

A woman with long curly hair is sitting in a meditative pose on a sandy beach. She is silhouetted against a bright, golden sunset over the ocean. The scene is peaceful and serene. The image is partially overlaid by a green triangle on the left side and an orange banner at the bottom.

Best Practices:

Cognitive Behavioral Therapy

Best Practices: Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a type of psychotherapy that focuses on the relationship among thoughts, feelings, and behavior. In this booklet, you'll learn:

The Basics for an overview of CBT	3
Benefits of CBT	5
Proper Use of CBT	7
Expectations & Insights you should know when using CBT	11
Resources to learn more about CBT	15



The Basics

What is Cognitive Behavioral Therapy?

Cognitive behavioral therapy (CBT) is an evidence-based psychotherapeutic approach to treating mental and behavioral health conditions. This form of psychotherapy focuses on the relationships among cognitions (thoughts), emotions (feelings), and behavior (actions).¹

CBT has been demonstrated to be very effective and can lead to significant improvement in functioning and quality of life for several conditions and life situations:^{1,2}

- Substance use disorders
- Anxiety disorders
- Depression
- Post-traumatic stress disorder
- Eating disorders
- Relationship conflicts
- Coping with medical illness
- Severe mental illness

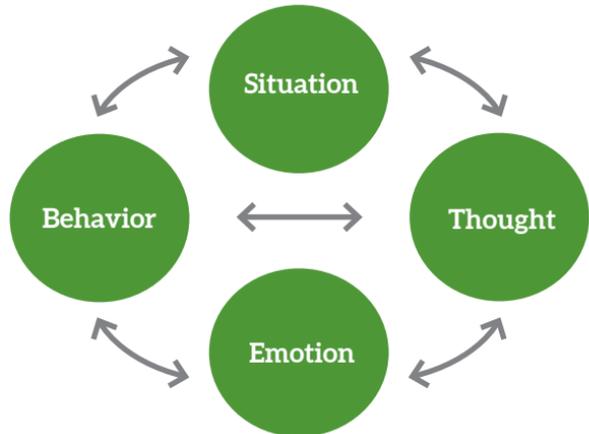


Figure Adapted from DeMarce, Gnys, Raffa, & Karlin - U.S. Department of Veterans Affairs: Therapist Manual³

Core Principles & Strategies of CBT

The American Psychological Association states that there is significant scientific evidence that CBT can actually produce change in behavior. They explain CBT is based on three core principles and involves several core strategies to change thinking and behavioral patterns.¹

CORE PRINCIPLES

- Psychological problems are based, in part, on faulty or unhelpful ways of thinking
- Psychological problems are based, in part, on learned patterns of unhelpful behavior
- People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more productive in their lives

CORE STRATEGIES

- Learn to recognize distortions in thinking and reevaluate them in reality
- Gain a better understanding of the behavior and motivation of others
- Use problem-solving skills to cope with difficult situations
- Develop a greater sense of confidence in one's own abilities
- Face fears instead of avoid them
- Role play to prepare for potentially problematic interactions
- Learn to calm the mind and relax the body

Benefits

The Preferred Type of Psychotherapy

CBT is often considered the preferred type of psychotherapy because of how quickly and effectively it works. This structured and problem-oriented psychotherapy typically requires fewer sessions to help a patient identify and cope with specific challenges and manage stressful life situations.² It is particularly helpful for **anxiety, depression, and substance use disorder**.

CBT aims to overcome current problems the patient is dealing with, rather than dealing with past situations.⁴

It is common to use CBT in conjunction with medication-assisted treatment. Used correctly, this psychotherapy gives people tools to help themselves and to live a more fulfilling life.



“CBT has been shown to be as useful as antidepressant medications for some individuals with depression and may be superior in preventing relapse of symptoms.”
– National Alliance on Mental Illness (NAMI)⁵

Proper Use

Recognizing Harmful Thought Patterns

CBT includes thoughts, the feelings that come with them, and the behaviors that they lead to. By recognizing harmful thoughts, one can work on changing them to neutral ones. Germany's Institute for Quality and Efficiency in Health Care breaks down how to recognize these thoughts.⁴ They gave an example: If you see somebody you know across the street and wave, but they don't wave back, how do you assess the situation? What is your reaction?

Reaction	Harmful	Neutral
Thoughts	"They ignored me; they must not like me anymore."	"They didn't notice me; maybe I'll give him a call and find out how they're doing."
Feelings	These thoughts make a person feel sad and rejected.	This thought pattern does not cause any negative feelings.
Behavior	The consequence of this thought is to avoid the person in the future, even though the assumption could be false.	The result of this thought is to get back in touch with the person.

Chart Adapted from the Institute for Quality and Efficiency in Health Care.⁴

CBT Techniques

CBT looks a little different for everyone, but there are several popular CBT techniques that practitioners can use.⁶ Each technique has a goal of the patient becoming self-aware in order to change attitudes and behavior but achieves the goal in a different manner.

GUIDED DISCOVERY & QUESTIONING

Asking the patient guided questions allows the patient to reflect and discover things about themselves and their way of thinking.⁷

SITUATION EXPOSURE

Over time, have the patient expose themselves to situations that cause them stress so they slowly become desensitized to these triggers.⁶

JOURNALING

This takehome assignment allows the patient to write down negative beliefs and replace them with positive ones.⁶

COGNITIVE RESTRUCTURING

When their thoughts become distorted, the patient can practice recognizing these thoughts and reframing them in a more accurate way.⁸

THOUGHT RECORDING

By identifying both evidence supporting and evidence against a belief, patients can use this to develop a more realistic thought.⁶

POSITIVE ACTIVITIES

Encourage patients to schedule a rewarding activity each day to improve positive thinking and their mood.⁶

SMART GOALS

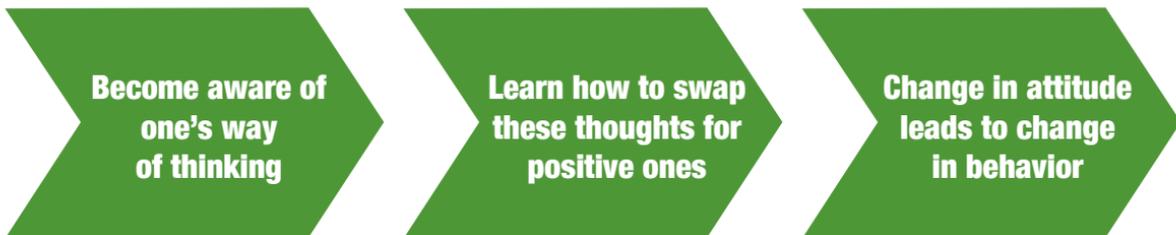
Setting SMART goals involves clarifying ideas, focusing efforts, and using time and resources productively to increase chances of achieving goals.⁹ These goals should be:

- S:** specific
- M:** measurable
- A:** achievable
- R:** relevant
- T:** time-limited

SELF-TALK

Challenge the patient to replace negative or critical self-talk with compassionate and constructive self-talk.⁶

Basis of CBT Techniques:¹⁰



CBT Sessions

CBT can be completed in a diverse set of settings. Some people might benefit from a group session, but others might prefer or require individual sessions.

These sessions could take place in a clinic or at the site of the patient's fears (like near a spot outside or a specific item in one's home).⁷

Harvard Health recommends **30- to 60-minute weekly sessions** for a period of **12 to 20 weeks**.¹¹ Patients who do not find the time commitment of traditional CBT feasible could try intensive CBT, which packs all of the learning into long sessions concentrated into a month, week, or weekend.¹¹ This is particularly helpful for people with limited schedules during the work or school week.



CBT SESSIONS ADDRESS EMOTIONAL CHALLENGES:²

WHAT'S THE USE?

Manage and prevent relapse of mental illness symptoms

Treat a mental illness when medications aren't a good option

Learn techniques to cope with stress and manage emotions

Resolve relationship conflicts and learn better ways to communicate

Cope with grief and emotional trauma related to abuse or violence

Expectations & Insights

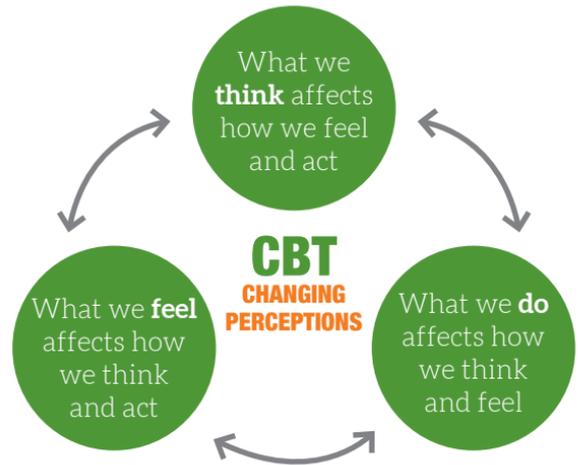
Insights Into CBT

TREATMENT TIMELINE & SUCCESS

Everyone has their own treatment timeline. While CBT is considered a short-term therapy,¹² it could take weeks or even months to have a noticeable effect. The timeline and effectiveness of CBT could be impacted by the patient's motivation to change and their commitment to doing the homework outside of the regular sessions.¹²

FOCUS ON THE FUTURE

CBT is a very future-oriented psychotherapy that is effective for people regardless of age or other medications the patient might be taking.¹² The patient's past should be of limited focus. Instead, focus on what goals they want to achieve.



Cognitive Barriers to Treatment

There is a correlation between SUD and cognitive impairments like traumatic brain injuries, intellectual disabilities, or fetal alcohol syndrome.¹³ These invisible impairments lead to lower drug tolerance¹³ and problems with memory, language, thinking, and judgment.¹⁴ CBT is highly dependent on learning and using new information, so people with cognitive impairments tend to have a poorer response to treatment, higher drop-out rates, and worse long-term outcomes.¹³

Providers should adapt their care for patients with cognitive impairments. For example, someone who misses an appointment might have a memory problem, not a lack of motivation. There are three simple ways providers can prepare patients with cognitive impairments for success in a CBT program:¹³

- 1 Complete a brief cognitive screen and ask about head injuries, school experiences, and parental alcohol use.
- 2 Educate staff on prevalence rates of cognitive impairment and its impact on treatment success.
- 3 Encourage individuals with cognitive impairments to keep lists and use tools to help improve concentration.



"A study* of adults with [fetal] alcohol spectrum disorder* found 35% have alcohol and drug problems compared to 4% of the general population."

– Julaine Allan,

Charles Sturt University¹²

*Study published in journal of Nordic Studies on Alcohol and Drugs

Future of CBT

Like most things, the future of CBT is moving toward an at least semi-digital future. Internet-delivered CBT is a way to reach people who might not be able to come into the office due to time constraints or transportation issues. Additionally, it can drastically reduce the time needed from therapists compared to face-to-face sessions.¹⁵

As technology continues to develop, industry experts believe the next frontier of CBT will be smartphone-delivered. Not only do most adults own a smartphone regardless of socioeconomic or demographic groups, but smartphones also allow a patient to access care on-the-go. Patients could practice their skills with the guidance of an app as they encounter stressors in the real world.¹⁶



In order for technological advances in CBT to occur, there needs to be collaboration between clinician-scientists, the industry, and key stakeholders. This would combine clinical and scientific rigor, user-interface design and engagement, and insights into real-world needs.

- Weingarden, Schwartzberg, & Wilhelm (n.d.)¹⁵

Key Takeaways

- 1 CBT is a psychotherapy that incorporates thoughts, feelings, and behavior. It is effective for a range of situations.
- 2 Try not to focus on the patient's past. Instead, focus on their future to prepare them for change.
- 3 CBT can occur at any location and should take place in the location that is most beneficial to the patient's needs.
- 4 Some patients may respond to CBT better than others. Patient motivation can be an indicator of success.
- 5 Cognitive impairments can impact treatment success. Providers should adapt the treatment as needed.
- 6 Internet-based CBT and other digital technology can be beneficial for patients throughout their treatment.

Resources

Alabama Resources

Alabama Department of Mental Health (ADMH): <https://mh.alabama.gov/>

Recovery Organization for Support Specialists (R.O.S.S.):

24/7 Helpline 1-844-307-1760

<https://ross4u.org/>

VitAL: <https://vitalalabama.com/>

Further Reading

Baker, A., Boggs, T. G., & Lewin, T. J. (2001). Randomized controlled trial of brief cognitive-behavioral interventions among regular users of amphetamine. *Addiction*, 96(9), 1279-1287. <https://doi.org/10.1046/j.1360-0443.2001.96912797.x>

This research aimed to identify whether brief cognitive-behavioral interventions were effective in helping users of amphetamine abstain from the drug.

Beck, A. T., Wright, F. D., Newman, C. F., & Liese, B. S. (1993). *Cognitive therapy of substance abuse*. New York: Guilford Press.

This book is an in-depth explanation of how to perform cognitive therapy for substance use disorder.

CBT4CBT. (n.d.). *Providers*. Retrieved June 1, 2021, from <https://cbt4cbt.com/providers/>

This organization helps providers adapt their CBT program to include computer-based technology. They also offer training for providers to learn how to use the technology and monitor their patients' progress.

Domenici, P. (2020, July 10). *Staff Perspective: Finally, An Integrated Treatment for Patients with PTSD and SUD*. Uniformed Services University of the Health Sciences Center for Deployment Psychology. <https://deploymentpsych.org/blog/staff-perspective-finally-integrated-treatment-patients-ptsd-and-sud>

Read about an integrated approach to treating trauma and substance use: *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)*.

Maude-Griffin, P. M., Hohenstein, J. M., Humfleet, G. L., Reilly, P. M., Tusel, D. J., & Hall, S. M. (1998). Superior efficacy of cognitive-behavioral therapy for urban crack cocaine abusers: Main and matching effects. *Journal of Consulting and Clinical Psychology*, 66(5), 832-837. <https://doi.org/10.1037//0022-006x.66.5.832>

This study evaluated the efficacy of CBT in treating people who misuse cocaine. The results suggest that participants in CBT were significantly more likely to achieve abstinence than participants in a 12-step program.

Newman, C. F. (2008). Substance abuse. In M. A. Whisman (Ed.), *Adapting cognitive therapy for depression* (pp. 233-254). New York: Guilford Press.

Because substance use disorders and mental health disorders are frequently co-occurring, it's important to learn how to adapt CBT for the individual. People with depression may not respond to standard protocols, so this book details flexible strategies for addressing problems that might complicate treatment.

Prochaska, J. O., & Norcross, J. C. (2002). Stages of change. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 303-313). New York: Oxford University Press.

Behavioral change is a process that unfolds over time through a series of six stages. This chapter explains how matching the therapy relationship to stage of change can lead to more successful outcomes.

Sources

- ¹What is cognitive behavioral therapy? (2017). American Psychological Association.
<https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>
- ²Mayo Clinic Staff. (2019). *Cognitive behavioral therapy*.
<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>
- ³DeMarce, J. M., Gnys, M., Raffa, S. D., & Karlin, B. E. (2014). *Cognitive behavioral therapy for substance use disorders among veterans: Therapist manual*. Washington, DC: U.S. Department of Veterans Affairs. <https://www.treatmentworksforvets.org/wp-content/uploads/2018/04/CBT-SUD-Therapist-Manual.pdf>
- ⁴Institute for Quality and Efficiency in Health Care. (2016, September 8). *Cognitive behavioral therapy*. InformedHealth.
<https://www.informedhealth.org/cognitive-behavioral-therapy.html>
- ⁵National Alliance on Mental Illness. (2012). *Cognitive behavioral therapy*. [Fact sheet].
https://namimi.org/wp-content/uploads/2015/02/CBT_factsheet.pdf

- ⁶ Raypole, C. (2019). *How cognitive behavioral therapy can rewire your thoughts*. Healthline. <https://www.healthline.com/health/cognitive-behavioral-therapy#techniques>
- ⁷ Halder, N. (2010, December). *An explanation of guided discovery in cognitive behavioural therapy*. Priory. https://www.priory.com/psychiatry/guided_therapy.htm
- ⁸ Stanborough, R. J. (2020, February 4). *How to change negative thinking with cognitive restructuring*. Healthline. <https://www.healthline.com/health/cognitive-restructuring>
- ⁹ Mind Tools Content Team. (n.d.). *SMART Goals: How to make your goals achievable*. <https://www.mindtools.com/pages/article/smart-goals.htm>
- ¹⁰ *How it works - cognitive behavioural therapy (CBT)*. (2019). NHS. <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/how-it-works/>
- ¹¹ Youn, S. J., & Marques, L. (2018, October 23). *Intensive CBT: How fast can I get better?* Harvard Health Publishing. <https://www.health.harvard.edu/blog/intensive-cbt-how-fast-can-i-get-better-2018102315110>

- ¹² Osborn, R. (2020, November 23). *Difference between psychodynamic therapy and CBT. Difference Between Similar Terms and Objects.* <http://www.differencebetween.net/science/psychology/difference-between-psychodynamic-therapy-and-cbt/>
- ¹³ Allan, J. (2018, August 14). *Substance abuse treatment relies on good brain function, which many users don't have.* The Conversation. <https://theconversation.com/substance-abuse-treatment-relies-on-good-brain-function-which-many-users-dont-have-101244>
- ¹⁴ Kulshreshtha, A. (2017, December 27). *Cognitive behavioral therapy for African Americans with mild cognitive impairment.* U.S. National Library of Medicine. <https://clinicaltrials.gov/ct2/show/NCT03384069>
- ¹⁵ Enander, J., Andersson, E., Mataix-Cols, D., Lichtenstein, L., Alström, K., Andersson, G., Ljótsson, B., & Ruck, C. (2016). Therapist guided internet based cognitive behavioural therapy for body dysmorphic disorder: Single blind randomised controlled trial. *BMJ*, 352, i241. doi:10.1136/bmj.i241 i241.
- ¹⁶ Weingarden, H., Schwartzberg, A., & Wilhelm, S. (n.d.). *Technology and the future of cognitive-behavioral interventions.* Division 12 of the American Psychological Association. <https://div12.org/technology-and-the-future-of-cognitive-behavioral-interventions/>



This project is supported in part by the ADPH Bureau of Prevention, Promotion, and Support through a cooperative agreement with the CDC Grant number 6 NU17CE924964, Overdose Data to Action, Injury Prevention and Control Research and State and Community Based Programs Funding (93.136)