

## ***January 2005 Lecture: Cognitive Therapy – How Does It Work?***

***From notes taken by Sandra Hogan***

The 2005 Aware Monthly Lecture Series got off to a great start with the January lecture delivered by Ms Lucy Moore, Principal Clinical Psychologist with Cluain Mhuire, Dublin. The lecture focused on the role of cognitive therapy in the treatment of depression and one of the most interesting lessons from the lecture is that cognitive therapy is not about 'positive thinking' as many might think. Rather, it is about looking at the evidence that will support your thinking and judging it realistically and fairly.

The lecture began with a reminder of a number of key facts about depressive illness:

- At any one time one person in 20 is likely to be *significantly* depressed.
- Depression is an increasing problem for young people (this is reflected in suicide rates which show that suicide is now the single biggest killer of young men aged 15-24 in Ireland).
- The elderly are also at risk of depression.
- People are most vulnerable to relapse in the first few months after recovery.

There are some key predictors of further episodes of depression. These include a past episode of depression; other psychiatric disorder(s); being female and being under 40 at age of onset. Among the predictors of chronic depression are: older age; medical problems; low income; family history of depression; family problems; adverse stressful conditions and perceived poor coping skills.

Of course, there is also a lot of help available for those who have depressive illness. Lucy reminded us of the advances in both modern medicine and psychological approaches, as well as improved family and interpersonal

therapies. The continued work of Aware in providing services and information was also highlighted.

## **What is Cognitive Behaviour Therapy?**

Cognitive Behaviour Therapy (CBT) is a form of therapy, which examines the link between thoughts, emotional feelings, behaviours and physical body reactions. To give a practical example of the way it works...

<b><u>Situation</u></b>	your friend doesn't phone you
<b><u>Thoughts</u></b>	she doesn't like me anymore I'm boring since I became depressed I will end up with no friends My depression will never get better
<b><u>Emotional feelings</u></b>	sadness, loneliness, hopeless
<b><u>Physical reactions</u></b>	tears, knot in tummy
<b><u>Behaviours</u></b>	mindlessly watch TV Go to bed early

So we can see that situations have an impact on our thoughts and physical reactions and lead to behaviours which in some instances can be self-defeating. In the example above, if the person involved gets into a pattern of staying in and not contacting her friends, she may well end up losing friendships as a result of her behaviour.

## **So what can we do?**

CBT suggests that we use both behavioural and cognitive (thinking) techniques.

*Behavioural Techniques:* activity monitoring is very important. By actually writing down our activities or by keeping a mood diary, we can record what happened and what the effect on our mood was.

Setting goals for things we can do which will help to improve our mood is also vital, as is the recording of achievements. Making a note of past

achievements can help give a greater sense of control over a depressed mood.

*Cognitive techniques:* examining the evidence behind negative thoughts can help us decipher whether the thought is a fair reflection of what is really going on. It also allows us to come up with alternative, more realistic thoughts. It is also important to identify automatic negative thoughts and to identify and modify our core beliefs.

If we go back to the example above for a moment: instead of going to bed early and maybe lying awake mulling over her friend not calling her, the person involved could have changed her behaviour. She was waiting passively for her friend to ring her, but the reality is that she could have been the one to make the call. That would have cleared up any doubts she had, and would have given her a more realistic sense of the situation. The cognitive therapist would have suggested she change her behaviour and look for evidence to support her thoughts.

## **Aims of CBT**

Cognitive Behaviour Therapy has a number of key aims:

- Reduce the symptoms of depression
- Help to solve immediate difficulties
- Provide insight into patterns of thinking
- Provide insight into person's underlying beliefs
- Teach skills to be used in the future to help prevent recurrence of depression

## **Will CBT help me?**

The answer to this depends on two questions –

Why you have become depressed?

Why you have stayed depressed?

While CBT is by no means a cure-all, it is certainly a promising way forward.

Many people benefit from CBT. It can work for people who are in a mild-

moderate depression as well as working for those who suffer recurring depressive episodes who want to learn the skills of CBT ahead of their next depression. As well as individual CBT, group CBT is also available and is also effective.

After Lucy had finished her presentation, she introduced the audience to two people who had participated in group CBT. Both of the speakers had very positive experiences of CBT, although they had very different attitudes to the therapy at the outset: while Mary\* said she did not want to get involved at first as she didn't want to talk about herself in front of strangers, Ann\* had the opposite view – she welcomed the chance to work in a group setting as she found that she would get more upset when in a one-to-one situation. They both found the therapy very helpful although Mary drew some laughs from the audience when she described the behavioural goal-setting as being like homework. Both found the recording of thoughts very helpful as seeing it written down made them realise how irrational the thoughts were. Ann also said that writing thoughts down gave her 'space – they didn't feel so much a part of me anymore'.

Lucy asked both Mary and Ann if they had learned any skills during CBT which they were still using now. Mary said she found that she was not automatically thinking negatively anymore and she found she wasn't being so hard on herself now. Ann still takes time to write down something positive that made her feel good [today] no matter how small it is – that breaks the pattern of the negative mood.

The audience found the personal input from Mary and Ann to be especially helpful in giving a realistic sense of how CBT works. Sincere thanks to Lucy Moore, and especially to Mary and Ann.