

# What is CBT

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13/09/2016

# Session Aims

- To discuss the concept and principles of CBT from different perspectives.
- To briefly look at core skills in CBT
- Briefly discuss the process or treatment plan in CBT

# Description of CBT

- The 'C' in CBT refers to Cognitive. Cognition refers to what we think and how we think (planning, decision making, problem solving, and drawing conclusions).
- The 'B' in CBT refers to Behaviour, which includes our actions; what we do and what we avoid.

(Mears & Freeston, 2015)

- A systematic approach to understanding the relationship between our situation, thoughts, emotions & behaviour
- An evidence-based treatment for emotional difficulties; for people prepared to put in the effort!
- Collaborative: The therapist acts as coach, but the client is the athlete
- Scientific: we rely on evidence as opposed to instinct to support our view of the world
- Measurable: we will measure progress throughout the course of treatment
- Goal-Focused: We will establish clear treatment goals

- Focused on the “here and now” of our lives – as a matter of course we don’t routinely focus on childhood issues
- Builds on existing strengths & successes – “what works”
- Identifies and modifies problem areas – “what doesn’t work”
- Change-focused: improvements come from determinedly practicing the skills the client learn in treatment
- Empowering: success is in the client’s hands – not other people
- Training-oriented: Client learn to become his/her own therapist

# What it isn't

- A Magic Cure
- Something that others can do for you
- An opportunity to “offload”
- Focused on the things that have gone wrong in the past
- Something that will work without hard work
- Positive thinking

# Introduction to Cognitive Therapy

## Definition

“...short term focused form of psychotherapy developed from the finding that psychological disturbances frequently involve habitual errors in thinking or cognition.

The underlying theoretical rationale stipulates that the way an individual feels and behaves is determined by the way he/she structures experience.”

**(Beck, Rush Shaw & Emery, 1979)**

# Cognitive Therapy

- The central idea of CT is that the perspective or view we take of a situation or event has a profound influence on how we feel and act.
- This concept has been traced as far back to the writings of the Greek stoic philosophers – “It is not the event or the situation which is the problem, but rather the way we perceive and interpret the situation”.



# Beck's Cognitive Model of Depression

Critical detached parents,  
high standards, positive  
regard linked to abilities

**Early experience**



**Dysfunctional Schema**  
(Unconditional & Conditional)

“I am lazy & stupid”

“If I do not succeed...then  
this shows I am lazy”



Doing below expectations – **Critical Incident**  
e.g. bad exam results



**Assumptions activated**



I'm a failure

I am useless

No-one will respect me

There's no point in  
trying

**Negative Automatic Thoughts**

(Cognitive triad)



**Symptoms:**

Behavioural

Motivational

Affective

Cognitive

Somatic

Gives up

Withdrawn,  
less active

Sad, depressed,  
hopeless, guilty

Poor  
concentration

Tired,  
poor sleep

# Definition of Behaviour Therapy

Derived from learning theory... Regards psychological problems as the product of environmental events, learning experiences, and conditioning in particular. Psychological problems are problems of faulty learning.. therefore learned behaviour can be un-learned. The behaviour is the problem and the unlearning of the behaviour is the solution

Eysenck, 1960

# Behavioural ABC

**A**

ANTECEDENT

Invited to Party

Feel anxious

**B**

BEHAVIOUR

Stay at home

**C**

CONSEQUENCE

Relief from  
anxiety, feel  
depressed,  
become socially  
withdrawn

# Similarities between CT and BT

- Both are structured, focused, time-limited interventions
- Both emphasize the importance of **new learning** if therapeutic progress is to be made
- Both require collaborative relationships and active participation by the client
- Both assume that the client has key knowledge to be brought to bear on their problem. Some central tasks/ interventions look similar (e.g. exposure)
- Both assume that change is always possible

# Differences between CT and BT

- Different models of emotional disorder underlie them
- The conceptual aims of each are therefore different
- The rationale developed with a client for specific tasks will be different

# Evidence for CBT

- Fully fledged RCT supported treatments for depression & anxiety:
  - Specific phobia – Exp.
  - Panic – Clark (CT); Barlow (Exp. & CT)
  - Social Phobia – Clark (CT); Heimberg (Exp. & CT)
  - OCD – Foa & Kozac (ERP); Steketee (Exp. & CT)
  - PTSD – Foa & Rothbaum (Exp.); Ehlers & Clark (CT)
  - GAD - Borkovec (CT & BT); Dugas (CT & Exp.); Barlow (Exp. & CT)
  - Depression – Beck (CT); Martell (BT)
  - Health anxiety – Salkovskis (CT); Visser & Bouman (ERP)

# Modes of delivery

- Face-to-face
- Skype
- Telephone treatment
- CCBT
- Text
- Facilitated self-help
- Individual or group

# Process

- Assessment
- Problems statement
- Formulation/incident analysis
- Psycho-education
- Setting therapy goals
- Intervention
- Relapse prevention



# Core Competences

- Cognitive restructuring
- Exposure
- Problem solving
- Behaviour Activation

# Third Wave Therapies

- Dialectical Behaviour Therapy (DBT),
- Schema Therapy,
- Acceptance & Commitment Therapy (ACT),
- Mindfulness,
- Compassionate Mind (CFT),
- Meta-Cognitive Therapy,
- Cognitive Behaviour Analysis System of Psychotherapy (CBASP)
- Eye movement desensitization and reprocessing(EMDR)