



## **Cognitive Behavioural Therapy (CBT)**

### **Course Manual**

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## **Module 1:**

# **Introduction to Cognitive Behavioural Therapy (CBT)**

## Objectives

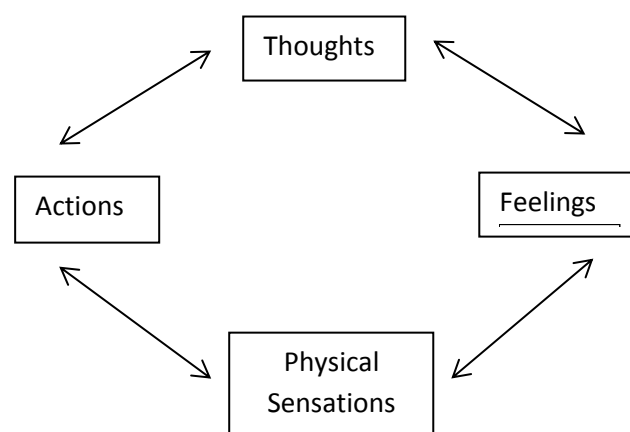
The Objectives of this module are: to equip the learner with an understanding of a working definition of Cognitive Behavioural Therapy (CBT); to provide a brief overview of the theoretical background of CBT; to provide a description of the format of a CBT session and provide a summary of the pros and cons of CBT in terms of the literature.

## Background and history of CBT

Primarily, CBT is based upon the work of Beck (1964), who developed a psychotherapeutic technique which was short in duration, structured and present-orientated (Beck, 2011) termed 'cognitive therapy'. Cognitive Behavioural Therapy (CBT) as it is now termed; has been influenced by the work of psychological theorists such as Meichenbaum, pioneer of cognitive behaviour modification which emerged from cognitive semantic therapy as a biopsychosocial, person-centred approach (Wyatt & Seid, 2009). In addition to this, influence has been drawn from: stress inoculation training (Meichenbaum & Deffenbacher, 1988); emotive behaviour therapy (Eliis & Whitely, 1979); self-instructional training (Meichenbaum & Jaremko, 1983); problem-solving therapy (D'Zurilla & Nezu, 2007); dialectical behaviour therapy (Linehan, 1993)

By definition, CBT is a talking therapy that aids the self-management of problem behaviours. This occurs through systematic alterations in the manner in which those availing of the service think and behave (NHS, 2015). The process of CBT focuses on highlighting the cycle of negative behaviours which a client is immersed in:

## Cycle of negativity



The cycle illustrated above aids the client in recognising the manner in which the elements of their: thoughts; feelings; physical sensations and actions are interconnected. Specifically, two components of behaviours which make up this negative cycle which are focused upon in CBT sessions are: 'automatic thoughts' (Beck & Greenberg, 1974), in which thoughts involuntarily appear at the forefront of a person's mind (Curwen, Palmer & Ruddell, 2007) and 'underlying beliefs', comprising of 'core beliefs' and 'intermediate beliefs', which are those assumptions and beliefs which a person holds that contribute towards the generation of automatic thought processes (Curwen et al., 2007). These two components will be explored further in subsequent modules with reference to Schemas.

Central to the mechanisms of CBT is Beck's Cognitive Triad, which will be examined in detail, with reference to the literature in the module 'CBT for depressive disorders'. The aim of CBT is to break this cycle by equipping the client with the tools to change negative cycles of behaviour which facilitate patterns such as that in Figure 1 (NHS, 2015). In order to do this, CBT practitioners break down issues faced by the client which may exacerbate or trigger negative thoughts, feelings, physical sensations or actions, into small, manageable components. Clients are encouraged to develop self-awareness by preforming behavioural experimentations and self-monitoring (Wyatt & Seid, 2009).

### **A brief overview of CBT in practice**

The use of CBT is most common for the treatment of anxiety and depression in conjunction with medical approaches, however, it can be used for the benefit of people with a diagnosis of: Obsessive Compulsive Behaviour (OCD); Panic Disorder; Post-Traumatic Stress Disorder (PTSD); Phobias; Eating Disorders; Sleep Problems and addiction, as well as for long-term health issues, for example, Chronic Fatigue Syndrome (CFS) and Irritable Bowel Syndrome (IBS) (NHS, 2015).

Typically, a client receives between five and twenty CBT sessions consisting of one 30-60 minutes session per week or fortnight. Intervention techniques such as cognitive restructuring, stress inoculation training, problem solving, skills training and relaxation training are utilised in CBT sessions (Wyatt & Seid, 2009). with the aim of CBT being to enable the client to independently apply skills taught during CBT sessions upon completion of the course of treatment.

There are eleven fundamental characteristics of the application of CBT in practice (Curwen et al., 2007: 17):

1. Therapeutic style
2. Formulation of problem
3. Collaborative relationship
4. Structure to sessions and to therapy
5. Goal-directed therapy
6. Examines and questions unhelpful thinking
7. Uses range of aids and techniques
8. Teaches client to become own therapist
9. Homework setting
10. Time-limited
11. Audio-recorded sessions

These factors will be examined in greater detail in the final module 'Applications of CBT theory to practice'.

### **Efficacy of CBT**

Arguments as to the efficacy of CBT have been presented in terms of pros and cons. The literature has demonstrated that, when used for the treatment of some mental health conditions, CBT can be equally effective as medication alone, even after a limited number of sessions. However, arguments not in support of CBT argue that if a client is not fully committed, sessions will not be beneficial. In addition to this, CBT has been presented as potentially ineffective for people with complex mental health conditions or severe learning disabilities.

CBT can be carried out in one of the following forms: as an individual therapy through one-to-one sessions; as a group therapy, along with other clients facing similar issues; using a self-help book, where the individual guides themselves through the CBT process or through the use of a computer program, referred to as computerised CBT (CCBT).

## Multiple Choice Questions

1. *What is CBT?*
  - a) *A data-driven therapeutic approach based upon observation of behaviour*
  - b) *A psychotherapeutic, present-orientated talking therapy*
  - c) *A therapy orientated around an exploration of a client's past experiences*
  
2. *What are the four components of the cycle of negativity?*
  - a) *Antecedents, Behaviour, Consequence and motivation*
  - b) *Actions, motivations, perceptions of others and feelings*
  - c) *Thoughts, feelings, physical sensations and actions*
  
3. *For what client group is CBT most commonly used?*
  - a) *People with anxiety and/or depression*
  - b) *People with severe learning disabilities*
  - c) *Children*
  
4. *What is the primary aim of CBT?*
  - a) *To encourage the client to problem-solve with the help of a CBT practitioner*
  - b) *To equip the client with the skills to self-manage their problems*
  - c) *To engage regularly with the client in the long-term*
  
5. *Which theorist has been most influential in the development of CBT?*
  - a) *Skinner*
  - b) *Pavlov*
  - c) *Beck*
  
6. *What are the advantages of CBT?*
  - a) *It is data-driven*
  - b) *It is effective for all populations*
  - c) *It is effective for people with some mental health issues*

7. *What are the disadvantages of CBT?*
- a) *It is ineffective for people with complex needs*
  - b) *It does not have proven efficacy*
  - c) *It is not based upon psychological theory*
8. *List the forms which CBT can take*
- a) *Individual*
  - b) *Group*
  - c) *Computer-based*
  - d) *Self-help*
  - e) *All of the above*



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