

# Royal College of Psychiatrists Mental Health Information

## Cognitive Behavioural Therapy (CBT)

### Aims

This leaflet is for anyone who wants to know more about Cognitive Behavioural Therapy (CBT). It discusses how it works, why it is used, its effects, side-effects, and alternative treatments. If you can't find what you want here, there are sources of further information at the end of this leaflet.

### What is CBT?

It is a way of talking about:

- how you think about yourself, the world and other people
- how what you do affects your thoughts and feelings.

CBT can help you to change how you think ("Cognitive") and what you do ("Behaviour"). These changes can help you to feel better. Unlike some of the other talking treatments, it focuses on the "here and now" problems and difficulties. Instead of focussing on the causes of your distress or symptoms in the past, it looks for ways to improve your state of mind now.

It has been found to be helpful in:

- Anxiety
- Depression
- Panic
- Agoraphobia and other phobias
- Social phobia
- Bulimia
- Obsessive compulsive disorder
- Post traumatic stress disorder
- Schizophrenia.

### How does it work?

CBT can help you to make sense of overwhelming problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect you. These parts are:

- A **Situation** – a problem, event or difficult situation  
*From this can follow:*
- **Thoughts**
- **Emotions**
- **Physical feelings**
- **Actions**

Each of these areas can affect the others. How you think about a problem can affect how you feel physically and emotionally. It can also alter what you do about it.

### An example

There are helpful and unhelpful ways of reacting to most situations, depending on how you think about them:

<b>Situation:</b>	You've have had a bad day, feel fed up, so go out shopping. As you walk down the road, someone you know walks by and, apparently, ignores you.	
	<b>Unhelpful</b>	<b>Helpful</b>
<b>Thoughts:</b>	He/she ignored me – they don't like me	He/she looks a bit wrapped up in themselves – I wonder if there's something wrong?
<b>Emotional: Feelings</b>	Low, sad and rejected	Concerned for the other person
<b>Physical:</b>	Stomach cramps, low energy, feel sick	None – feel comfortable
<b>Action:</b>	Go home and avoid them	Get in touch to make sure they're OK

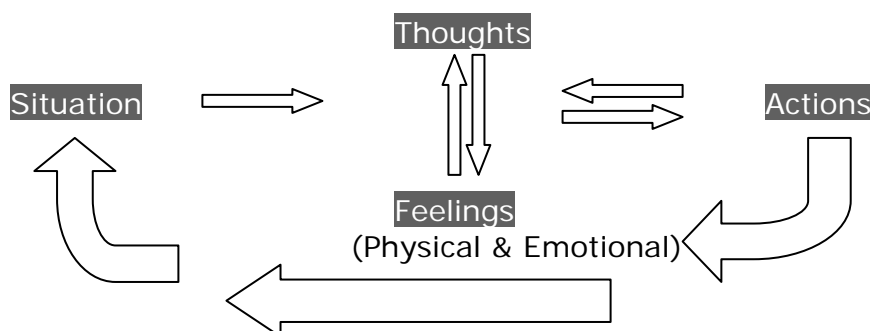
The same situation has led to two very different results, depending on how you thought about the situation. How you **think** has affected how you **felt** and what you **did**.

In the example in the left hand column, you've jumped to a conclusion without very much evidence for it – and this matters, because it's led to:

- a number of uncomfortable feelings
- an unhelpful behaviour.

If you go home feeling depressed, you'll probably brood on what has happened and feel worse. If you get in touch with the other person, there's a good chance you'll feel better about yourself. If you don't, you won't have the chance to correct any misunderstandings about what they think of you – and you will probably feel worse.

This is a simplified way of looking at what happens. The whole sequence, and parts of it, can feedback like this:



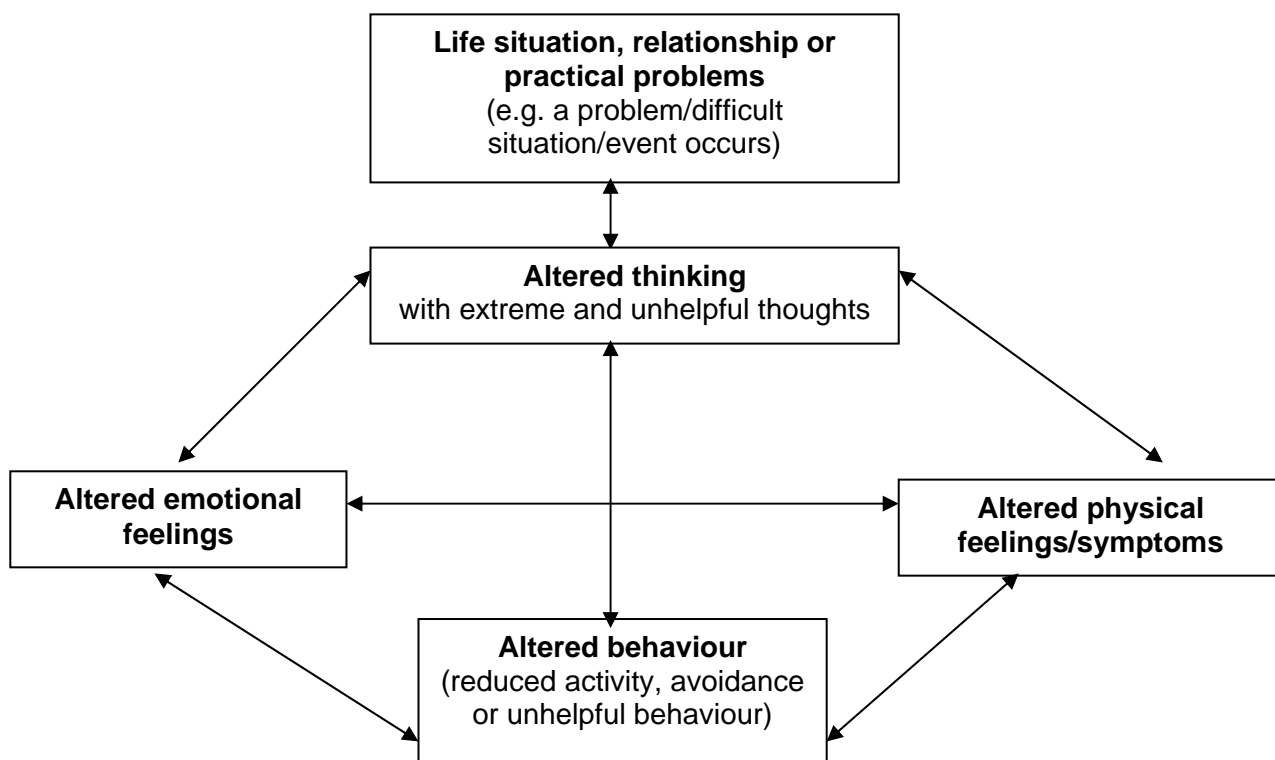
This “vicious circle” can make you feel worse. It can even create new situations that make you feel worse. You can start to believe quite unrealistic (and unpleasant) things about yourself. This happens because, when we are distressed, we are more likely to jump to conclusions and to interpret things in extreme and unhelpful ways.

CBT can help you to break this vicious circle of altered thinking, feelings and behaviour. When you see the parts of the sequence clearly, you can change them – and so change the way you feel. CBT aims to get you to a point where you can “do it yourself”, and work out your own ways of tackling these problems.

**“Five areas” Assessment**

This is another way of connecting all the 5 areas mentioned above. It builds in our relationships with other people and helps us to see how these can make us feel better or worse. Other issues such as debt, job and housing difficulties are also important. If you improve one area, you are likely to improve other parts of your life as well.

**A Five Areas Assessment**



**What does CBT involve?**

CBT is done in many different places – GP practices, out-patient hospital departments or community mental health centres. The therapist may be a doctor, nurse, social worker, occupational therapist, physiotherapist, counsellor, teacher or psychologist.

**The sessions**

CBT can be done individually or with a group of people. It can also be done from a self-help book or computer programme. If you have individual therapy:

- You will usually meet with a therapist for between 5 and 20, weekly, or fortnightly, sessions. Each session will last between 30 and 60 minutes.

- In the first 2-4 sessions, the therapist will check that you can use this sort of treatment and you will check that you feel comfortable with it.
- The therapist will also ask you questions about your past life and background. Although CBT concentrates on the here and now, at times you may need to talk about the past to understand how it is affecting you now.
- You decide what you want to deal with in the short, medium and long term.
- You and the therapist will usually start by agreeing on what to discuss that day.

### **The work**

- With the therapist, you break each problem down into its separate parts, as in the example above. To help this process, your therapist may ask you to keep a diary. This will help you to identify your individual patterns of thoughts, emotions, bodily feelings and actions.
- Together you will look at your thoughts, feelings and behaviours to work out:
  - if they are unrealistic or unhelpful
  - how they affect each other, and you.
- The therapist will then help you to work out how to change unhelpful thoughts and behaviours.
- It's easy to talk about doing something, much harder to actually do it. So, after you have identified what you can change, your therapist will recommend "homework" – you practice these changes in your everyday life. Depending on the situation, you might start to:
  - question a self-critical or upsetting thought and replace it with more helpful (and accurate) one that you have developed in CBT;
  - recognise that you are about to do something that will make you feel worse and, instead, do something more helpful.
- At each meeting, you discuss how you've got on since the last session. Your therapist can help with suggestions if any of the tasks seem too hard or don't seem to be helping.
- They will not ask you to change things too quickly – you decide the pace of the treatment and what you will and won't try.

The strength of CBT is that you can continue to practice and develop your skills even after the sessions have finished. This makes it less likely that your symptoms or problems will return.

### **How effective is CBT?**

- It is one of the most effective treatments for conditions where anxiety or depression is the main problem.
- It is the most effective psychological treatment for moderate and severe depression.
- It is as effective as antidepressants for many types of depression.

## **What other treatments are there and how do they compare?**

CBT is used in many conditions, so it isn't possible to list them all in this leaflet. We will look at alternatives to the most common problems - anxiety and depression.

- CBT isn't for everyone and another type of talking treatment may work better for you.
- CBT is as effective as antidepressants for many forms of depression. It may be slightly more effective than antidepressants in treating anxiety.
- For severe depression, CBT should be used with antidepressant medication. When you are very low, you may find it hard to change the way you think until antidepressants have started to make you feel better.
- Tranquillisers should not be used as a long term treatment for anxiety. CBT is a better option.

## **Problems with CBT**

- If you are feeling low and are having difficulty concentrating, it can be hard, at first, to get the hang of CBT – or, indeed, any psychotherapy.
- This can make you may feel disappointed or overwhelmed. A good therapist will pace your sessions so you can cope with the work you are trying to do.
- It can sometimes be difficult to talk about feelings of depression, anxiety, shame or anger.

## **How long will the treatment last?**

A course may be from 6 weeks to 6 months. It will depend on the type of problem and how it is working for you. The availability of CBT varies between different areas and there may be a waiting list for treatment.

## **What if the symptoms come back?**

There is always a risk that the anxiety or depression will return.

If they do, your CBT skills should make it easier for you to control them. So, it is important to keep practicing your CBT skills, even after you are feeling better.

There is some research that suggests CBT may be better than antidepressants at preventing depression coming back. If necessary, you can have a "refresher" course.

## **So what impact would CBT have on my life?**

Depression and anxiety are unpleasant. They can seriously affect your ability to work and enjoy life. CBT can help you to control the symptoms. It is unlikely to have a negative effect on your life, apart from the time you need to give up to do it.

## **What will happen if I don't have CBT?**

You could discuss alternatives with your doctor. You could also:

- Read more about the treatment and its alternatives.
- If you want to "try before you buy", get hold of a self-help book or CD-Rom and see if it makes sense to you.
- Wait to see if you get better anyway - you can always ask for CBT later if you change your mind.

## **Useful CBT web links**

British Association for Behavioural and Cognitive Psychotherapies ([www.BABCP.com](http://www.BABCP.com) )

Calipso website (<http://www.calipso.co.uk>)

## **For further information on Cognitive Behavioural Therapy**

[www.psychnet-uk.com/psychotherapy/psychotherapy\\_cognitive\\_behavioural\\_therapy.htm](http://www.psychnet-uk.com/psychotherapy/psychotherapy_cognitive_behavioural_therapy.htm)

## References

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Department of Health (2001). Treatment choice in psychological therapies and counselling. London: HMSO.

NICE (2004). CG9 Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders – NICE guideline January 2004 <http://www.nice.org.uk/pdf/cg009niceguidance.pdf>

NICE (2004). Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. <http://www.nice.org.uk/page.aspx?o=235625>

NICE (2004) Depression: Management of depression in primary and secondary care. NICE Guideline December 2004. <http://www.nice.org.uk/page.aspx?o=235626>

### For further information contact:

Depression Alliance, 35 Westminster Bridge Road, London SE1 7JB.  
Depression Alliance has 3 offices within the UK. You can contact their regional information lines via the main number 0845 123 23 20  
[www.depressionalliance.org](http://www.depressionalliance.org)

National Phobics Society, Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester M15 4ZY. Provides support and help if you have been diagnosed with or suspect you may have an anxiety condition or specific phobias.  
[www.phobics-society.org.uk](http://www.phobics-society.org.uk)

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