

## RATIONALE FOR COGNITIVE BEHAVIOURAL THERAPY

When explaining why CBT is likely to be useful for someone it is always beneficial to be able to provide a rationale. We find that by doing this people are more likely to engage in therapy or see that it could be helpful for them and at least consider it. There are a number of ways you can do this, and you may already have a method you use which you are comfortable with and your patients understand. If so, continue to use it. If not, then the following is a rationale you may wish to consider using. It is:

- simple
- descriptive
- quite well accepted and understood by patients
- non-threatening

The model shown on the next page is one which can be used for all emotional disorders. There are of course more complex and individual models for each disorder, sometimes many variations for a specific disorder. This model shows that the different aspects of a person's life shown in the illustration all influence each other. There are four more "internal" areas shown and two more "external". A basic description for each is:

### External:

- Vulnerabilities – things that are influencing us which are usually from the past and often "out of our control" in the present. Examples of this include: a genetic predisposition, childhood sexual assault or some other prejudicial upbringing.
- Environment – the world we interact with, those triggers which often lead to a person experiencing emotional difficulties. For example, financial problems, loss of some kind (death, job, money, accommodation) or relationship difficulties.

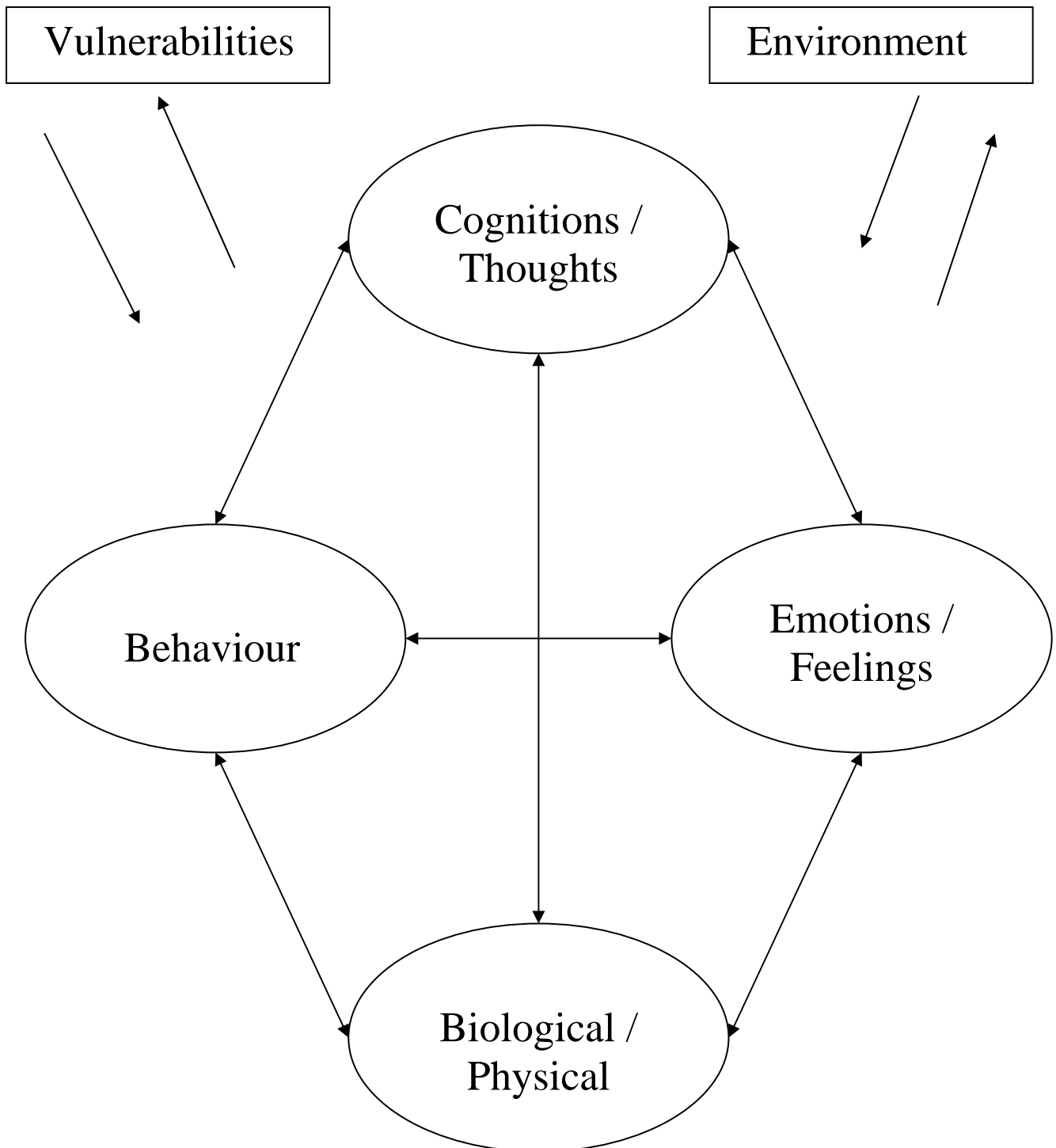
### Internal:

- Emotions / Feelings – the reason someone usually presents. People who feel depressed or anxious, or even hopeless. Also feelings like guilt and anger.
- Physical – the physical changes occurring within us. For example sleep difficulties, physical tension, nausea, headaches and many physical anxiety symptoms (shortness of breath, heart palpitations, sweating).
- Thoughts / Beliefs / Cognitions – what is happening inside our mind. For example thoughts like "I'm a failure" and "I am hopeless" but also the thoughts about our mood like "I have no reason to feel like this" or "how long am I going to be like this?". May also include beliefs like "It has to be done perfectly or it's not worth doing".
- Behaviours – what we do or do not do. For example isolating ourselves, avoidance, lying in bed ruminating or becoming argumentative.

The following pages contain a case example that can be used to illustrate how these aspects of our life can influence one another in an unhelpful way. The fact that they influence each other can be turned around so the influence is helpful rather than unhelpful. This is what we do in therapy. A good start is to listen to the story told by the patient and fit their story to the model, this gives a sense of the fact you have listened and understood.

# Cognitive Behavioural Model of Emotional Difficulties

From *Mind Over Mood* by Dennis Greenberger and Christine A. Padesky. 1995 Guilford Press



### Case 1.

Angelina is a mid 40's married woman with 2 children. The youngest is 19 and just starting University and is moving out and she thinks "*What will I do now?*". She works part time in a local shop and has a husband whom she describes as "*not very supportive*". She has a longstanding history of poor self-esteem and describes having very few supports / friends: "*nobody cares*", "*I'm not very interesting to know*". Her mother was reported to have suffered from "nerves". There are not many activities / things she currently enjoys in her life and she mostly sits at home thinking (ruminating). She has a 2 month onset of sleep difficulties (trouble getting to sleep) and often finds herself crying "*for no good reason*". "*I lie awake worrying about nothing*", revealed on more detailed questioning worry about everyday issues like money, illness, the future and what was wrong with her. She is constantly trying to analyse "*what is wrong with me?*" She presented reporting "*I don't feel good*" and saying "*there must be something wrong, I'm getting emotional all the time and I can't stop it*". She reported being tense and irritable and "*arguing with everybody*". Angelina did not want to take any medication saying "*I should be able to help myself*". She described being a worrier all her life "*- but that's normal isn't it?*" and thought her life was now "*out of control*". She reported a previous period 7 years ago where she felt quite depressed and that it lasted 6 months.

Fitting Angelina's story to the model reveals the following:

- **Vulnerabilities** – genetic component as revealed by mother's "nerves", chronic self-esteem issues, previous depressive episode 7 years ago.
- **Environment** – eldest moving out, husband not very supportive, few friends.
- **Emotions** – anxiety (worry), irritability, sad most of the day nearly every day.
- **Physical** – muscle tension, initial insomnia.
- **Thoughts** – all those in italics above for example "nobody cares" and "I'm not very interesting to know" and the worry.
- **Behaviour** – decreasing activity level (even though only a few previously), arguing with people, sitting at home thinking (ruminating).

The next step is to trace a sequence of her presentation within the structure of the model. For example:

Environment: eldest moves out

Emotion: sad

Thoughts: "what will I do now?", "I'm all alone"

Emotion: sadder

Behaviour: sit and worry

Thought : "will she be all right?"

Physical: becomes tense and can't sleep

Emotion: irritable in morning through lack of sleep

Behaviour: argues with husband

Thought: "he doesn't care"

Emotion: depressed

And so on.....

This can be described as a “downward spiral” where the different parts are influencing each other in an unhelpful or negative manner.

The next step is to indicate what might be possible in therapy. To look briefly at the skills which may be applied to “reverse” this in a helpful way. This is possible if the patient understands the model. **“If these aspects of your life can be seen to influence each other in this unhelpful way, what else does the model indicate?”** Hopefully the patient will be able to state in some way that they can also influence each other in a more helpful way. This can be described as a “snowball effect”. Starting out by making some helpful change in one area can then influence other areas, as the arrows illustrate. And if we make helpful changes in more than one area this can accelerate the process.

You could trace a sequence illustrating the potential of this within the structure of the model. For example:

Environment: youngest moves out

Emotion: sad

Thoughts: “what will I do now?”, “I’m all alone”

Possible helpful strategy:

- looking at impact of thoughts on emotions and evaluating unhelpful thoughts to see if factual
- of course this is very individual and an understanding of automatic thoughts and the fact they are learned from experience is needed
- but maybe patient can see that “I’m all alone” is not evidence based. The reality could be “I will have to make more of an effort to keep in touch, but it might be good to visit her and get out of the house” and “we won’t see each other as much but that does not mean we can’t still be close” and “maybe I can find some activities to keep me more occupied”.
- these alternative may not result in the same level of emotional distress

Other possible helpful strategies for this patient’s presentation:

- Physical
  - Helpful sleep habits as sleep resulting in unhelpful emotional state
  - Progressive muscle relaxation as doing nothing to relax and feeling very tense
- Behavioural
  - Increasing level of activity so not sitting at home worrying, finding some activity we can enjoy, even if not as much as we used to. It will still be better than doing nothing and just thinking
  - Structured problem solving, doing something constructive about problems in our life rather than doing nothing

- Thoughts
  - Education about impact of thought as above
  - Evaluation of negative thoughts to see if realistic
  - Looking at thoughts like “I lie awake worrying about nothing”. In fact there are things to worry about but put in this manner she is not validating her emotions
  - Looking at thoughts to try to stop “fusing” thoughts with who we are. Because we have a thought does not mean it is factual or that this is what we believe or even what we want to happen.

**The overall aim is to influence how we feel by changing unhelpful habits to more helpful strategies / habits in the areas of our physical wellbeing, our thinking and our behaviour.**