



Cognitive and behavioural therapy (CBT) for people with depression and anxiety

What skills can service users expect their therapists to have?

*Cognitive and behavioural therapy
(CBT) for people with depression
and anxiety*

*What skills can service users expect
their therapists to have?*

Anthony D. Roth and Stephen Pilling

*Sub-Department of Clinical Health Psychology,
University College London*

Background

Expanding access to psychological therapy – the Improving Access to Psychological Therapies (IAPT) programme

This programme was launched in May 2007. Its aim is to explore ways to make psychological therapies more widely available, especially for people who have depression or anxiety.

The National Institute for Health and Clinical Excellence (NICE) looks at the evidence for the effectiveness of treatments offered in the NHS.¹ One of the treatments recommended by NICE is cognitive and behavioural therapy (CBT) and, on the whole, it is this therapy that the IAPT programme will use.

What is cognitive and behavioural therapy (CBT)?

CBT is a psychological treatment that can help with both depression and anxiety. It is based on the idea that the way we feel is affected by our thoughts (or ‘cognitions’) and beliefs, and by how we behave.

CBT involves helping people to see how their thoughts and behaviour relate to the way they feel and how this might contribute to their problems. For example, people who are depressed tend to have negative thoughts (such as ‘I am a failure and no one could like me’). As a result they might stop seeing their friends or family, or avoid doing things that they usually find pleasurable. This can make them feel even more badly about themselves, lead to more negative thoughts (for example, ‘I will never get better’) and develop into a cycle where things get worse and worse. CBT encourages people to start doing activities they enjoy. It also helps them notice how the way they tend

¹ NICE covers England, Wales and Northern Ireland; the Scottish Intercollegiate Guidelines Network (SIGN) covers Scotland

to think about themselves is influencing their behaviour and their feelings, by exploring the way they are thinking, and spotting whether there are alternative ways for them to look at things. In this way they are in a position to consider the assumptions and beliefs they have about themselves and to see if these have been making life more difficult for them and contributing to their depression.

Sometimes CBT focuses more on helping people to change their behaviour. For example, someone who is anxious about being on buses or trains might start to avoid travelling. In the short term this stops them having to worry about travelling, but it can lead to more and more avoidance; eventually they find themselves unable to go out at all. CBT encourages them to start to face up to the situations that they fear, gives them tips about how to cope better and gradually gives them back their confidence about travelling.

CBT can be offered in regular face-to-face meetings with a therapist. Alternatively some people find that they benefit from a different way of learning about CBT techniques, getting support from a trained worker but largely using books or computer programs to apply the therapy for themselves. As there is evidence that both approaches work, they will both be used in the IAPT programme.

What does therapy involve?

Everyone's therapy will be a bit different, but we have tried to describe some of the important things that a good therapist will do, what they will help you focus on and what they will encourage you to do.

Starting off

All therapists should be able to help you feel respected and comfortable. Many people find it difficult to talk about their problems with someone they do not know, and it is important that your

therapist can make you feel that they are to be trusted and can help you manage if you talk about things that upset you or that you are embarrassed telling others about.

Your therapist should be appropriately trained and experienced. They should give you the feeling that they know what life is like for people who have your problems and can help you to start discussing your difficulties with them.

They should also help you to think about what treatment might be best for you – not just what other treatments and therapies might help, but also a realistic idea of how CBT might help you.

Getting a picture of your problems ('assessment')

Your therapist will talk with you about your problems. They need to get as good a picture as they can of the difficulties you have, the impact these have on you and people close to you, and how they affect your ability to do things; for example, whether it makes it harder for you to work or to socialise with your friends.

Although your therapist will probably ask a lot of questions, they should also make it clear that you only need to give as much information as you feel comfortable with. Many people find that as therapy gets going they are able to talk more openly and, in the early stages, you shouldn't find yourself under pressure to say more than you want.

At the start of therapy your therapist may ask you to complete some questionnaires. These help to give them a better idea of the sorts of problems you have by asking about the sorts of difficulties you have, as well as how badly these affect you by asking how much each problem affects you. Your therapist should discuss the results of these questionnaires with you. They may ask you to complete the questionnaires again during therapy because this helps you and your

therapist to see what progress you are making. This is very useful, because not everyone makes progress at the same rate. If the questionnaires show that you are not benefiting from therapy, it gives you and your therapist a chance to think about why this might be.

Explaining how CBT might work for you

Early on, your therapist should explain how CBT works and help you to think about how it fits with your problems. Usually they will do this by helping you to think through how it applies to you and seeing whether the approach makes sense of the difficulties you have. Sometimes this is done by discussion; sometimes your therapist might ask you to try things out in your everyday life, to test out how ideas about CBT work in practice.

The main thing is that they need to help you see the ways in which ideas from CBT could be relevant to you and your problems. That doesn't mean you need to be 100% convinced at this stage – it's more that CBT needs to make at least some sense to you if you are going to get the best out of it.

Sharing ideas about the intervention plan

When your therapist has enough information, they will begin thinking about the intervention that will best meet your needs. This will be shared with you and will give you a broad idea of what your treatment will involve.

Length of treatment

One important part of a treatment plan is the number of sessions you can expect to have. In practice this varies quite a lot – there is no such thing as a 'standard' course of therapy. It will depend on the problems you have, the setting you are being seen in, and whether the plan is for you to have guided self-help (as described on page 2) or

face-to-face meetings with a therapist. The length of treatment is something that your therapist should discuss with you early on.

Working together

One of the most important features of CBT is that it involves the therapist and the service user working together as a team. This means that the therapist will try to be as straightforward as possible about what they are doing and will invite you to make an active contribution to your own therapy (for example, you should be involved in planning the various stages of the therapy). The idea is that as time goes by you will learn more about yourself and can apply the things you are learning for yourself; hopefully by the time you leave therapy you will be able to act as your own therapist.

You should notice that your therapist will ask about your ideas and comments fairly frequently. The idea is to make sure that you understand what you are being asked to do, that you are happy doing it and that you are as involved in your own therapy as possible.

Structured sessions

You should notice that your therapist organises the sessions quite carefully. Usually they will start each session by discussing what the ‘agenda’ for the meeting should contain. Your therapist will let you know what they want to cover and should make sure that you are able to identify what you want to include in the session. This makes sure that there is time to cover everything that you and your therapist think needs discussing.

Keeping written records

Your therapist may ask you to complete forms or ‘diaries’ throughout therapy. These are written records that are designed to help you to start noticing in more detail how you think, feel and behave, and to

report these back to your therapist. For example, a person who is worried about what people think of them might keep a written record of how they experienced a meeting with work colleagues – what did they do in the meeting, what sort of things did they think, and how did they feel?

The reason for getting you to make a written record is that it gives you a chance to try to catch hold of the way you are thinking. Also, because you have to write down your thoughts at the time, it is a more accurate way of seeing how things went. (Without a written record it can be very hard to bring everything back to mind at the next session.)

The written record is really a diary of your observations. These are an important part of the therapy. For this reason you should also expect your therapist to look at any diaries or records you write, and discuss them in each therapy session.

‘Homework’ or ‘practice assignments’

CBT isn’t just about talking. Your therapist should work with you to find ways to put some of the ideas you come up with into practice and encourage you to test out things for yourself. For example, someone who is worried about meeting people might assume that other people have a negative view of them. A practice assignment might get them to test out this idea by talking to other people and seeing what evidence there is for their assumptions. A different sort of homework assignment might involve reading some self-help material as a way of going over things that have been discussed in the session.

Sometimes these sorts of assignments take place in the session; at other times they take place in your everyday life. People usually find that these assignments help them to think about things more clearly and get a better picture of themselves and their problems. As a consequence, they begin to feel more confident about being able to manage things.

Homework makes a big contribution to therapy because it is a way of putting what you have learned into practice. Your therapist should always involve you in planning homework, making sure that you know what you are going to do and checking in with you in the next session to find out how things went.

Some specific ways of helping you

There are some specific techniques that your therapist will help you to practice.

Sometimes these will relate to getting you to do things that change your behaviour. For example, if you are worried about doing certain things, you will work with your therapist to find ways to manage your worry better, so that you can start to do the things that you have been avoiding.

Sometimes your therapist will help you to focus on your thinking. As already described, CBT therapists often ask service users to start to spot the ways that they are thinking about themselves and the people and events around them. Once you have done this, therapists often move on to asking service users to test out whether the way they see things is the only way of thinking. Not very surprisingly, service users often find that there are other ways of looking at things; therapy is an opportunity to think about alternatives.

This isn't a matter of being told that you are thinking in the wrong way or that you should be thinking positively (looking on the bright side). If you end up feeling that this is the message you are getting then your therapist may not be working with you in the best way. It is much more a matter of giving you a chance to look at the assumptions you make and to see whether these contribute to the problems you are having.

Ending the therapy

Most service users find that ending the therapy is a little difficult. Although the idea of CBT is to help you to learn how to help yourself, hopefully you will have got on well with your therapist, and many people worry about how they will manage once they are on their own.

Your therapist will know and understand that you might feel this way. They should review how things have gone and how you feel about ending the therapy, especially any worries you have about coping in the future. They should help you to work out how you would manage if things became difficult again. After all, the aim of CBT isn't to remove your problems – everyone has problems that they need to deal with. The hope is that you will have learned how to manage better, and so avoid problems becoming major difficulties again.

Finding out more about CBT

You can find more information about CBT on the internet.

The Royal College of Psychiatrists website has a helpful and detailed description of CBT: www.rcpsych.ac.uk/mentalhealthinformation/therapies/cognitivebehaviouraltherapy.aspx

For a more technical description of CBT, the British Association for Behavioural and Cognitive Psychotherapies (BABCP) has a helpful report entitled *What are Cognitive and/or Behavioural Psychotherapies?* on its website: www.babcp.org.uk/babcp/WhatisCBT-Aug2005.pdf



© Crown copyright 2007
283470 1p 7k Sep 07 (CWP)
Produced by COI for the Department of Health

If you require further copies of this title quote
283470/CBT: What skills can service users expect their therapists to have?

John Allcock
Associate Director
National Workforce Programme (NWP) National Institute for Mental Health in England
Care Services Improvement Partnership
Wellington House
Second Floor, South Wing
133–155 Waterloo Road
London SE1 8UG

Fax: 020 7972 4681
E-mail: john.allcock@dh.gsi.gov.uk

www.dh.gov.uk/publications