

Review of Cognitive Behavioural Treatment as a Courtesy

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ABSTRACT

A psycho-social intervention known as cognitive behavioural therapy (CBT) tries to lessen the symptoms of a variety of mental health issues, notably anxiety and depressive disorders. One of the most effective treatments for substance abuse and co-occurring mental health disorders is cognitive behavioural therapy.

INTRODUCTION

Many different problems are treated using cognitive behavioural therapy. Because it can immediately assist you in identifying and overcoming particular issues, this sort of treatment is frequently favoured. Since it is structured, it typically involves fewer sessions than other forms of treatment.

Cognitive Behavioral Therapy

Numerous studies have found that CBT significantly enhances functioning and quality of life. CBT has been shown in numerous studies to be equally successful as, or even more effective than, other types of psychological therapy or psychiatric drugs. The goal of CBT is to assist people in becoming their own therapists. The foundation of CBT is the idea that your thoughts, feelings, bodily sensations, and behaviours are interconnected and that having unfavourable ideas and feelings can keep you stuck in unfavourable patterns.

By dividing up large problems into smaller ones, cognitive behavioural therapy (CBT) seeks to help you cope with them in a more constructive manner. You are shown how to alter these unfavourable tendencies in order to feel better. CBT addresses your current difficulties rather than concentrating on

problems from the past, in contrast to certain other talking treatments. It searches for doable strategies to everyday elevate your mood.

Patients/clients are assisted in developing coping skills so they can learn to change their own thinking, troublesome emotions, and behaviour through activities done both in-session and as "homework" outside of sessions. In CBT therapy, efforts are typically made to alter thought processes. These tactics may consist of Recognising one's own thinking errors that are problematic and then reevaluating them in the context of reality, improving one's knowledge of other people's motivations and behaviours, utilising problem-solving techniques to deal with challenging circumstances. Increasing one's self-assurance as they grow in confidence.

CONCLUSION

Some mental health issues can be successfully treated with cognitive behavioural therapy (CBT), but it may not work or be right for everyone. It teaches you effective and beneficial techniques that you can continue to utilise when the therapy is over. It focuses on the individual's capacity to alter themselves (their ideas, feelings, and actions), and it may be useful in situations where medication alone

has failed to effectively treat a person's mental health issues.

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CONFLICTS OF INTEREST

Authors in this review article have no conflicts of interest.

AUTHOR'S CONTRIBUTION

All the Authors equally contributed to this review article. All authors have read and agreed to the published version of the manuscript.

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Reference

Beck A. T. (1976) *Cognitive Therapy and the Emotional Disorders*, New York: Penguin.

Beck A. T., Rush J., Shaw B., Emery G. (1979) *Cognitive Therapy of Depression*, New York: Guildford Press.

Beck J. S. (1964) *Cognitive Therapy: Basics and Beyond*, New York: Guildford Press.

Butler A., Chapman J., Foreman E., Beck A. T. (2006) The empirical status of cognitive-behavioral therapy: a review of meta-analyses. *Clinical Psychology Review* 26: 17–31. doi:10.1016/j.cpr.2005.07.003.

Clark D., Beck A. T., Alford B. (1999) *Scientific Foundations of Cognitive Theory and Therapy of Depression*, New York: John Wiley.

Dimidjian S., Hollon S., Dobson K., Schmaling K., Kohlenberg R., Addis M., Jacobson N. (2006) Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology* 74: 658–670. doi: 10.1037/0022-006X.74.4.658.

Dobson K. (1989) A meta-analysis of the efficacy of cognitive therapy for depression. *Journal of Consulting and Clinical Psychology* 57: 414–419. doi: 10.1037/0022-006X.57.3.414.

Linehan M. (1993) *Cognitive-Behavioral Treatment of Borderline Personality Disorder*, New York: Guilford Press.

Meyer T., Scott J. (2008) Cognitive behavioural therapy for mood disorders. *Behavioural and Cognitive Psychotherapy* 36: 685–693. doi: 10.1017/S1352465808004761.

Scott A. (2009) Cognitive behavioural therapy and young people: an introduction. *Journal of Family Health Care* 19(3): 80–82.

Scott J., Paykel E., Morriss R., Bentall R., Kinderman P., Johnson T., Hayhurst H. (2006) Cognitive-behavioural therapy for severe and recurrent bipolar disorders: randomised controlled trial. *British Journal of Psychiatry* 188: 313–320. doi: 10.1192/bjp.188.4.313.

Teasdale J., Segal Z., Williams J. (1995) How does cognitive therapy prevent relapse and why should attentional control (mindfulness) training help? *Behaviour Research and Therapy* 33: 25–39. doi: 10.1016/0005-7967(94)E0011-7.

Teasdale J., Segal Z., Williams J., Ridgeway V., Soulsby J., Lau M. (2000) Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology* 68: 615–623. doi: 10.1037/0022-006X.68.4.615.

Wright, J. (2006). Cognitive behavior therapy: basic principles and recent advances. *Focus* 4, 173–178. Retrieved from <http://focus.psychiatryonline.org/data/Journals/FOCUS/2634/173.pdf>.