



Cognitive Behavioural Therapy (CBT)

Course Manual

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Module 17:
Evidence-based practice of CBT

Objectives

Although in previous modules, the efficacy of CBT for specific client groups has been addressed, this module aims to assess the existing empirical evidence-base, presenting arguments both for and against CBT as an effective treatment across a range of settings, client groups and challenges, with the objective that the learner will be confident in making a scientifically-based judgement for themselves as to the efficacy of CBT.

Overview of the effectiveness of CBT

It must be remembered that CBT is not equally effective for all service users, which has been demonstrated over the course of these modules. There are many factors which influence the efficacy of CBT at an individual or group level and these must all be taken into account when making an informed decision with the support of a GP or other medical practitioner before embarking upon a course of treatment.

Arguments for CBT

The importance of an evidence-base for CBT cannot be diminished, without empirical evidence as to the efficacy of a treatment or intervention, such treatments or interventions are at risk of being branded pseudoscientific.

As previously discussed in earlier modules, CBT has been demonstrated to be as effective as medication alone for the treatment of a variety of mental health conditions, including for those presenting with symptoms indicative of depression. Additionally, the highly structured nature of CBT means that it can be implemented across a wide range of settings, taking many forms such as group therapy, computerised CBT and self-help.

The central aim of CBT is to incorporate into the clients' everyday life e.g. thorough the use of homework to enable the client to cope better following termination of the CBT course. In comparison with other forms of talking therapies, CBT is a brief therapy, often producing measurable results across a short period of time.

Arguments against CBT

Despite its popularity, CBT has a number of disadvantages. One of the most impactful issues is that of patient engagement with the therapy, which has been discussed previously. It has been found that in order for CBT to be effective, the client must fully engage with the process of therapy, including completing homework – an integral element of CBT in practice.

As discussed across this course, it is of vital importance to approach issues of complex need sensitivity; CBT is most effective for clients with a specific concern rather than for those with complex underlying mental health issues. It has been argued that CBT does not lend itself to the exploration of these underlying conditions due to its solution-focused nature which is based upon current problems and does not tend to explore past events.

The final critique of CBT is again linked to clients who may present with more complex difficulties or needs. Due to the time-limited nature of CBT, it is often not possible to provide the length of intervention which may be required for this client group, especially in non-private practice with long waiting lists such as that provided by the NHS.

Multiple choice questions

- 1) *Is CBT equally effective for all service users?*
 - a) *No*
 - b) *Yes*

- 2) *For people with a diagnosis of depression CBT has been found to be*
 - a) *Ineffective*
 - b) *As effective as medication*
 - c) *More effective than medication*

- 3) *CBT in the UK is provided in a singular format*
 - a) *True*
 - b) *False*

- 4) *CBT is most effective*
 - a) *If the client engages fully*
 - b) *If the therapist engages fully*
 - c) *If both the therapist and client engage fully*

- 5) *CBT is least effective for*
 - a) *People with specific issues*
 - b) *People with complex needs*