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COGNITIVE BEHAVIOR THERAPY

QUESTIONS AND ANSWERS ABOUT COGNITIVE BEHAVIOR THERAPY

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Q: What is cognitive behavior therapy?

A: Cognitive behavior therapy (CBT) is one of the few forms of psychotherapy that has been scientifically tested and found to be effective in hundreds of clinical trials for many different disorders. In contrast to other forms of psychotherapy, cognitive therapy is usually more focused on the present, more time-limited, and more problem-solving oriented.

In addition, patients learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

Q: What is the theory behind CBT?

A: Cognitive behavior therapy is based on the cognitive model: the way we perceive situations influences how we feel emotionally. For example, one person reading this pamphlet might think, "Wow! This sounds great, it's just what I've always been looking for!" and feels happy. Another person reading this information might think, "Well, this sounds good but I don't think I can do it." This person feels sad and discouraged. So it is not a situation that directly affects how people feel emotionally, but rather, their thoughts in that situation. When people are in distress, they often do not think clearly and their thoughts are distorted in some way.

Cognitive behavior therapy helps people identify their

distressing thoughts and evaluate how realistic the thoughts are. Then they learn to change their distorted thinking. When they think more realistically, they feel better. The emphasis is also consistently on solving problems and initiating behavioral change.

Q: What can I do to get ready for therapy?

A: An important first step is to set goals. Ask yourself, "How would I like to be different by the end of therapy?" Think specifically about changes you'd like to make at work, at home, in your relationships with family, friends, co-workers, and others. Think about what symptoms have been bothering you and which you'd like to decrease or eliminate. Think about other areas that would improve your life: pursuing spiritual/intellectual/cultural interests, increasing exercise, decreasing bad habits, learning new interpersonal skills, improving management skills at work or at home. Your therapist will help you develop a goal list and decide which goals you might be able to work toward on your own and which ones you might want to work on in therapy.

Q: What happens during a typical therapy session?

A: Even before your therapy session begins, your therapist may have you fill out certain forms to assess your mood. One of the first things your therapist will do in the therapy session is to determine how you've been feeling this week, compared to other weeks. This is what we call a mood check. The therapist will ask you which problems

you'd like to put on the agenda for that session and what happened during the previous week that was important.

Then the therapist will make a bridge between the previous therapy session and this week's therapy session by asking you what seemed important that you discussed during the past session and what self-help assignments you were able to do during the week. Next, you and the therapist will discuss the problem or problems you put on the agenda and do a combination of problem-solving and assessing the accuracy of your thoughts and beliefs about that problematic situation. You will also learn new skills. You and the therapist will discuss how you can make the best use of what you've learned during the session in the coming week, summarize the important points of the session, and ask you for feedback: what was helpful about the session, what was not, anything that bothered you, anything you'd like to see changed. As you will see, both therapist and patient are quite active in this form of treatment.

Q: How long does therapy last?

A: Unless there are practical constraints, the decision about length of treatment is made cooperatively between therapist and patient. Often the therapist will have a rough idea after a session or two of how long it might take for you to reach the goals that you set at the first session. Some patients remain in therapy for just a brief time, six to eight sessions. Other patients who have had long-standing problems may choose to stay in therapy for many months.

Initially, patients are seen once a week, unless they are in

crisis. As soon as they are feeling better and seem ready to start tapering therapy, patient and therapist might agree to try therapy once every two weeks, then once every three weeks. This more gradual tapering of sessions allows you to practice the skills you've learned while still in therapy. Booster sessions are recommended three, six and twelve months after therapy has ended.

Q: How will I know if therapy is working?

A: Many patients notice a decrease in their symptoms within a few weeks of therapy, or even sooner, if they have been faithfully attending sessions and doing the suggested assignments between sessions on a daily basis.

Q: What about medication

A: Cognitive therapists, being both practical and collaborative, can discuss the advantages and disadvantages of medication with you. Many patients are treated without medication at all. Some disorders, however, respond better to a combination of medication and cognitive therapy. If you are on medication, or would like to be on medication, you might want to discuss with your therapist whether you should have a psychiatric consultation with a specialist (a psychopharmacologist) to ensure that you are on the right kind and dosage of medication.

If you are not on medication and do not want to be on medication, you and your therapist might assess, after four to six weeks, how much you've progressed and determine

whether you might want a psychiatric consultation at that time to obtain more information about medication.

Q: How can I make the best use of my therapy?

A: One way is to ask your therapist how you might be able to supplement your psychotherapy with cognitive therapy readings, workbooks, client pamphlets, etc. A second way is to prepare for each session, thinking about what you learned in the previous session and jotting down what you want to discuss in the next session.

A third way to maximize therapy is to make sure that you try to bring the therapy session into your everyday life. Therapists should make sure you take home notes or a recording of anything you want to remember, both changes in your thinking and an action plan to follow during the week.

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PARTIAL LIST OF DISORDERS SUCCESSFULLY TREATED BY COGNITIVE BEHAVIOR THERAPY:

Psychiatric Disorders

Major Depressive Disorder
Geriatric Depression
Generalized Anxiety Disorder
Geriatric Anxiety
Panic Disorder
Agoraphobia
Social Phobia
Obsessive-Compulsive Disorder
Conduct Disorder
Substance Abuse
Attention-Deficit/Hyperactivity Disorder
Health Anxiety
Body Dysmorphic Disorder
Eating Disorders
Personality Disorders
Sex Offenders
Habit Disorders
Bipolar Disorders (with medication)
Schizophrenia (with medication)

Medical Problems with Psychological Components

Chronic Back Pain
Sickle Cell Disease Pain
Migraine Headaches
Tinnitus
Cancer Pain
Somatoform Disorders
Irritable Bowel Syndrome
Chronic Fatigue Syndrome
Rheumatic Disease Pain
Erectile Dysfunction
Insomnia
Obesity
Vulvodynia
Hypertension
Gulf War Syndrome

Psychological Problems

Couple Problems
Family Problems
Pathological Gambling
Anger and Hostility
Complicated Grief
Caregiver Distress

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