Cognitive behaviour therapy (CBT)

Summary

- Cognitive behaviour therapy (CBT) is a type of psychotherapy.
- It may help you to change unhelpful or unhealthy ways of thinking, feeling and behaving.
- CBT uses practical self-help strategies. These are designed to immediately improve your 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 you identify and challenge unhelpful thoughts and to learn practical self-help strategies. These strategies are designed to bring about immediate positive changes in your quality of life.

CBT can be good 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 you how your thinking affects your mood. It teaches you to think in a less negative way about yourself and your life. 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
- 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 feels anxious sometimes. Anxiety serves as a means of protection and can increase your performance in stressful situations. For example, the rush of anxiety that often occurs before a job interview or a big race can enhance your performance.

But for some people the feeling of anxiety is more general. This means that you always feel 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 begins 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 focuses 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 judgement 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 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’). 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 a person thinks about an 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.

**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.

- **practise of strategies** – you practise 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. You are encouraged to use the practical strategies you have practised during the course of your daily life and report the results to the therapist. For example, the therapist may ask you to keep a diary.

### 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, six to 10 sessions are required but the number will vary from person to person. More recently, a number of online programs (such as moodgym and This Way Up) have been developed to deliver CBT to people in their own homes.

### Issues to consider before choosing CBT

Before choosing CBT, issues you may like to consider include:

- 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 **GP (doctor)**
- **Psychologist**
- **Psychiatrist**
- **Psychotherapy and Counselling Federation of Australia (PACFA)** Tel. (03) 9486 3077.
- **Relationships Australia** – provides counselling, mediation, family dispute resolution, relationship and

betterhealth.vic.gov.au
parenting skills education, family violence support, community support, employee assistance programs and professional training. Services and programs are available nationally Tel. 1300 364 277

- **1800 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 99 78.
- **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 Society** Tel. (03) 8662 3300 or 1800 333 497
- **Anxiety Recovery Centre Victoria** Tel. (03) 9830 0533 or 1300 ANXIETY (1300 269 438).

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

**Copyright © 1999/2020** State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.