

## Cognitive Behavioural Therapy

"You're braver than you believe, stronger than you seem, and smarter than you think."

A.A. Milne  
Winnie the Pooh

Adapted from [www.babcp.com](http://www.babcp.com)

Cognitive behavioural therapies, or CBT, are a range of talking therapies based on the theory that thoughts, feelings, what we do and how our body feels are all connected. If we change one of these, we can alter the others.

When people feel worried or distressed, we often fall into patterns of thinking and responding which can worsen how we feel. CBT works to help us notice and change problematic thinking styles or behaviour patterns so we can feel better. CBT has lots of strategies that can help you in the here and now.

CBT can be offered in individual sessions with a therapist or as part of a group. The number of sessions you need depends on the difficulty you need help with. This will usually be between six and twenty sessions, typically of an hour long.

Your therapist can help you to notice any patterns in thinking or behaviours which might be keeping problems going and can offer information about different CBT techniques which could help you.

You and your therapist will discuss your specific difficulties and set goals for you to achieve. CBT is not a quick fix – it involves hard work during and between sessions e.g. keeping track of what you are thinking, feeling and doing, or trying out new ways of thinking or acting. Your therapist will not make decisions for you. They will help you decide what difficulties you want to work on in order to help you improve your situation. Your therapist will be able to advise you on how to continue using CBT techniques in your daily life after your treatment ends.

CBT is available in a wide range of settings, including hospitals and clinics. It is sometimes provided in the form of written or computer-based packages. This may be combined with flexible telephone or face-to-face appointments to check progress and help overcome any barriers to putting into practice what you have learned. This way of delivering CBT has made it more accessible to people with busy lives and has also reduced delays in getting help.

## Research on efficacy

Barkham M, Shapiro DA, Hardy GE, Rees A. Psychotherapy in two-plus-one sessions: outcomes in a randomized controlled trial of cognitive-behavioural and psychodynamic-interpersonal therapy for subsyndromal depression. *J Consult Clin Psychol* 1999;67:201–211.

"You are mistaken if you think we have to lower ourselves to communicate with children. On the contrary, we have to reach up to their feelings, stretch, stand on our tiptoes."

Janusz Korczak 1925



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Cohen, J. A., Mannarino, A. P., Perel, J. M., & Staron, V. (2007). A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 1465–1473.

Deblinger E, Stauffer L, Steer R. Comparative efficacies of supportive and cognitive behavioral group therapies for children who were sexually abused and their nonoffending mothers. *Child Maltreat* 2001; 6:332–343.

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