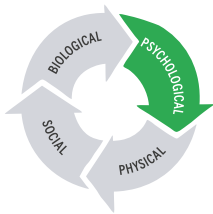


# ★ Cognitive behavioural therapy



The main focus of this treatment is on psychological factors.



Remember, more thumbs up just means that more people have done research that shows that this approach does work.

### What is it?

Cognitive behavioural therapy (CBT) is one of the 'talking therapies'. Cognitive relates to what you think, and behaviour relates to what you do.

By meeting on your own with a CBT therapist to talk about things that are bothering you, you will learn about the links between your thoughts and your behaviours, how you came to think and do things the way you do, and how that affects how you feel.

The amount of therapy meetings you have will depend on what is helpful to you, but a guide would be around 16 weekly or fortnightly meetings of about an hour. Some newer CBT approaches are shorter and focus on specific issues like sleep, worry, self-confidence, thinking, drug and alcohol use, or trauma (see below).

CBT doesn't involve lying down on a couch, it isn't about telling you your thoughts are wrong, and it won't make you do anything you don't want to do; it will always respect your view on things and works with you to achieve your goals.

Often you will meet at an NHS base but sometimes you can also meet somewhere that suits you, like your house, a café or even in a park if it's nearby.

### What does it aim to do?

CBT deals with thoughts, feelings and behaviour. CBT tries to support you to feel less upset, afraid or bothered by your thoughts and experiences and more able to get on and do the things you want to in life.

It does this by helping you to understand how you came to have these thoughts, experiences or things that bother you and possibly to change how you think about and deal with things.

Sometimes, you can think about things in ways that end up making you more upset, worried or frightened, so that you end up doing things (or avoid doing things) that make the situation worse. CBT helps you to see that there are different ways of thinking about the same situation and that having a new perspective may be helpful.

“ CBT can help people recover, overcome their problems and become less distressed, by looking at the way they think and feel and how their actions and thoughts affect each other. However, CBT does not help everybody. Generally, only people who want therapy and engage fully are likely to benefit. ”

Professor Philippa Garety,  
Professor in Clinical Psychology

Thinking and doing things differently can help you break out of vicious cycles that may be maintaining your problems and make you feel better. CBT tries to give you more helpful ways of thinking about things and reacting to them so that you're less bothered, upset, worried or frightened. The idea is that then you practice thinking or doing things differently in your day-to-day life.

CBT involves working together with your therapist. You decide what main problems you want to work on and discuss them in meetings.

### Does it work?

There has been a lot of good quality research about how helpful CBT is for unusual, distressing experiences. All of the research, apart from one study, looks at whether CBT is helpful for people who are already taking medicines.

There is clear evidence from lots of different groups of studies (meta-analyses) that CBT helps with unusual distressing experiences. The effect of CBT overall is small-medium. This might be because in most studies people are already taking medicines, and also because lots of different types of CBT for lots of different problems are all being compared together.

It also seems to make a difference how experienced and well-trained your therapist is and whether you are joining in with the therapy. CBT works best of all when a well-trained, experienced therapist works with someone who's really engaged in trying to use the therapy to make a difference.

The research suggests that CBT does work, in that it can reduce unusual upsetting experiences, and help with mood, recovery and having a social life.

“ The CBT I had with the psychologist has been really helpful. She was really good at identifying where my thinking is going astray and helping me, helping it, come back to where it should be. She really helped with that, and yeah, that's probably been one of the most important things. ”

Sana, 19

“ Having someone else's point of view on the way my brain works and challenging its patterns, whilst hard, was surprisingly effective for me. Certain lifelong anxieties were lifted swiftly in part. My only real criticism is the waiting list. ”

Rob, 27

When CBT was compared to other talking therapies, it came out as the best one to help with dealing with emotions (like sadness, anxiety or fear), and helped about as much as other talking therapies for unusual upsetting experiences, motivation, social life, or stopping experiences from coming back.

All the talking therapies, when people had these and medicine together, were better than medicine alone. This means that it is better to combine medicine with CBT or another talking therapy. The evidence is better for longer therapies (i.e. 16–20 meetings).

Only one small study has looked at whether CBT helps with unusual distressing thoughts when people are not taking medicine, and it showed that CBT does help even when people have chosen not to take any medicine.

There's very little research on CBT in young people (under 18) and what's there suggests it's not necessarily better than really good early intervention services (see earlier for more on these services), but then good EIP services all offer psychological therapies (including CBT), vocational services and medicine as part of the service.

So the key message is that the best treatments involve CBT and medicine together.

“ The CBT enabled me to get in control of what was in my head. Everything is less chaotic and my mind is now freed up to do other things. Now I have the illness – the illness doesn't have me. ”

Tanya, 36

## The National Institute for Health and Care Excellence (NICE)

NICE recommends CBT along with antipsychotic medication for adults and young people with unusual distressing experiences for symptom reduction and relapse prevention.

NICE also recommends that CBT should be delivered on a one-to-one basis over at least 16 meetings. NICE recommends that young people receive family intervention with individual CBT, especially if the young person doesn't want medication.

NICE recommends that CBT with young people should focus on helping people to understand how common their experiences are and helping them to accept them.

### How can I get this treatment?

CBT should be available through your EIP service or through local psychological therapies services within the NHS. However, it isn't always readily available. Ask your doctor, care coordinator or GP if you're interested and they will be able to tell you about local options.

You may also be able to pay privately for CBT. Try looking on the register for the British Association of Behavioural and Cognitive Psychotherapists at [cbtregisteruk.com](http://cbtregisteruk.com) where there's a section on finding a private CBT therapist in your local area.

### ✓ Main pro

Learning how to relate differently to distressing experiences has been shown to be helpful for dealing with emotions and reducing distressing experiences.

### ✗ Main con

There can be a long waiting list (6 months or more) to start CBT, because it is a lengthy therapy. It can be difficult to talk about personal things. It requires quite a bit of commitment to go to meetings and practice things outside of meeting. It can take a long time (six months or more) and it doesn't work for everyone.