**Cognitive Behaviour Therapy (CBT)**

There is a significant evidence for the effectiveness of CBT for the treatment of depression and other mental illnesses (Butler, Chapman, Forman and Beck, 2006).

CBT treatment is rooted in behavioural (Lewinsohn et al, 1969) and cognitive approach (Beck, 1967).

Abnormal behaviour is learned (similarly as normal behaviour) - conditioning and cognitive learning (Carr, A., 2012).

CBT is very successful for **anxiety disorders and depression**. Also, it can be used for panic disorder, phobias (e.g agoraphobias and social phobia), ADHD, PTSD, conduct disorder, drug misuse, eating disorders, personality disorders, schizophrenia etc.

(Eysenck, 2009; Carr, 2012)

**Behavioural component**

**Anxiety**

* Psychoeducation about anxiety disorder
* Exposure based treatment
* Relaxation skills are learned.
* Also clients are encouraged to feel maximum anxiety.

(Stampfl and Levis,1968 cite in Carr, A., 2012)

**Deression**

* Behaviour activation (BA) can help clients become active and engaged in their lives to reduce depression and help to prevent future episodes
* BA therapists help depressed clients to increase activities that bring greater reward (reinforcement) and to solve important problems
* Clients are assisted in approaching important life goals and engaging with the problematic aspects of their lives

Dimidjian et al. (2008)

**Cognitive component**

The idea of the cognitive approach is that individuals suffering from mental disorders have distorted and irrational thoughts and beliefs (this need to be changed).

**Depressed patients** typically have negative thoughts about themselves, about the world and about the future (unrealistic).

**Anxious clients** overestimate the threatening of certain external or internal stimuli (e.g. spider phobics). Exposure therapy is used to void safety-seeking behaviours.

(Eysenck, 2009)

**Schema therapy**

It has been developed to deal with the deeper psychological structures that predispose patients psychological problems. Attention and effort are directed toward identifying and modifying the underlying that often predispose chronic depression. When patients come to understand their own schemas and schema modes, their developmental origins, and the way they are triggered, reinforced, and maintained. As a result, patients attain the necessary psychological tools to make the necessary cognitive, interpersonal, and behavioural changes necessary to minimize further episodes.

(Young et al., 2006)

**Types of CBT**

CBT can be carried out in several different forms, including:

* **individual therapy**– one-to-one sessions with a therapist
* **group therapy** – with others who wish to tackle a similar problem
* **a self-help book** – where you carry out exercises from the book
* **a computer program** – known as computerised CBT (CCBT)

(NHS, 2015)