

COGNITIVE BEHAVIOUR THERAPY: A POWERFUL MODE OF CHANGE

What is CBT?

Cognitive Behaviour Therapy (CBT) is a type of psychotherapy. In its processes, there is an emphasis on the importance of 'cognition' (our thoughts, assumptions, predictions and beliefs) and 'behaviour' (what we do) in determining our emotions, choices and general wellbeing. CBT assumes that the way you think can influence how you feel and behave, and vice versa.

This therapy focuses on helping you to learn the connections between thoughts, feelings and behaviours, and learn specific skills to think, feel and behave in more positive and helpful ways.

How effective is CBT?

CBT is often referred to as an 'evidenced-based' therapy. This means that CBT has been scientifically studied and carefully compared with other types of treatment for psychological disorders. Many studies have been conducted, the results of which show that CBT is:

- Effective in treating most mental health problems
- The most effective treatment for anxiety and depression and self-esteem problems
- Can be more helpful than medication for some people for some conditions because (a) it avoids dependence issues and (b) you are less likely to relapse if you learn self-management skills.

For all of these reasons, CBT is the preferred approach of the Australian medical community and **Medicare will provide rebates for up to 10 sessions of CBT per calendar year**. To take advantage of the Medicare rebate you simply need to ask your GP for a referral to a clinical psychologist.

What else do I need to know?

CBT is brief and time-limited. Some forms of therapy can last for many years. CBT, on the other hand, is a short-term therapy. In fact, the average number of sessions clients attend is around 12.

CBT is structured

The therapist generally has a structured agenda for each session, so that specific techniques and concepts are taught during each session. The exact strategies will vary depending upon the issue that the client wants to address, however techniques that are commonly included in CBT treatment include:

1. An initial assessment, setting goals, and planning treatment
2. Psychoeducation – learning about factors that cause and maintain the problem
3. Identifying and challenging unhelpful thoughts and assumptions
4. Changing behaviours that may inadvertently be maintaining the problem
5. Problem-solving skills
6. Coping Skills and distress tolerance skills
7. Planning for the future and preventing relapse

The client and the therapist are active. Neither the therapist nor the client does all the talking. The therapist takes an active role in providing information, teaching, planning treatment and setting a flexible agenda for each session to help the client reach their goals. The client's role is to express their concerns, learn new strategies, and implement those strategies to make changes in their life.

CBT emphasises client education. It is not simply about “just talking”. You can “just talk” with anyone. One of the goals of treatment is to teach the client about the problem and help them to understand how and why they think, feel and behave the way they do. Once clients understand this, they can learn how to make changes in their life well beyond contact with the psychologist.

CBT involves weekly homework. Clients are asked to take the strategies learnt in session and apply them to their daily lives by practising them at home. In this way, therapeutic work continues outside the therapy room. The client can make changes faster and speed up their recovery.

CBT emphasises self-mastery. In other words, it is about learning the skills needed to make changes, and to implement this learning and **maintain** these changes once formal therapy has ended.

How Does CBT Work?

CBT works through several reliable and powerful mechanisms that differ with various conditions. In each case, though, therapeutic success is usually derived from a mixture of (1) a sound, trusting relationship with your therapist, (2) learning to have a better relationship with the thoughts that are driving your troubling emotion – you can either learn to just ignore the old unhelpful thoughts or really alter the way you think, and (3) deliberate, experimental behavioural changes. Here are a couple of examples to illustrate how it works.

Example 1. Jason, anxiety.

‘Jason’ had anxiety attacks shortly after graduating and starting his first job. He felt really nervous and shaky one day when a small group were working together and he noticed that his hand was shaking when he moved the computer mouse. He began worrying that people would see how nervous he was. He asked someone else to do the computer work. Over the next few months, he became scared of people noticing his shakiness in any situation and he avoided social drinks and work, lunch or coffee with colleagues. When he came to therapy, the *cognitive* part of CBT helped Jason to identify the beliefs and assumptions that were maintaining his anxiety. In his case they included: “my hand tremor is highly visible to others”; and “people will definitely realise that I have anxiety and confidence issues” and “then they will judge me mercilessly and never have respect for me ever again”. The therapy did a series of exercises to help Jason reduce the intensity with which he held these beliefs, such as asking others what they think and looking around to see what others really focus on. The most powerful part of the therapy, though, came when he deliberately made his hands shake in a series of situations (retail, coffee, typing) in front of others which meant that he got to test out his worst fears directly – and guess what? None of them came true. The less he worried about panicking and embarrassing himself, the less anxiety he had in the end.

Example 2. Suzie; depressed mood and low self-esteem.

‘Suzie’ had felt flat and unhappy for a long time but she always felt that this was how she deserved to feel and that she never had a boyfriend because she was just never attractive enough. A close friend from school finally convinced her to try speaking with a psychologist. The therapy started to gradually tease out all of her assumptions about how she was not as worthwhile as others and that she did not deserve good things. It was easier for Suzie to start to dispute and ignore these old familiar beliefs when her CBT therapist helped her see the childhood origins of the thoughts. The real power in the therapy came when Suzie and the therapist started to list the behaviours that MAINTAINED these beliefs, such as declining social invitations, ignoring attention from men her age, isolating herself, and overeating in response to negative feelings. The more activities she engaged in, the better she felt, which is often the case in Depression. What is more, these extra activities allowed her the opportunity to finally disprove her faulty assumptions about how people don’t want to know her. With time, she became more assertive and open to contact with good people.