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Practice Guide #9

Cognitive Behavioural Therapy

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Purpose of this Practice Briefing:

This Practice Guide is designed to help colleagues have a better understanding of Cognitive Behavioural Therapy (CBT) and its use in work with clients, including looked after children.

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What is CBT?

CBT is a psychological model which works on the principle that the emotions that we experience depend on our thought processes, or 'cognitions'. For example, 'Imagine that you are walking down the street and see a friend across the road, who you wave to. The friend continues walking down the street. If you start responding to this situation with thoughts such as 's/he is ignoring me', 's/he does not want to talk to me', 's/he is angry with me', you will have corresponding feelings of upset, anger, resentment and so on. However, if you respond with the thought that maybe they did not see you, you will be unlikely to experience a significant mood change.'

We know that negative or unhelpful behaviour stems from distressing emotions - CBT therefore works on the assumption that if a person can be helped to challenge their negative thoughts, they will manage their emotions more positively, and this in turn will lead to positive behaviour change.

CBT is a model that was originally developed by Beck et al. (1979) for use with low mood and depression, though it has since been used for a wide range of other issues, including post traumatic stress disorder (PTSD), anxiety problems such as social anxiety, health anxiety or generalised anxiety, obsessive compulsive disorder (OCD) and anger control difficulties.

Key Principles of CBT

'Levels' of cognition

Beck's theories state that there are three 'levels' of cognition. The deepest level is that of the 'Core beliefs', our rigid views, which are the most difficult to access, and which shape our ways of viewing ourselves and the world. These are often formed in childhood, and often take absolute terms e.g. 'I am unlovable', 'I am bad', 'I am a failure' and so on.

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Linked to these, at the next level are the 'Rules for Living', which are rules or principles that we have developed in line with our Core beliefs. These are often conditional statements, formed on the assumption that the Core beliefs are true, and as a way to manage these beliefs. For example, a rule for living could be 'If I do lots of things for other people then they will like me' or 'I must get everything perfect otherwise I've failed'. Problems arise when these rules for living clash with a person's general balance; for example if the person is constantly doing things for others they will have no time left for themselves and suffer problems in their own lives and relationships, as a result.

The most easily accessible level is Negative Automatic Thoughts. It is through these thoughts, which are about any event in a person's daily lives, that we can gain access to a client's Core beliefs. They can range from thoughts about seemingly insignificant occurrences, such as someone bumping into them on the bus to fears about an exam or presentation. People will often report most distress as a result of these thoughts, through not being able to control them or attempts to avoid them. Typical Negative Automatic Thoughts in line with the above examples could be 'that person hates me because I didn't do enough to help yesterday', or 'I've made a mistake so it's all ruined'.

Therapeutic relationship

Proven again and again as one of the key drivers for change (e.g. Lambert & Barley, (2001); Bachelor & Hovarth, (1999)), is the importance of establishing a collaborative relationship with the person accessing CBT. This is vital so that they are involved in their own therapeutic process and do not enter into a relationship where they are simply told what to do by the therapist. This helps empower the person and is more motivating and engaging, laying the foundation for CBT to be effective.

Psychoeducation

One of the aims of CBT, and markers of its efficacy (e.g. Soares Weiser et al, 2007), is that the client becomes their own therapist by learning the relevant parts of the theory so that they can continue to apply these principles after they finish therapy. Crucially, this includes learning the CBT model to understand how thoughts, emotions and behaviours are linked, so the client can see how unhelpful patterns are being maintained.

CBT Techniques

A basic overview of some fundamental CBT techniques is provided below. For a more detailed list of techniques it is recommended to read Westbrook, Kennerley and Kirk's (2007) book, or for examples of CBT worksheets, Leahy and Holland (2000) and Greenberger and Padesky (1995).

Homework

Work outside the therapy session is common, so clients and therapists will often agree a homework task relevant to the therapy at the end of a session.

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Cognitive Techniques

There are many varied techniques to help clients challenge their thoughts. Initially clients can work on identifying their negative thoughts and the types of negative thoughts they are experiencing. These come under headings such as catastrophising (where the client thinks of the worst case scenario for every situation), black and white thinking (where the client thinks of only two extreme absolute situations instead of appreciating the 'grey' complexities) or mind reading (where the client believes they know what someone else thinks of them).

The client can also use ABC sheets and Thought Records as two ways of identifying how external life events and their own internal thoughts combine to cause them distress. The Thought Record takes this one step further and allows clients to look at the logical evidence for their beliefs and to think about possible alternative cognitions. All of these techniques work to challenge the client's way of thinking and show them that there are other possible interpretations.

Behavioural techniques

These are tasks in therapy that involve the client acting to test or change their situation, and thinking about it afterwards. For example, clients could write a diary of what they do every week and realise that if they did more physical activity their mood would change for the better. Similarly, they might complete a challenging task (for example, someone with social phobia to attend a social event and rate how it feels to talk to people)and assign a rating to how they are feeling before and after a task to show themselves that it is not as bad as they fear it will be.

Physical Techniques

These are techniques that the therapist can teach the client to ease their distress, such as breathing techniques as relaxation techniques. These can ease a whole range of symptoms, including muscle tension and other physical symptoms, anxiety, concentration difficulties and rumination.

Formulation

As part of the CBT process the client is taken through the therapist's 'formulation', which is a psychologically based interpretation of the client's difficulties and the origins. The therapist obtains this information from the client during the assessment phase of CBT and it serves as a working model to focus and guide the CBT intervention.

Organisational Advantages

CBT is an attractive model of therapy to practitioners and service providers, because, as an evidence-based method, it naturally lends itself to Randomised Control Trials. It is therefore easier to prove as effective, where other models (such as psychodynamic therapies) are more difficult to test in this way. It is one of the recommended therapies in the NICE Guidelines (2009).

Its proven effectiveness in a generally shorter time frame (in comparison to person centred or psychoanalytic therapies) appeals to organisational requirements for effective therapies at a low cost, client turnover and meeting targets. Currently the NHS is investing in the Increasing Access to Psychological Services (IAPT) programme, a CBT based, time limited intervention.

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Children and adolescents

CBT has also had positive results in its use with children and adolescents, and is recognised as one of the few empirically-supported psychosocial treatments for young people. Like CBT for adult clients, it can be used to treat anxiety disorders, depression, and symptoms related to trauma or posttraumatic stress, and wider number of conditions (Kendall et al, 2008; Reinecke et. al., 2003).

CBT for children and adolescents focuses on helping young people and their parents/carers understand patterns and links between their thoughts, emotions and behaviours, and teaching them specific skills to manage the difficult situations that trigger negative thoughts.

CBT is also a useful treatment for the carers of young people, whether these are the parents, foster carers or any other. CBT can be used to evaluate the thoughts and emotional reactions that carers are having towards their children and whether they could parent them in any alternative way that could be more effective. Similarly CBT can form the basis of useful interventions for carers with the children they look after, with exercises that carers and young people can do together.

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