First Psychology

The CBT Connection

Your guide to CBT

An introduction to cognitive behaviour therapy (CBT)

Cognitive behaviour therapy (also known as cognitive behavioural therapy) is a form of psychotherapy that has, through scientific research, been proven to help with a number of problems, such as stress, low self-esteem, anger, phobias, and is recommended in the guidelines of the National Institute for Health and Clinical Excellence (NICE) for treatment of depression, anxiety, eating disorders, insomnia, self-harm, obsessive compulsive disorder, and post-traumatic stress disorder as well as schizophrenia, among other things. Aside from medication, CBT is the number one treatment offered by the NHS for depression and anxiety, for which it is found to be particularly effective.

What is CBT?

CBT is a talking therapy, like counselling, but takes a more structured approach to examining the relationship between our thoughts, feelings and behaviour. The aim of CBT is to identify negative and unhelpful patterns and develop strategies to modify, and enable change for the better. Although early past experiences often create our core beliefs, attitudes and assumptions, these are reflected in current, negative ways of thinking and behaving which is why CBT focuses on what is happening in the here-and-now rather than looking to the past for the cause of distress.

What does CBT involve?

CBT involves the therapist and client meeting – usually on a weekly basis – for approximately an hour. During this time they will discuss and develop a shared understanding of the client's current problems and identify how the client wishes to change. CBT is a process of collaboration and discovery. At the beginning of each session, the therapist will work with the client to establish an agenda or plan of what points or issues they wish to address in the forthcoming session. The ultimate aim of therapy is to enhance the client's existing resources and develop new strategies they can employ in all areas of their lives, in the present and future.

CBT generally lasts between six and 20 sessions. The length of treatment required is usually discussed at the initial meeting with the therapist or psychologist.

CBT tends to be shorter in duration than other approaches because it is an 'active' therapy. This means the client is expected to apply the skills and techniques they learn in the therapy room, outside therapy sessions in their real, everyday lives. This is known as 'homework'. Homework helps equip clients with the necessary skills and techniques to essentially become their own therapists. This should ultimately make the problem less likely to return.

Part of each session is dedicated to reviewing homework tasks which often involve activities which cannot be undertaken in therapy, such as behavioural experiments, or records/diaries kept over the period of time between sessions. Although homework requires commitment and can be challenging, it also encourages positive and rewarding experiences.

More generally, CBT can be hard work as the outcome of treatment is often dependent on the client's efforts and their ability to apply what they have learned to their everyday lives. It is therefore not a suitable form of therapy for everyone, or for particular issues, such as grief.

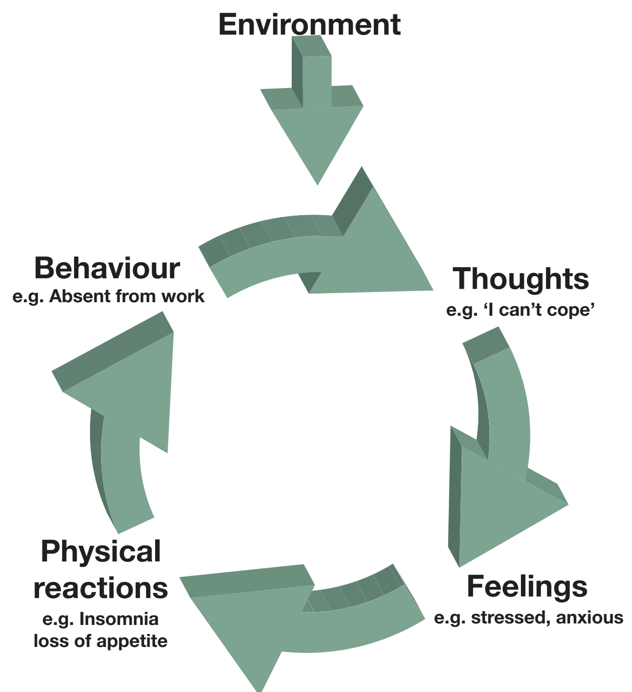
CBT can be difficult and overwhelming to begin with but as clients become more comfortable discussing their problems and start to accomplish goals set in therapy, CBT does get easier.

CBT SUMMARISED

- Sessions are structured, goal-oriented and time limited
- Therapy focuses on the here and now and not the client's past
- Therapist and client work collaboratively to understand difficulties and develop strategies to enable change for the better
- Homework is a central element
- Clients acquire new skills through practice and experience for self change

The theory behind CBT

CBT is so named as it reflects the fundamental principle that our cognitions (i.e. thoughts) and behaviour affect how we feel. Indeed, our feelings, thoughts, behaviour, physical reactions and environment are all related to one another.



CBT is about making connections between, and identifying the negative and biased ways we think, behave and feel so that we can break this vicious cycle and change things for the better.

If, for instance, we think 'I can't cope' inevitably we are likely to feel stressed, anxious and low in mood. These thoughts and feelings may affect our body and we may experience physical sensations or reactions such as a loss of appetite or insomnia. As a result, we may procrastinate, put off tasks we need to do and become absent from work. These unhelpful ways of behaving simply increase our workload and strengthen the belief 'I can't cope' and so the cycle continues.

Many people believe negative thinking is inevitable in a negative environment. However, cognitive behaviour therapists argue that although negative events can cause upset, they do not automatically create problems and it is the interpretation of events, (i.e. the way we think) rather than the event itself, that causes difficulties and negatively impacts on the way we behave and feel.

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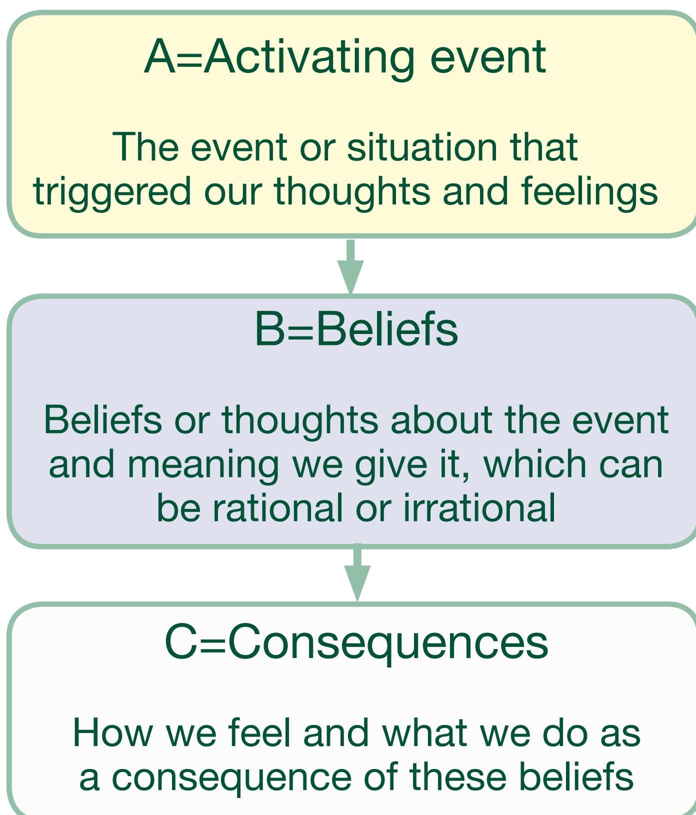
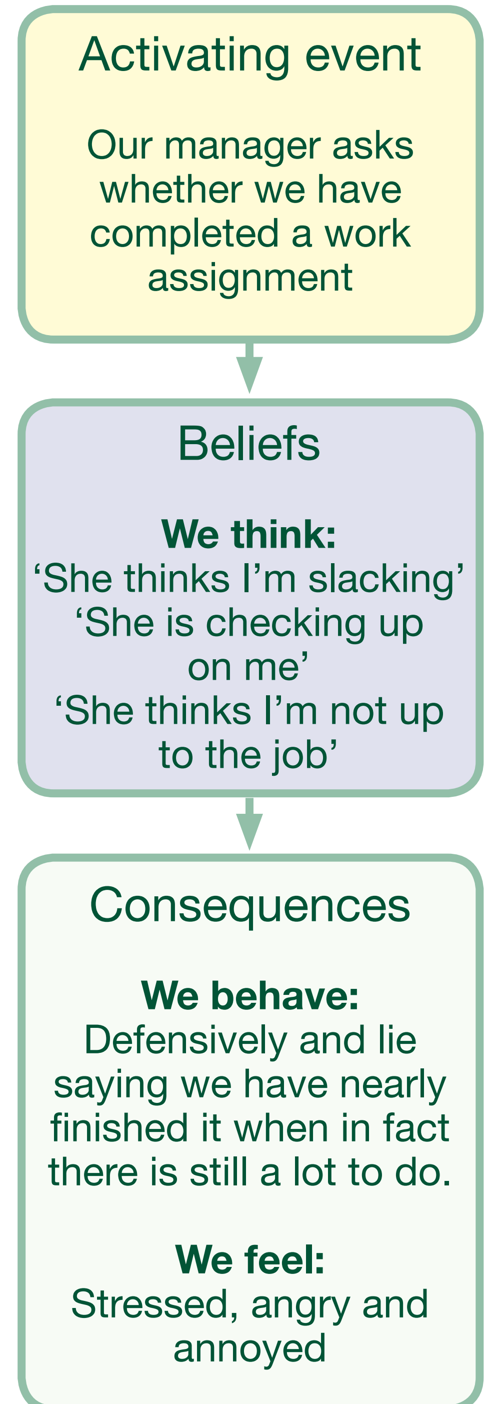
It's as simple as ABC!

The way we interpret events is of key importance to how we think, particularly as problematic thoughts lead to negative emotion and/or unhelpful behaviour. One of the central aims of CBT is to identify how we appraise events and this is achieved in CBT by analysing thoughts, behaviour and emotions using a technique known as the ABC model, which is featured below.



See right for an example that illustrates this model in practice.

So it seems that if we want to feel better and alter our behaviour, we have to start by changing our thoughts.



“CBT is so named as it reflects the fundamental principle that our cognitions (i.e. thoughts) and behaviour affect how we feel.”

It’s the thought that counts

Every thought we have, however fleeting, directly affects how we feel and what we do. Likewise, every mood we experience has a thought connected to it. In addition, how we interpret events affects how we feel and what we do. Look at the example below, which is the same situation yet has different outcomes.

Scenario 1
A - Sophie has been fired from her job.
B - Sophie thinks, ‘I am a failure’.
C - Sophie feels depressed, she loses her confidence and does not apply for or secure another job for a long time.

Scenario 2
A - Sophie has been fired from her job.
B - Sophie thinks, ‘I never liked the job anyway’.
C - Sophie feels hopeful and excited, she applies for other jobs that really utilise her skills and she secures a more fulfilling and better paid job.

Nevertheless, in order to feel better it’s not just a case of positive thinking. Indeed, cognitive behaviour therapy helps us look at a problem from different angles to reach a more balanced conclusion or solution.

Identifying our thoughts

Just like any other skill we acquire, e.g. driving a car or learning to cook, being able to identify our thoughts takes practice. In CBT, the therapist will encourage clients to keep a ‘thought record’, part of which is illustrated and explained below.

Situation (in which we felt, or reacted, strongly (Who? What? When? Where?) e.g. I was at work on Tuesday morning when my manager approached me to ask if I had finished my work assignment
Mood (each mood named using one word only) (How did you feel? Rate this mood from 0-100%) Stressed 80%, annoyed 70%, angry 70%
Automatic thoughts (often the most difficult to complete) (What was going through your mind when you started to feel this way?) ‘I’m no good at my job’ ‘I can’t cope’ ‘I will be fired’ ‘My boss is checking up on me’

This task may seem overwhelming to some but cognitive behaviour therapists are experienced at working with clients to help us understand and practise completing the record using personal experiences.

Our minds constantly think and imagine things, e.g. what we're going to eat for lunch, but the automatic thoughts of interest are those which help us understand our strong emotional reactions. These can take the form of words or mental images, for instance, 'I'll lose my job' or picturing ourself in a queue down at the job centre. Being aware of these automatic thoughts or hot thoughts, as they are also known, enables us to problem solve and change things for the better.

In order to identify automatic thoughts, let your mind wander to see if any images or memories come to mind and ask yourself the following questions:

Questions to identify automatic thoughts

What was going through my mind when I started to feel this way?

What does that say about me, my life and future?

What am I afraid might happen?

What's the worst thing that can happen?

What does this person think/feel about me?

What does this say about the other person/people?

Unhelpful thinking habits

As we record our thoughts, we may start to see negative patterns or themes emerging which may lead us to question the validity of these thoughts.

CBT asks us to examine our automatic thoughts and consider whether we are justified or biased in any way. Indeed, there are a number of thinking errors or assumptions we make, or lies we tell ourselves, that contribute to how we feel. *See right* for common thinking errors.

Take the example we used in the ABC model. We have convinced ourselves that 'She thinks I'm slacking' and that 'She is checking up on me' but really we are making the thinking error of 'mind reading' because we cannot know for sure what our manager is thinking.

Common thinking errors

Mind reading: jumping to conclusions and making predictions about what other people are thinking.

Black and white: seeing only one extreme or another - no shades of grey

'Should'ing and 'must'ing: putting unreasonable demands or pressure on ourselves

Filtering: honing in on the negative, filtering out the positive

Personalising: blaming ourselves for everything that goes wrong

Catastrophising: imagining the worst case scenario and blowing things out of proportion

Overgeneralising: taking one instance and applying it to all

Confusing fact with feeling: basing your view of yourself or situations on how you are feeling

Labelling: making statements based on behaviour in specific situations, e.g. 'I'm a loser' rather than I made a mistake

“Balanced thinking is about gathering all the information available, both positive and negative, to form a complete picture...”

Challenging our thoughts

On reflection, we may find our thoughts are accurate or justified but equally, we may not and so it is important to consider the situation and examine all the evidence before we decide what to do next, with the help of a ‘thought record’.

We will, again, use our previous example to illustrate how this is done.

Situation: For example, I was at work on Tuesday morning when my manager approached me to ask if I had finished my work assignment
Mood: Stressed 80%, Annoyed 70%, Angry 70%
Automatic thoughts: ‘I’m no good at my job’ ‘I can’t cope’ ‘My boss is checking up on me’
Evidence that supports automatic thoughts: I haven’t completed my work I haven’t completed my work and I’m finding it hard to keep up with the workload My boss is always around
Evidence that refutes automatic thoughts: I always receive good staff appraisals I manage my home life and finances well and I have never missed a deadline so far My boss is speaking to other work colleagues too

Blue rows: *describe the situation and identify and rate the mood and the related automatic thoughts*
Green rows: *gather evidence that supports or refutes the automatic thoughts identified*

We complete the first three rows by describing the situation, identifying and rating our mood, and writing down the automatic thoughts related to them. Rows four and five are for listing information based on our experiences which supports and refutes our automatic thoughts. These columns should include objective data and facts rather than information which are based on our interpretation of the situation. It can be helpful to view automatic thoughts as hypotheses that need to proven or disproven.

Due to our tendency to focus on negative thoughts that confirm our conclusions, it is likely to be far easier to find evidence to support our automatic thoughts than evidence against them. For this reason, it is important to write down any evidence that contradicts your automatic thoughts and suggests they are not 100% absolutely true. Asking the following questions can help.

Questions to refute automatic thoughts

If my best friend had these thoughts, what would I say?

What would my best friend say to me about these thoughts?

When I felt like this in the past, what thoughts made me feel better?

Have I had experiences that have shown these thoughts are not always completely true?

When I am not thinking this way, do I view things differently? How?

Have I been in this situation before? What happened? What did I learn?

Will I look at this situation differently in five years' time?

Am I ignoring strengths and positives in myself or the situation?

Balancing our thoughts

Balanced thinking is about gathering all the information available, both positive and negative, to form a complete picture of ourselves and the situation in order to create a new meaning or interpretation. Although balanced or alternative thinking is often more positive than our initial automatic thought, it is not just about substituting a negative for a positive because being inaccurate and unrealistic about things can be just as damaging as negative thinking. For example, if there is evidence to suggest our boss thinks we're not working hard enough then it would be unhelpful to ignore this thought and not take any action.

The final stage of the 'thought record' is to summarise our evidence to establish whether there is an alternative or more balanced way of thinking about, or understanding the situation. To do this it can sometimes be helpful to create one sentence that summarises the evidence in support of our automatic thought and one which refutes it and then connect these with the word 'and'. Using our example, a summary sentence might be 'I am anxious about falling behind at work AND I need more support'.

Situation: For example, I was at work on Tuesday morning when my manager approached me to ask if I had finished my work assignment
Mood: Stressed 80%, Annoyed 70%, Angry 70%
Automatic thoughts: 'I'm no good at my job' 'I can't cope' 'My boss is checking up on me'
Evidence that supports automatic thoughts: I haven't completed my work I haven't completed my work and I'm finding it hard to keep up with the workload My boss is always around
Evidence that refutes automatic thoughts: I always receive good staff appraisals I manage my home life and finances well and I have never missed a deadline so far My boss is speaking to other work colleagues too
Balanced/alternative thoughts: I am anxious about falling behind at work My workload has increased and I need more support It is possible she thinks I'm not working hard enough but there is a deadline coming up and it is nothing personal
Re-rated mood: Stressed 50%, Annoyed 10%, Angry 0%

Balanced thinking can be difficult to grasp but with practice it becomes easier to come up with alternative explanations, without even having to write down the evidence, because our thinking becomes more flexible and our balanced thinking becomes more automatic.

Once realistic balanced thoughts become part of our thought process, we are then able to make decisions about how to act or respond in the situation. Going back to the ABC example, after introducing a more balanced thought we might now react more positively by discussing the problem with our manager or a member of Human Resources, if the former is not possible, and by asking for more support.

Rate level of anxiety (0-10): e.g. 8
When did you feel anxious? This morning at 8am
What were you doing? Getting ready for work
Where were you? At home
Who were you with? On my own
What were you thinking? 'I can't cope'

Example of an anxiety diary entry

CBT for deep rooted thoughts

Our automatic thoughts are generally quite easy to access and identify. However, at times these thoughts are rooted much deeper and form the basis of our assumptions and core beliefs.

Fortunately, much like our automatic thoughts, we can learn to identify and evaluate our assumptions and core beliefs. One way to do this is to look for recurring patterns or themes that emerge from our 'thought records'. There are also specific techniques that can be used in conjunction with a psychologist or CBT therapist to get to the root of negative thoughts, unhealthy self-beliefs and ultimately, our core problem in a relatively short period of time.

CBT for anxiety

Anxiety is a term that describes a number of problems such as phobias, panic, obsessive compulsive disorder and anxiety in general. Whatever form it takes, it can be very distressing and debilitating and is often most noticeable in the physical symptoms we experience such as increased heart rate and sweaty palms. Much like any other problem, when we are anxious we experience particular physical sensations, emotions, behaviour and thoughts that all interact with one another.

When we are anxious, our thoughts take the theme of threat, danger or vulnerability. For instance, 'something terrible is going to happen'. Our bodies undergo dramatic changes to prepare ourselves for the adaptive, survival response of fighting or fleeing from the threat.

Threat can take many forms: being hurt physically, mentally vulnerable (in that we feel we are going crazy or losing our mind), or being socially humiliated or rejected. Our sensitivity to threat varies according to our individual experiences. For instance, if we had grown up in a dangerous environment we are likely to be more sensitive to the warning signs of danger. However, we can be overly sensitive to danger or threat and it is important to try and establish whether this is the case.

Anxious thoughts often predict future disaster and begin with the words 'What if....'. For instance, we may predict that we will be fired if we think 'What if I don't get my work completed on time? 'Thought records' are useful for identifying the situation.

Although analysing our thoughts can be an effective way to reduce and manage our anxiety, other techniques are used in CBT for anxiety.

By understanding our anxiety and what keeps it going we are in a better position to break out of its vicious cycle. We can do this by completing an 'anxiety diary' (*see far left*).

By keeping a diary, it may help us recognise situations that make us anxious or perhaps even those we avoid.

Although avoiding a situation that causes us anxiety may seem to help in the short term, in the long term it can feed anxiety making it worse and so another technique to combat anxiety is overcoming this avoidance. This is achieved by making a hierarchical list of feared situations, people or events that cause anxiety and breaking down these fears into smaller more manageable tasks. Look at the example below.

Situation causing anxiety - having to undertake a presentation at work
5) Undertaking the presentation at work
4) Practising presentation in front of a trusted work colleague
3) Practising presentation in front of friends and family
2) Practising presentation at home alone in front of the mirror
1) Writing the presentation

To overcome this anxiety, we begin by tackling the task on the bottom of the list, which is feared least, and then we gradually move up the list to the most feared situation as we master these tasks and they become less frightening to us.

At the same time, relaxation techniques can encourage us to tackle each step of the hierarchy and help with reducing anxiety more generally. These techniques focus on both physical and mental relaxation and often one leads to the other. i.e. when our minds relax, our body relaxes too, and vice versa.

There are two types of physical relaxation that cognitive behaviour therapists employ: progressive muscle relaxation and controlled breathing as well as mental relaxation (*see right*). All relaxation techniques take practice and the more we do them, the more we benefit from their relaxing effects.

When we are stressed or anxious, we tend to focus on physical sensations and so another technique to tackle anxiety is distraction. Distraction includes tasks such as counting backwards, studying objects in detail or anything that lasts a sufficient amount of time to reduce the symptoms of anxiety.

CBT for depression

If we suffer from depression we are likely to have thoughts which centre on negativity about ourselves (self-criticism), our future (hopelessness) and our world (general negativity). For instance, 'I am a failure'.

Although identifying and challenging our thoughts may be the most effective treatment in the long term, behavioural techniques, such as 'activity scheduling', can also be useful, particularly as depression can affect our concentration, attention and memory which in turn, affect our ability to analyse and challenge our thoughts. Behavioural techniques are used in CBT to combat inertia, increase socialisation, diminish avoidance, and accumulate data to challenge negative beliefs.

RELAXATION TECHNIQUES

Progressive muscle relaxation (*physical*)
This involves alternately tensing and relaxing each muscle in the body in turn, starting at our head and working down to our feet. This encourages relaxation by highlighting the difference between the two states of being (relaxation and tension).

Controlled breathing (*physical*)
This teaches us to breathe correctly. Although we're not often aware of it when we are anxious we tend to breathe shallowly and irregularly which leads to an imbalance of oxygen and carbon dioxide in the body. This in turn, causes the physical symptoms of anxiety.

Mental relaxation
This includes imagery which involves visualising scenes that are relaxing, safe or tranquil.

“If we track our mood, we often realise that when we feel more depressed we tend to engage in fewer activities.”

Activities schedules or diaries, as they are sometimes known, work on the premise that what we do impacts on how we feel. Therapists ask us to complete an activity schedule to keep track of the activities or things we do every day for a week. As you can see from the example below, the schedule must be completed for every hour of each day in as much detail as possible because by virtue of being alive we must all be doing something, whether that is sleeping, eating or whatever. Activities need not be expensive or time consuming and are often everyday enjoyable events such as taking a bath, talking to a friend, watching our favourite TV programme or snuggling up on the couch with our partner.

If we track our mood, we often realise that when we feel more depressed we tend to engage in fewer activities. Likewise, when we become depressed we tend to stop doing pleasurable activities. We can use the activity schedule to identify the activities we derive either accomplishment or pleasure from or those activities that we lack, and also establish what activities we used to enjoy but no longer undertake.

As a first step in combatting depression, we are encouraged to increase the number of activities in our week that we find most pleasure and mastery in, which may involve resurrecting old activities. Although we might not, at first, enjoy activities as much as we once did, we often realise that we feel better doing them than just sitting at home doing nothing. This is likely because they distract us from negative thoughts, give us opportunities to succeed and even alter chemicals in the brain which make us feel better.

If we look at the example below, we can see that we undertake quite a few activities that give us a reasonable amount of pleasure, such as talking to family members, meeting up with a friend and doing some exercise, but not many that give us a sense of achievement so perhaps this balance needs to be addressed particularly if our core belief is ‘I am a failure’.

After identifying pleasurable and achievement based activities in our schedules, we are then asked to rate them on a scale from zero to ten, with ten being the most pleasure or accomplishment you achieve from undertaking them. As a next step we are advised to replace lower scoring activities with higher scoring ones and are persuaded to link unpleasurable activities, such as housework, with pleasurable activities which act as a reward.

Again, if we look at the example below, it is obvious that we derive far more pleasure from activities other than just watching TV every night, such as reading a book, going to an aerobics class or watching a film so we could try and substitute in more of these activities. Equally, after having lunch with colleagues work was slightly more pleasurable and housework although unpleasurable (but scored high for achievement) was coupled with a treat such as a lunch out.

Example of a completed activity schedule/diary

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
6-7am	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)
7-8am	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)
8-9am	Got up, got ready & travelled to work (A/5)	Got up, got ready & travelled to work (A/5)	Got up, got ready & travelled to work (A/5)	Got up, got ready & travelled to work (A/5)	Got up, got ready & travelled to work (A/5)	Asleep (P/5)	Asleep (P/5)
9-10am	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Asleep (P/5)	Asleep (P/5)
10-11am	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Asleep (P/5)	Asleep (P/5)
11-12pm	Work (A/2) (P/1)	Work (A/2) (P/1)	Staff appraisal (A/7)	Work (A/2) (P/1)	Work (A/2) (P/1)	Asleep (P/5)	Asleep (P/5)
12-1pm	Lunch (P/2)	Lunch (P/2)	Lunch (P/2)	Lunch (P/2)	Lunch with colleagues (P/3)	Got up, got dressed (A/6)	Got up, got dressed (A/6)
1-2pm	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Lunch (P/4)	Out for lunch (P/8)
2-3pm	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Met a friend (P/8)	Household chores (A/8)(P/1)
3-4pm	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Pub (P/6)	Household chores (A/8)(P/1)
4-5pm	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Work (A/2) (P/1)	Pub (P/6)	Played on computer (P/8)
5-6pm	Travelled home from work (A/4)	Travelled home from work (A/4)	Travelled home from work (A/4)	Travelled home from work (A/4)	Travelled home from work (A/4)	Pub (P/6)	Watched TV (P/5)
6-7pm	Watched TV (P/5)	Watched TV (P/5)	Watched TV (P/5)	Watched TV (P/5)	Watched TV (P/5)	Pub (P/6)	Watched a film (P/7)
7-8pm	Watched TV (P/5)	Phoned sister (P/8)	Watched TV (P/4)	Aerobics class (P/7)	Watched TV (P/5)	Pub (P/6)	Watched a film (P/7)
8-9pm	Read a book (P/8)	Watched TV (P/5)	Watched TV (P/5)	Watched TV (P/5)	Watched TV (P/5)	Pub (P/6)	Got ready for next week (A/5)
9-10pm	Went to bed (P/4)	Went to bed (P/4)	Went to bed (P/4)	Watched a film (P/7)	Pub (P/6)	Pub (P/6)	Phoned parents and went to bed (P/7)
10-11pm	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Asleep (P/5)	Pub (P/6)	Asleep (P/5)

KEY
P=pleasure, A=achievement
(0-10)= level of pleasure or achievement
with 10 being highest

DIFFERENT TYPES OF CBT

- Mindfulness based cognitive therapy (MBCT)
- Acceptance and commitment therapy (ACT)
- Compassion focused therapy (CFT)

Sometimes, to test the accuracy of our thinking, the therapist may ask us to predict how much pleasure or accomplishment we will derive from these scheduled activities to compare these predictions with the amount of pleasure or accomplishment we actually feel when we do them. Activity schedules are also used to disconfirm negative bias such as 'I've had a terrible day' by focusing on the positive activities that we achieved or enjoyed during that day.

Activity schedules need to be completed on a weekly basis for enough time to allow us to compare and contrast each week, identify what we were, or weren't doing when we felt depressed and guide us in seeing what behaviour makes us feel better. By looking at current activities and those we did in the past we can see how our behaviour affects our mood and notice how planning future activities can help reduce our depression.

Different types of CBT

Mindfulness based cognitive therapy (MBCT)

Mindfulness, inherited from the Buddhist tradition, is concerned with the ability to focus on the present and how we're feeling right now, both internally and externally, on a moment to moment basis. It helps us to stop dwelling on the past or worrying about the future and allows us to bring our nervous system back into balance.

Mindfulness-based cognitive therapy, which developed from the above, is a form of psychological therapy that is effective in treating people who have suffered from repeated bouts of depression. Indeed, research has shown that the chances of depression returning for clients undertaking MBCT, who have been clinically depressed three or more times (sometimes for 20 years or more), are halved.

MBCT is based on traditional CBT techniques, which involves education about depression as well as other psychological approaches such as mindfulness and mindfulness meditation. Like CBT, MBCT maintains that negative automatic thoughts trigger depression and that a repeated episode of depression results when we return to these thoughts. The aim of MBCT therefore, is not to stop these negative automatic thoughts, but teach us to observe and accept these thoughts and reflect on them, and other incoming stimuli, rather than react to them.

Acceptance and commitment therapy (ACT)

Acceptance and commitment therapy, or ACT as it is commonly called, is a form of CBT that employs a combination of mindfulness, behavioural-change strategies, defusion or distancing techniques such as acceptance of these internal processes, and commitment to values-based living. Although relatively new in terms of research, ACT has been shown to be effective in the treatment of workplace stress, burnout, chronic pain, addictions, smoking cessation, depression, anxiety, self-harm, body dissatisfaction, eating disorders and psychosis, to name a few. We often assume that by nature we are all psychologically healthy but ACT assumes that psychological processes of a normal human mind are destructive because we avoid internal experiences such as thoughts, feelings and memories, get caught up in them and become so rigid that we fail to take necessary action.

Unlike CBT, but more like MBCT, ACT therefore teaches us to notice, accept and embrace negative thoughts, feelings, and private events, rather than control them, paying particular attention to those that are unwanted. In learning to free ourselves from these processes and merely observing and experiencing them, we can discover what is really important and how we want our lives to be.

Compassion focused therapy (CFT)

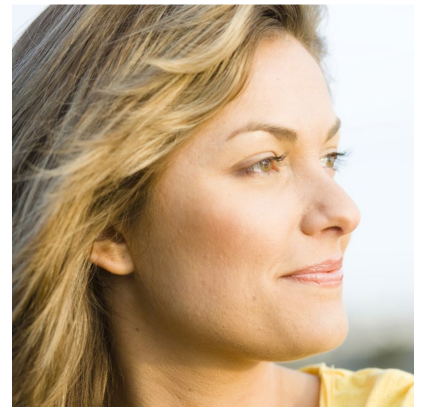
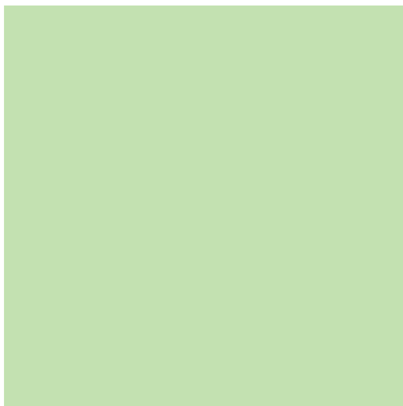
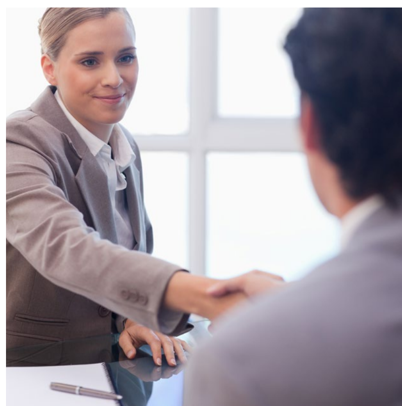
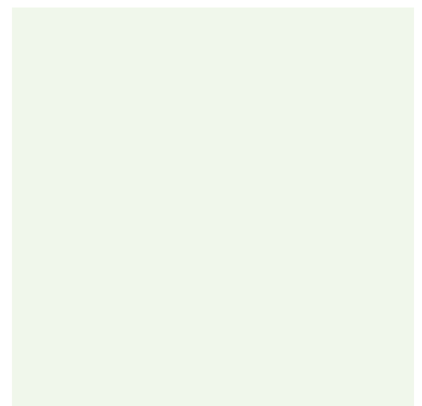
CFT, also known as compassion mind training, is another form of psychotherapy which employs CBT techniques to encourage self-soothing behaviour and the development of self-compassion in those of us who are prone to high levels of shame and self-criticism. These characteristics are often prevalent in clients experiencing depression and anxiety and this form of therapy has been shown to be effective in treating these problems, as well as eating disorders. More generally, CFT is believed to benefit everyone as it encourages us to be non-judgmental and improves emotional regulation and tolerance to distress.

CFT, which originates from Mahayana Buddhist psychology, considers compassion and mindfulness of crucial importance in healing the mind, as well as the development of four key skills, namely: compassionate attention, compassionate thinking, compassionate behaviour, and compassionate feeling.

Much like ACT, CFT helps us become aware of our automatic responses but also encourages us to increase our understanding of these in terms of how experiences are learned from early childhood and how they have evolved in humans over millions of years.

The aims of CFT are to increase our awareness of our problems and needs and to inspire us to care for our own wellbeing in a way that develops self-understanding and warmth towards ourselves.

Regardless of the form CBT takes, its aim is to get us to a point where we can ‘do-it-ourselves’ and work on tackling our own problems.

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Tel: 03330 344115
Email: info@firstpsychology.co.uk
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