

Cognitive Behavioural Therapy

What is Cognitive Behavioural Therapy (CBT)?

CBT is a talking therapy that is currently receiving excellent press and has a central place in evidence-based practice. It is recommended by National Institute of Clinical Excellence (NICE) for a range of psychological problems.

CBT looks at how we think about a situation (cognitive) and how this in turn affects the way we feel and act (behaviour). Vice versa, our actions can also affect how we think and feel. So, when we think or act in an unhelpful way, it usually creates a perpetual cycle that maintains the problem. Compared to other forms of therapy, CBT focuses on the 'here and now' problems. It can also help you to gain more awareness of how you think about yourself, others and the world. In practice, it is a highly collaborative therapy. Where the client and therapist work together to identify how understandable but unhelpful thought patterns are impeding on the client's daily life.

CBT is usually completed in a short period of time and is highly structured. It also requires a good level of commitment from clients. Clients are usually expected to do some work in between sessions, such as keeping a diary or completing worksheets.

Unhelpful Thought Patterns

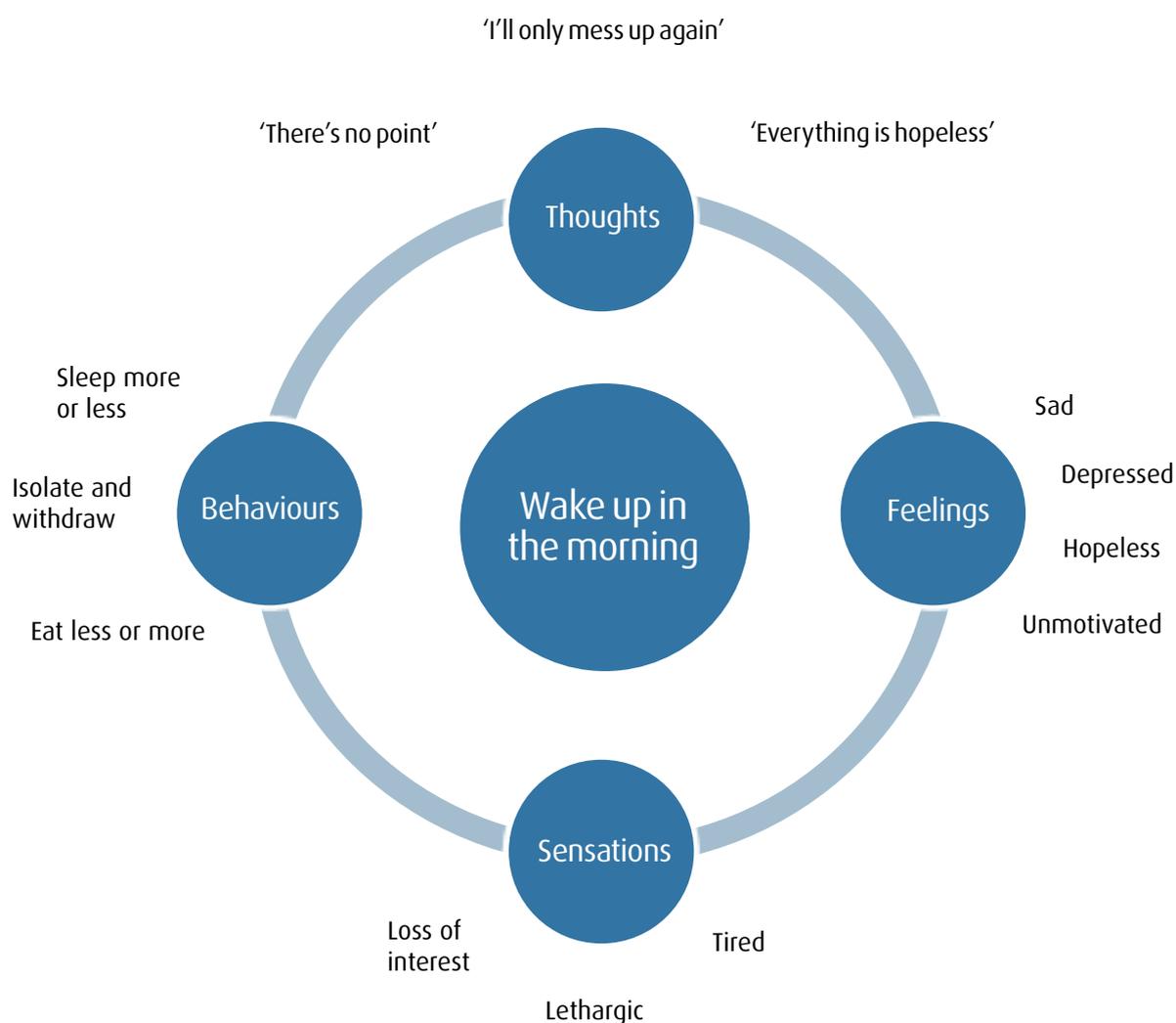
CBT looks at uncovering some of the unhelpful thought patterns that affects the meaning that clients give to situations.

<p>Mental Filter</p> <p>Noticing only what our filter wants or allows us to notice. Like looking through 'gloomy specs' or only catching negative things in our 'kitchen strainers' whilst anything more positive or realistic is dismissed.</p>	<p>Judgements</p> <p>Making negative evaluations and judgements on situations, ourselves and others, rather than describing what we factually see.</p>
<p>Emotional Reasoning</p> <p>Concluding that the way we feel, must be the way we are- 'I feel anxious, so I must be in danger' or 'I feel bad, so I must be a useless person'.</p>	<p>Mind Reading</p> <p>Assuming we know what the other is thinking- 'He is looking at me, he must dislike me'.</p>
<p>Mountains or Mole Hills</p> <p>Exaggerating the risk of danger, or the negatives- 'All parks are dangerous'. Minimising positives or the odds of how something will turn out- 'It will never work out'.</p>	<p>Compare and Despair</p> <p>Only comparing ourselves negatively to others- 'I can never do anything better than anyone', or only seeing the positive aspects in others</p>
<p>Catastrophising</p> <p>Imagining the worst possible thing that could happen- 'I am going to fail ALL my exams'.</p>	<p>Critical Self</p> <p>Putting ourselves down, blaming ourselves totally for something that went wrong- 'This is ALL my fault'.</p>
<p>Black and White Thinking</p> <p>Thinking in a way that it is all or nothing, either right or wrong, rather than anything in-between.</p>	<p>Shoulds and Musts</p> <p>Setting up unrealistic expectations and putting unnecessary pressure on ourselves, by thinking or saying 'I should do this' or 'I must do this'.</p>
<p>Memories</p> <p>Current events and situations triggering upsetting events in the past, leading us to believe that the danger is here and now, rather than in the past- 'I can't drive' (having been in an accident before).</p>	

Vicious Cycles

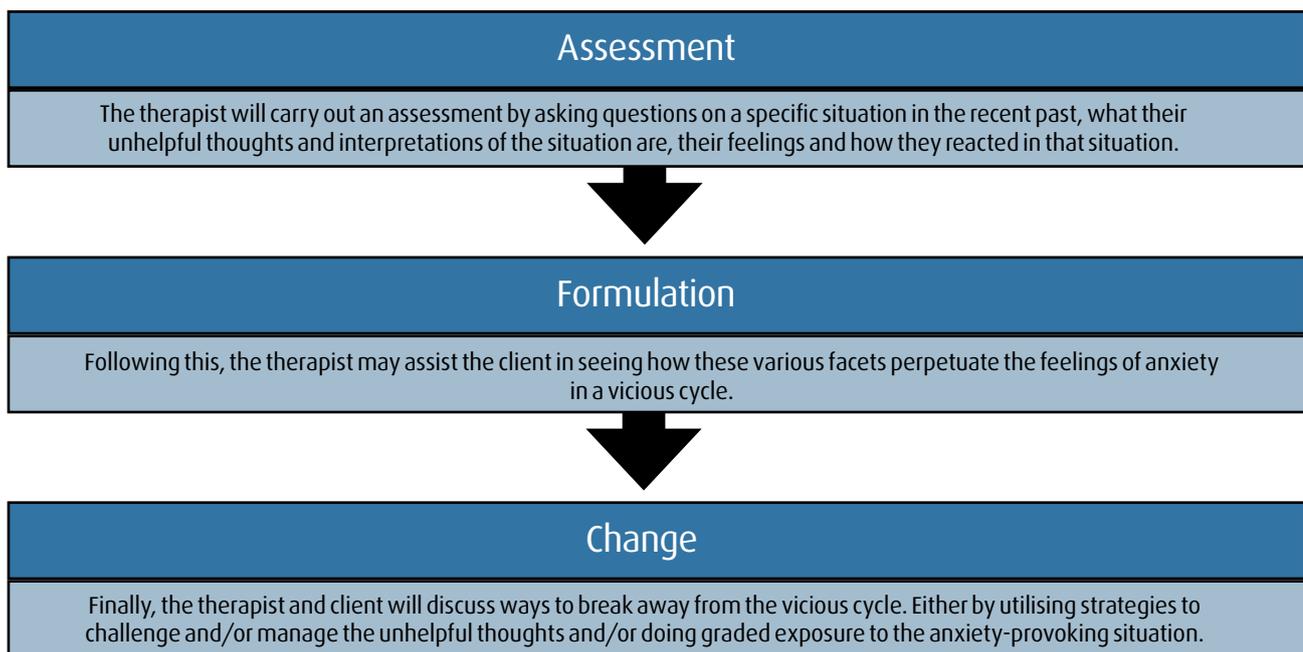
Unhelpful thought patterns and behaviours can maintain and perpetuate your problems. The aim of CBT is gain more awareness and break free from this cycle.

Example: Vicious cycle of Depression



What does a typical CBT session look like?

CBT broadly follows three main stages: assessment, formulation and change. A typical session begins with the therapist and client agreeing on a focus for the session. For example, a client who suffers anxiety when meeting people for the first time.



Who is suitable for CBT?

CBT has been widely researched and amassed a good evidence base for its effectiveness, especially with those suffering from anxiety and depression. Although it is helpful for many people, it may not be suitable for everyone. It is less well developed for those who are suffering with longer term, more complex issues, bereavement or relationship issues. Alternatively, some may prefer to attend talking therapies that are less structured and less focused on developing coping strategies.

Further Reading

1. For more information on CBT visit the GET Self Help website: www.getselfhelp.co.uk. It is also a self-help website for various psychological problems.
2. Mind Over Mood by Dennis Greenberger and Christine A Padesky. An easy to read self-help book for depression and anxiety, based on the CBT model.

SilverCloud – Online Cognitive Behavioural Therapy

SilverCloud is available to all registered students and staff, a free online self-help service to help anyone experiencing a variety of emotional challenges.

SilverCloud offers secure, immediate access to online CBT (Cognitive Behavioural Therapy) programmes tailored to your specific needs to support you in setting yourself goals, problem solving and building up your life skills. These programmes have demonstrated high improvement rates for depression and anxiety.

There are currently four programmes available to students and staff:

- Anxious thoughts and feelings
- Depression and low mood
- Stress
- Body image

Sign up to SilverCloud today at mdxwellbeing.silvercloudhealth.com/signup

How to contact the Counselling and Mental Health Service

The counselling service offers CBT amongst other forms of therapy such as Counselling, Psychodynamic and Mindfulness Groups. For up-to date details, please see our web pages at <http://unihub.mdx.ac.uk/cmh> or email cmh@mdx.ac.uk

Further leaflets in this series

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Addictive Behaviour
Anxiety and Panic
Bereavement and Loss
Coming to Britain to Study
Coping with Trauma
Depression
Eating Disorders
Exam Anxiety
Helping someone you are Concerned About
Managing Stress
Mature Students
Mental Health
Mindfulness
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Work Difficulties and Study Blocks
Working in Groups

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