Cognitive Behavioural Psychotherapy

SHEILA BRENNAN – ADVISER TO HHP ON THE DELIVERY OF PSYCHOLOGICAL THERAPY

MAIL@SHEILABRENNAN.CO.UK
Plan to look at:

- Why CBT?
- Defining characteristics.
- Does one approach fit all?
- What referrers and patients should expect from a CBT therapist.
Why CBT?

In relation to other talking therapies:

- Stronger evidence base - rooted in psychological research.
- Simpler explainable model applied to wide range of problems.
- Clear practitioner accreditation criteria and guidelines for treatment.
- Use of psychoeducation, resources, self-management techniques.
Myths about CBT

- Useful only when mental health disorder.
- Deals only with current symptoms not with related early experiences.
- Any MHP can do CBT with a couple of weeks training.
- If treatment does not shift problem CBT is not effective.
# How good is the evidence for CBT?

<table>
<thead>
<tr>
<th>Presenting problem</th>
<th>Recovery rate in RCTs (% who no longer meet criteria for disorder)</th>
<th>Number of hours recommended in NICE guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic Disorder</td>
<td>75</td>
<td>7-14</td>
</tr>
<tr>
<td>PTSD</td>
<td>75</td>
<td>8-12 (+ if complex)</td>
</tr>
<tr>
<td>Social anxiety</td>
<td>76</td>
<td>15-21</td>
</tr>
<tr>
<td>GAD</td>
<td>69</td>
<td>12-15</td>
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<tr>
<td>OCD</td>
<td>49</td>
<td>10+</td>
</tr>
<tr>
<td>Depression</td>
<td>50</td>
<td>16-20</td>
</tr>
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</table>
Defining characteristics of CBT

- Clear framework/formulation/problem focus.
- Empathic, collaborative relationship essential.
- Focus on interpretation, attention, meaning-making of inner and outer events, present and past.
- Focus on behavioural patterns and reactions and their consequence.
- Awareness-raising or change-related activities between sessions.
CB model of experiencing

- Cognitions – content (thoughts, images, memories) and processes
- Environment
- Behaviour (and consequence)
- Feelings (emotion and physical)
- Trigger - external or internal
My life has changed for ever.
People don’t really care.
My temporary replacement will be liked and do my job better.

Withdraws from activity and pleasure.
Moans to family and friends who try to support.
Avoids contact.

Sad/depressed
Angry
Anxious

Trigger – develops chronic physical problem and has sick leave
Developmental formulation

Core beliefs/schemas - From earlier experiences

Conditional beliefs - Coping strategies

Critical Incident (s) trigger schema

Vicious cycle
Does one size CBT fit all?

- To improve recovery rates specific CBT models have and are being developed.
- Involve targeting specific cognitive processes and avoidance/withdrawal/safety behaviours as appropriate to the problem.
- There may be an evidenced-based protocol and a problem specific model however a tailored formulation also guides treatment.
Dugas model of GAD
Example: GAD typical unhelpful beliefs

- Intolerance of uncertainty.
- Positive and negative beliefs about worry.
- If something bad can happen then responsibility to worry about it.
- Treat negative thoughts as being true.
- Anything bad that happens reflects on me. Treat everything like an emergency.
- Bad feelings are intolerable.
Bipolar
Schizophrenia