeks a treatment for the fear of flying, the therapist may ask the person to first imagine getting on a plane. After the patient is able to relax and be comfortable with that situation, the next steps might be to imagine putting on the seat belt and preparing to take off and so on until the person is able to relax while imagining the plane is taking off.

The therapist generally asks the person to confront the phobia gradually in real life. People with a fear of spiders may begin by being shown a picture of a spider. Once they are comfortable with the picture, they may be asked to stand for a few seconds across the room from a spider in a tank. They gradually stay in the room longer, and their distance from the spider is shortened. Eventually, the patients may be asked to touch the spider and let the spider crawl across their arm. Exposure training may be more important than cognitive therapy for phobias; successful treatment with exposure alone may bring about changes in thinking patterns. This overall process is referred to as systematic desensitisation where the person is exposed to the fear object or situation in a graded fashion.

Assessing if CBT is suitable for you?

When you are first assessed by a CBT therapist, it is vitally important that the suitability of a potential CBT session is appropriately assessed at the outset at the initial consultation, to establish whether someone might respond to therapy.

CBT is more likely to be of benefit to people who can relate to its ideas around thought and behaviour patterns, its problem-solving approach and the need for assignments.

The success of CBT can be attributed to a combination of the skills of the therapist; starting therapy at a time when the person is truly motivated to change; a structured programme tailored to the persons individual needs; together with the determination to succeed.

Summarising CBT

CBT has two phases or goals. The first is to raise your awareness of condition and what behaviours, thoughts and emotions are leading to your mental health difficulties. The second is to use this knowledge to tackle the problem and to behave in a different way so as to relieve the underlying problems such as depression or anxiety.

Cognitive Behavioural therapy services in Mullingar

Community Mental Health Service

As part of the mental health services for Westmeath, the Health Service Executive (HSE) have CBT-trained mental health professionals working in the Community Mental Health Team (CMHT) that is based in the Community Mental Health Centre on the Green Road in Mullingar. This is located beside Aldi. To avail of this service, you must be suffering from a severe mental health presentation and/or present with risk management issues (e.g., active thoughts of self-harm). Typically, you can only be referred by your GP. Because CBT can be a labour intensive treatment, there is typically a waiting list. Further to referral to the CMHT, you will be assessed by a member of this team and directed towards one of a number of treatment options including CBT and other types of psychotherapy (other types of talking therapies and counselling). CBT is available for free for service users with or without medical cards.

If your mental health presentation is less severe (i.e. mild-to-moderate in nature), you will be treated by your GP and/or the primary care team at your GP's surgery. If this is not successful, the GP may then refer you CMHT on the Green Road.

Private CBT Service in Mullingar

Dr. Michael Byrne, Clinical Psychologist, who specialises in CBT, has a private clinic in Mullingar. If you feel you or someone you know might benefit from CBT, please contact him at 086 383 0773.

Check out Westmeath county Library

Westmeath County Library, Mullingar operate a Healthy Reading Scheme were they offer access to books on all areas of mental help including depression, anxiety, self-esteem, Alzheimer's disease, stress, schizophrenia etc. For those feeling overwhelmed and isolated, a book can offer a first step in a way that offers no judgement. Contact Westmeath County Library at 04493 32162 or library@westmeathcoco.ie for more information.

Disclaimer: This article is meant to give a general overview of CBT; for more specific and detailed information on CBT and its benefits, please speak to a qualified Cognitive Behavioural Therapist

Thanks to Dr Michael Byrne and his colleagues for help with researching this article. For comprehensive and free health advice and information call in to Whelehans, log on to www.whelehans.ie or dial 04493 34591.