Cognitive behaviour therapy

Summary

- Cognitive behaviour therapy (CBT) is a type of psychotherapy that helps the person to change unhelpful or unhealthy habits of thinking, feeling and behaving.
- CBT involves the use of practical self-help strategies, which are designed to affect positive and immediate changes in the person’s quality of life.
- CBT can be as effective as medication to treat depression and anxiety.

What is cognitive behaviour therapy?

Cognitive behaviour therapy (CBT) is an effective treatment approach for a range of mental and emotional health issues including anxiety and depression. CBT aims to help a person identify and challenge unhelpful thoughts and to learn practical self-help strategies. These strategies are designed to bring about positive and immediate changes in the person’s quality of life. CBT can be beneficial for anyone who needs support to challenge unhelpful thoughts that are preventing them from reaching their goals or living the life they want to live. CBT aims to show people how their thinking affects their mood and to teach them to think in a less negative way about life and themselves. It is based on the understanding that thinking negatively is a habit that, like any other habit, can be broken.

When CBT is useful

CBT is used to treat a range of psychological problems including:

- anxiety
- anxiety disorders such as social phobia, obsessive-compulsive disorder or post-traumatic stress disorder
- depression
- low self-esteem
- uncontrollable anger
- irrational fears
- hypochondria
- substance misuse, such as smoking, drinking or other drug use
- problem gambling
- eating disorders
- insomnia
- marriage or relationship problems
- certain emotional or behavioural problems in children or teenagers.

Using CBT to treat anxiety

Everyone experiences anxiety sometimes, due to specific things or circumstances. It serves as a means of protection and can increase our performance in stressful situations. For example, the rush of anxiety that often occurs prior to a job interview or a big race often can enhance our performance.

But for some people the feeling of anxiety is more general, meaning that you feel constantly on alert or fearful no matter what activity you are doing. This can be extremely distressing and get in the way of your daily life.

If your level of anxiety does begin to interfere with your ability to function, it is important that you begin to learn
some skills for coping with these anxious feelings. This is where CBT can help. It focusses on changing patterns of thinking and beliefs that are associated with, and trigger, anxiety.

Using CBT to treat depression
People with depression can have ongoing negative feelings about themselves, other people and the world around them. This negative thinking pattern can become automatic so that they don’t notice when their judgment is irrational or unfair on themselves.

CBT can help people with depression by giving them tools to challenge the negative thoughts and override them with more realistic and positive thought processes.

CBT is also used to help many more psychological problems. In some cases, other forms of therapy used at the same time may be recommended for best results. Talk to your doctor for further information and advice.

CBT and the interaction of thoughts, feelings and behaviours
The main focus of CBT is that thoughts, feelings and behaviours combine to influence a person’s quality of life. For example, severe shyness in social situations (social phobia) may come from the person thinking that other people will always find them boring or stupid. This belief could cause the person to feel extremely anxious in social situations.

This could lead to certain behaviour in social situations, such as trembling, sweating, accelerated heart rate or other uncomfortable symptoms. The person could then feel overwhelmed with negative emotions (such as shame) and negative self-talk (‘I’m such an idiot’), and their fear of social situations could become worse with every bad experience.

CBT aims to teach people that it is possible to have control over their thoughts, feelings and behaviours. CBT helps the person to challenge and overcome automatic beliefs, and use practical strategies to change or modify their behaviour. The result is more positive feelings, which in turn lead to more positive thoughts and behaviours.

CBT combines cognitive therapy and behaviour therapy
CBT focuses on changing unhelpful or unhealthy thoughts and behaviours. It is a combination of two therapies: ‘cognitive therapy’ and ‘behaviour therapy’. The basis of both these techniques is that healthy thoughts lead to healthy feelings and behaviours.

Cognitive therapy
The aim of cognitive therapy is to change the way the person thinks about the issue that’s causing concern. Negative thoughts cause self-destructive feelings and behaviours. For example, someone who thinks they are unworthy of love or respect may feel withdrawn in social situations and behave shyly. Cognitive therapy challenges those thoughts and provides the person with healthier strategies.

Many techniques are available. One technique involves asking the person to come up with evidence to ‘prove’ that they are unlovable. This may include prompting the person to acknowledge the family and friends who love and respect them. This evidence helps the person to realise that their belief is false. This is called ‘cognitive restructuring’. The person learns to identify and challenge negative thoughts, and replace them with more realistic and positive thoughts.

Behaviour therapy
The aim of behaviour therapy is to teach the person techniques or skills to alter their behaviour. For example, a person who behaves shyly at a party may have negative thoughts and feelings about themselves. They may also lack social skills.

Behaviour therapy teaches the person more helpful behaviours. For example, they may be taught conversational skills that they practise in therapy and in social situations. Negative thoughts and feelings reduce as the person discovers they can enjoy themselves in social situations.

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Treatment with CBT

The details of treatment will vary according to the person’s problem. However, CBT typically includes the following:

- assessment – this may include filling out questionnaires to help you describe your particular problem and pinpoint distressing symptoms. You will be asked to complete forms from time to time so that you and your therapist can plot your progress and identify problems or symptoms that need extra attention
- personal education – your therapist provides written materials (such as brochures or books) to help you learn more about your particular problem. The saying ‘knowledge is power’ is a cornerstone of CBT. A good understanding of your particular psychological problem will help you to dismiss unfounded fears, which will help to ease your anxiety and other negative feelings
- goal setting – your therapist helps you to draw up a list of goals you wish to achieve from therapy (for example, you may want to overcome your shyness in social settings). You and your therapist work out practical strategies to help fulfil these goals
- practising strategies – you practising your new strategies with the therapist. For example, you may role-play difficult social situations or realistic self-talk (how you talk to yourself in your head) to replace unhealthy or negative self-talk
- homework – you will be expected to actively participate in your own therapy – for example, the therapist may ask you to keep a diary – and you are encouraged to use the practical strategies during the course of your daily life and report the results to the therapist.

CBT and medication

Medication is not always needed. CBT can be as effective as medication in the treatment of depression and anxiety. In other cases, you and your therapist may decide that medication, together with CBT, would produce the best results. For example, people with bipolar disorder usually benefit from medication that helps control their mood swings.

Who provides CBT?

Counsellors, psychologists and therapists can all provide CBT, either in one-on-one therapy sessions, small groups or online. People are trained to look logically at the evidence for their negative thoughts, and to adjust the way they view the world around them.

The therapist will provide ‘homework’ for between sessions. Generally, 6 to 10 sessions are required but the number will vary from person to person. More recently, a number of online programs (such as MoodGYM [https://moodgym.anu.edu.au/welcome] and This Way Up [https://thiswayup.org.au/]) have been developed to deliver CBT to people in their own homes.

Issues to consider

Before choosing CBT, issues you may like to consider include the following.

- CBT may not be the best form of therapy for people with any type of brain disease or injury that impairs their rational thinking.
- CBT requires you to actively participate in treatment. For example, you may be asked to keep detailed diaries on thoughts, feelings and behaviours. If you are not prepared to put in the work, you may be disappointed with the results of CBT.
- CBT involves a close working relationship between you and your therapist. Professional trust and respect is important. If you don’t like the therapist at the first interview, look for another one.
- While CBT is considered a short-term form of psychotherapy, it may still take months or longer for you to successfully challenge and overcome unhealthy patterns of thinking and behaviour. CBT may disappoint you if you are looking for a ‘quick fix’.

Where to get help

- Your doctor

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• Psychologist
• Psychiatrist

• **Psychotherapy and Counselling Federation of Australia** (PACFA) National Register (Family and Relationship Therapy) Tel. (03) 9486 3077

• **Relationships Australia** – provides counselling, mediation, dispute resolution, relationship and parenting skills education, community support, employee assistance programs and professional training. Services and programs are available nationally Tel. 1300 364 277.

• **1800 RESPECT**, RESPECT is the national sexual assault and family violence counselling service for people living in Australia Tel. 1800 737 732

• **beyondblue**, – an independent not-for-profit organisation that provides telephone and online support for depression, anxiety, and related disorders, as well as online resources and information Tel. 1300 22 4636

• **Mensline Australia** provides national telephone and online support, information and referrals for men with family and relationship concerns. Tel.1300 78 9978

• **Qlife** provides telephone and online support to help lesbian, gay, bisexual, transgender, and intersex communities to work towards better health, including mental health Tel. 1800 184 527

• **Australian Psychological Referral Service** Tel. (03) 8662 3300 or 1800 333 497

• **Anxiety Recovery Centre Victoria** Helpline Tel. (03) 9830 0533 or 1300 ANXIETY (269 438)

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