

Cognitive behavioral therapy (or cognitive behavior therapy, CBT) is a psychotherapeutic approach that aims to influence dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure. CBT can be seen as an umbrella term for a number of psychological techniques that share a theoretical basis in behavioristic learning theory and cognitive psychology.

CBT treatments have received empirical support for efficacious treatment of a variety of clinical and non-clinical problems, including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, and psychotic disorders. It is often brief and time-limited. It is used in individual therapy as well as group settings, and the techniques are also commonly adapted for self-help applications. Some CBT therapies are more oriented towards predominantly cognitive interventions while some are more behaviorally oriented. In recent years cognitive behavioral approaches have become prevalent in correctional settings. These programs are designed to teach criminal offenders cognitive skills that will reduce criminal behaviors. It has become commonplace, if not pervasive, to find cognitive behavioral program strategies in use in prisons and jails in many countries. In cognitive oriented therapies, the objective is typically to identify and monitor thoughts, assumptions, beliefs and behaviors that are related and accompanied to debilitating negative emotions and to identify those which are dysfunctional, inaccurate, or simply unhelpful. This is done in an effort to replace or transcend them with more realistic and useful ones.

Sarah Edelman, PhD. is an author, lecturer and a psychologist in private practice. She worked for many years as a research psychologist at the University of Technology Sydney, and has published several articles on the use of CBT with cancer patients. She also conducts workshops for mental health practitioners and employees in industry, and provides training for psychologists at the Black Dog Institute, Sydney. In 2002, Sarah published a book, now in its second edition, titled 'Change your Thinking – positive and practical ways to overcome stress, negative emotions and self defeating behaviour using CBT, it was reprinted in 2006 '

Sarah Edelman says CBT is not so much about changing personality, but adjusting cognition and belief with evidence. Many of our thinking patterns are established in childhood and can remain stubborn to change, but Sarah Edelman points out that our thoughts and beliefs are influenced for better or worse throughout our adult lives: influences include the social environment, culture, friends and partners. CBT's mantra is that dysfunctional beliefs can cause unnecessary emotional pain, but we can change those beliefs.

[Sarah Edelman CD](#)

In the case of anger, CBT entails the person writing down the advantages and disadvantages of staying angry. With panic attacks, Sarah Edelman encourages people to feel the physical sensations, and help them realise the sensations usually quickly pass. For the shy, Sarah Edelman gets people to rate social events from least feared to most, then go about attending such events, all the while challenging their fear that a social gathering will end in catastrophe.

CBT can alleviate every-day problems stemming from irrational beliefs, says Dr Melissa Green, a clinical research fellow with the Macquarie Centre for Cognitive Science. These problems include frustration, anxiety, even road rage.

Dr Sarah Edelman's book *Change Your Thinking* (ABC Books, 2006) is a practical and reassuring guide to help overcome stress, negative emotions and self-defeating behaviour using CBT (Cognitive Behaviour Therapy). It demonstrates how to dispute that nagging voice in your head and deal more rationally with feelings of anger, depression, frustration and anxiety.

CBT was primarily developed through a merging of behavior therapy with cognitive therapy. While rooted in rather different theories, these two traditions found common ground in focusing on the "here and now" and symptom removal. Many CBT treatment programs for specific disorders have been developed and evaluated for efficacy and effectiveness; the health-care trend of evidence-based treatment, where specific treatments for specific symptom-based diagnoses are recommended, has favored CBT over other approaches such as psychodynamic treatments. In the United Kingdom, the National Institute for Health and Clinical Excellence recommends CBT as the treatment of choice for a number of mental health difficulties, including post-traumatic stress disorder, OCD, bulimia nervosa and clinical depression.

CBT includes a variety of approaches and therapeutic systems; some of the most well known include cognitive therapy, rational emotive behavior therapy and multimodal therapy. Defining the scope of what constitutes a cognitive-behavioral therapy is a difficulty that has persisted throughout its development.

The particular therapeutic techniques vary within the different approaches of CBT according to the particular kind of problem issues, but commonly may include keeping a diary of significant events and associated feelings, thoughts and behaviors; questioning and testing cognitions, assumptions, evaluations and beliefs that might be unhelpful and unrealistic; gradually facing activities which may have been avoided; and trying out new ways of behaving and reacting. Relaxation, mindfulness and distraction techniques are also commonly included. Cognitive behavioral therapy is often also used in conjunction with mood stabilizing medications to treat conditions like bipolar disorder. Its application in treating schizophrenia along with medication and family therapy is recognized by the NICE guidelines (see below) within the British NHS.

Going through cognitive behavioral therapy generally is not an overnight process for clients. Even after clients have learned to recognize when and where their mental processes go awry, it can in some cases take considerable time or effort to replace a dysfunctional cognitive-affective-behavioral process or habit with a more reasonable and adaptive one.

compared to those who did not receive CBT. This success rate was maintained at 12 month follow up. Furthermore in patients who had discontinued benzodiazepines it was found that they no longer met the diagnosis of general anxiety disorder and that patients no longer meeting the diagnosis of general anxiety disorder was higher in the group who received CBT. Thus CBT can be an effective tool to add to a gradual benzodiazepine dosage reduction program leading to improved and sustained mental health benefits.

Beck also described a negative cognitive triad, made up of the negative schemata and cognitive biases of the person; Beck theorized that depressed individuals make negative evaluations of themselves, the world, and the future. Depressed people, according to this theory, have views such as "I never do a good job," and "things will never get better." A negative schema helps give rise to the cognitive bias, and the cognitive bias helps fuel the negative schema. This is the negative triad. Also, Beck proposed that depressed people often have the following cognitive biases: arbitrary inference, selective abstraction, over-generalization, magnification and minimization. These cognitive biases are quick to make negative, generalized, and personal inferences of the self, thus fueling the negative schema.

For treatment of depression, a large-scale study in 2000 showed substantially higher results of

response and remission (73% for combined therapy vs. 48% for either CBT or a particular discontinued antidepressant alone) when a form of cognitive behavior therapy and that particular discontinued anti-depressant drug were combined than when either modality was used alone.

For more general results confirming that CBT alone can provide lower but nonetheless valuable levels of relief from depression, and result in increased ability for the patient to remain in employment, see The Depression Report, which states: 100 people attend up to sixteen weekly sessions one-on-one lasting one hour each, some will drop out but within four months 50 people will have lost their psychiatric symptoms over and above those who would have done so anyway. After recovery, people who suffered from anxiety are unlikely to relapse. . . . So how much depression can a course of CBT relieve, and how much more work will result? One course of CBT is likely to produce 12 extra months free of depression. This means nearly two months more of work.

The American Psychiatric Association Practice Guidelines (April 2000) indicated that among psychotherapeutic approaches, cognitive behavioral therapy and interpersonal psychotherapy had the best-documented efficacy for treatment of major depressive disorder.

Insomnia

Cognitive behavioral therapy has been found to be effective in reducing benzodiazepine usage in the treatment of insomnia. A large-scale trial utilizing CBT for chronic users of sedative hypnotics including nitrazepam, temazepam and zopiclone found the addition of CBT to improve outcome and reduce drug consumption in the treatment of chronic insomnia. Persisting improvements in sleep quality, sleep latency, and increased total sleep, as well as improvements in sleep efficiency and significant improvements in vitality and physical and mental health at 3-, 6- and 12-month follow-ups were found in those receiving cognitive behavioral therapy with hypnotics compared with those patients receiving hypnotics alone. A marked reduction in total sedative hypnotic drug use was found in those receiving CBT, with 33% reporting no hypnotic drug use. Authors of the study suggested that CBT is potentially a flexible, practical, and cost-effective treatment for the treatment of insomnia and that CBT administered coincident to hypnotic treatment leads to a reduction of benzodiazepine drug intake in a significant number of patients. Chronic use of hypnotic medications is not recommended due to their adverse effects on health and the risk of dependence. A gradual taper is usual clinical course in getting people off of benzodiazepines but even with gradual reduction a large proportion of people fail to stop taking benzodiazepines. The elderly are particularly sensitive to the adverse effects of hypnotic medications. A clinical trial in elderly people dependent on benzodiazepine hypnotics showed that the addition of CBT to a gradual benzodiazepine reduction program increased the success rate of discontinuing benzodiazepine hypnotic drugs from 38% to 77% and at 12 month follow-up from from 24% to 70%. The paper concluded that CBT is an effective tool for reducing hypnotic use in the elderly and reducing the adverse health effects that are associated with hypnotics such as drug dependence, cognitive impairments and increased road traffic accidents.

A further study in older people with insomnia comparing the hypnotic drug zopiclone against CBT found that CBT actually improved EEG slow wave sleep as well as increased time spent asleep and found that the benefits were maintained at 6 month follow-up. Zopiclone however worsened sleep by suppressing slow wave sleep. A lack of slow wave sleep is linked to impaired functioning and sleepiness. Zopiclone reduced slow wave sleep and was similar to placebo in that it produced no lasting benefits after treatment had finished and at 6 month follow-up whilst CBT did have significant lasting benefits. The authors stated that CBT was superior to zopiclone both in the short term and in the long term.[32] A comparison of CBT and the hypnotic drug zolpidem (Ambien) found similar results with CBT showing superiority and sustained benefits after long term follow

up. Interestingly the addition of CBT and zolpidem offered no benefit over CBT alone.

CBT with children and adolescents

The use of CBT has been extended to children and adolescents with good results. It is often used to treat major depressive disorder, anxiety disorders, and symptoms related to trauma and posttraumatic stress disorder. Significant work has been done in this area by Mark Reinecke and his colleagues at Northwestern University in the Clinical Psychology program in Chicago. Paula Barrett and her colleagues have also validated CBT as effective in a group setting for the treatment of youth and child anxiety using the Friends Program she authored. This CBT program has been recognized as best practice for the treatment of anxiety in children by the World Health Organization. CBT has been used with children and adolescents to treat a variety of conditions with good success. CBT is also used as a treatment modality for children who have experienced complex posttraumatic stress disorder and chronic maltreatment.