



PATIENT EDUCATION

# *What Is Cognitive Behavior Therapy (CBT)?*

**EDUCATION**  
learning EXCELLENCE  
**HEALTHY** CARING INTERACTION  
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BARBARA WOODWARD LIPS  
PATIENT EDUCATION CENTER



# What Is Cognitive Behavior Therapy (CBT)?

Cognitive behavior therapy is a specific type of therapy. It's based on the fact that your thoughts, feelings and actions have a powerful effect on each other.

## Imagine this example:

*You feel bad, or distressed. Your thoughts, feelings and actions are more down or negative. You think, "I don't know anyone here. No one will talk to me and no one likes me. I'm going to be alone all the time." Those thoughts make you decide to isolate yourself, causing you to feel more lonely and down.*



## Now imagine an example using CBT skills:

*You're new at this job and you aren't sure if anyone likes you. But you make an effort to use CBT coping skills: you do things — you take actions — that are positive. You start conversations, talk to people about their jobs, and go out with coworkers or friends. You also tend to think positive thoughts, such as, "It'll be fun to meet new people." All of these experiences leave you feeling connected with people. You're in a good mood.*



As you read above, the way your thoughts, feelings and actions work together can either:

- Cause your distress to continue — leading to the “distress cycle.” Or
- Help you feel better — using the “coping cycle.”

**Changing just one of these — your thoughts, feelings or actions — can move you from feeling distressed to coping with life's challenges.**

This is what CBT is all about. Read on to learn more.

# How CBT Could Help You

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Cognitive behavior therapy teaches skills to help you manage distress. These skills can be used anytime. When CBT skills are used regularly, they can help you improve your overall well-being.

Cognitive behavior therapy helps you:

- Identify situations, called triggers, that lead to distress for you.
- Recognize when you have negative thoughts.
- Challenge your negative, distressing thoughts and replace them with thoughts that help you cope.
- Learn and use skills that can help you shift a distress cycle to a coping cycle. Examples include mindfulness, relaxation and behavioral activation.
- Actively change your behavior to boost your confidence and help you feel better.



# Where Does Your “Distress” Come From?

You have gone through times when you have managed challenges, responsibilities and health issues quite well. And there have been, or are, other times when you struggle to cope.

The level of discomfort, or distress, you feel and how you manage life’s challenges depends on three key issues.

- **Biology.** You have many biological influences:
  - Your genetics, the genes you inherited from your biological parents.
  - Your personality.
  - Your general health, including any medical conditions you may have and your health habits, such the amount of sleep and exercise you get.
- **The situation, or environment, in which the triggers happen.**
  - Stressful situations that are predictable and controllable may be easier to manage.
  - Stressful moments that catch you by surprise and ones that you have little control over tend to be more stressful.
  - Other issues can also influence your reaction to stress, such as the amount of social support you have, whether you are involved in activities you like and whether you are in a stable living situation.
- **The coping skills you already have.** Over time, people learn many ways to cope with stress. For example, some people practice deep breathing or talk with a trusted friend. Other people avoid dealing with problems.

Some coping skills can be very helpful. They may even help prevent problems from happening again in the future. Other types of coping skills may seem to help in the moment — but they can become part of the problem later on.

All of these issues:

- Affect how at risk, or vulnerable, you are to your trigger(s).
- Influence how you respond when you feel distressed.
- Can affect how you bounce back from distress.

**You can learn how to modify, or manage, each of these issues.  
And you can learn how to cope with life better!**

# It All Begins with a Trigger

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A trigger is a situation that has created distress for you in the past. It could create distress for you again if it's not managed.

Some triggers:

- **Come from inside of you.** Examples include psychological issues, like worries, and physical issues, like back pain or an odd feeling in your chest.
- **Come from the outside.** Examples include arguing with a family member, work stress and financial problems.

**No matter where triggers come from,  
most people react quickly and automatically.**

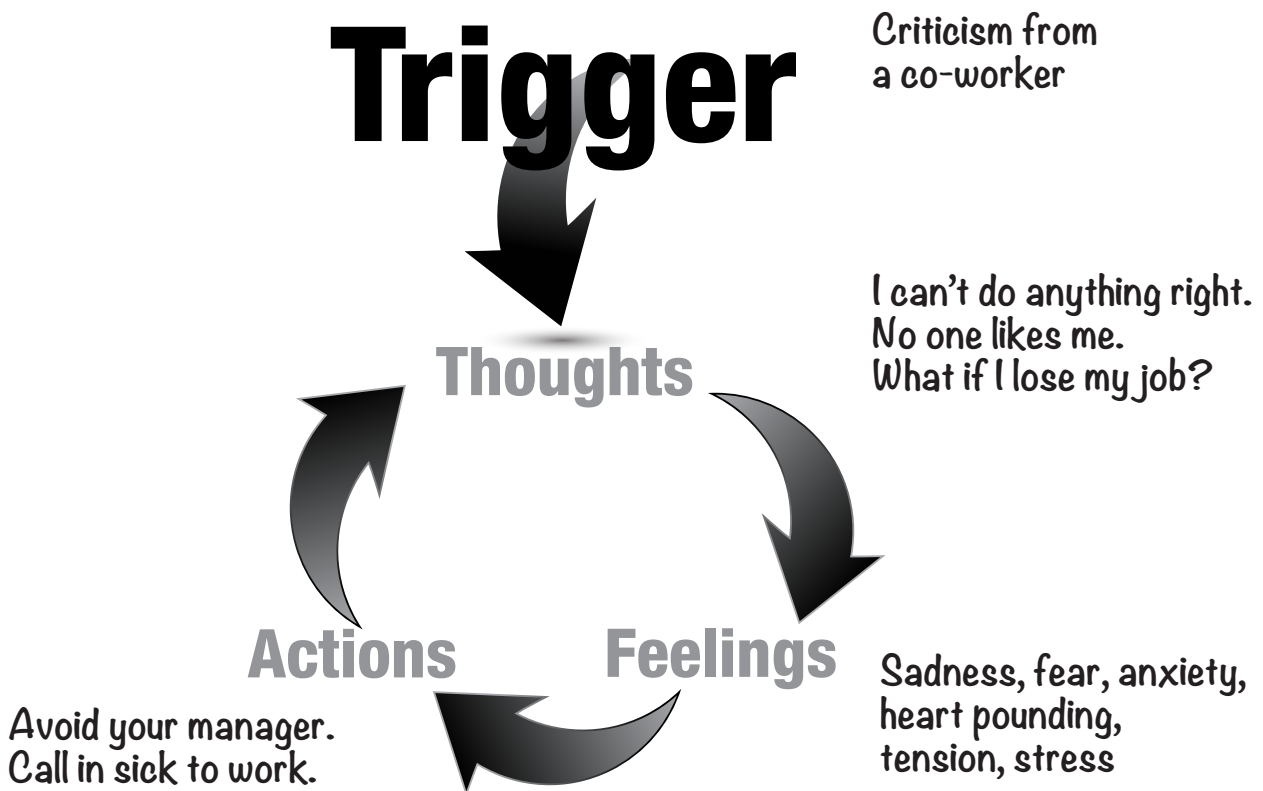
**For some people, their reaction to triggers sets off the “Distress Cycle.”** See “Example of the Distress Cycle” for an example of this cycle. It shows how thoughts, feelings and actions affect each other.

**People who have learned CBT skills can react differently.** You too can use the “Coping Cycle.”



# Example of the Distress Cycle

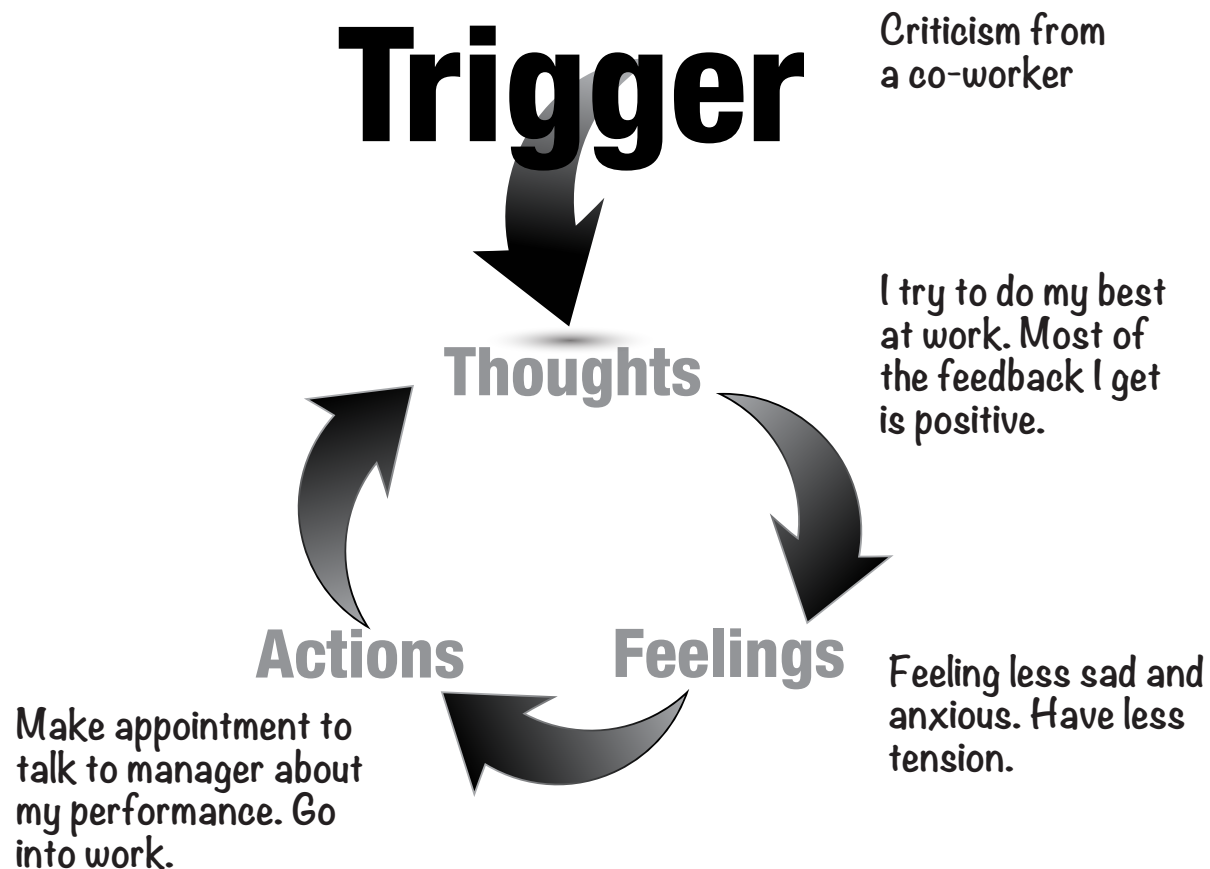
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**Outcome of the distress cycle:** I'm behind in my work. I'll never catch up. I'm going to get fired. Why bother going to work?

# Example of the Coping Cycle

When you have CBT skills, you have the power to change how you cope when a trigger happens. You do this by adjusting your thoughts, feelings and actions. Here is an example of the Coping Cycle triggered by the same situation.



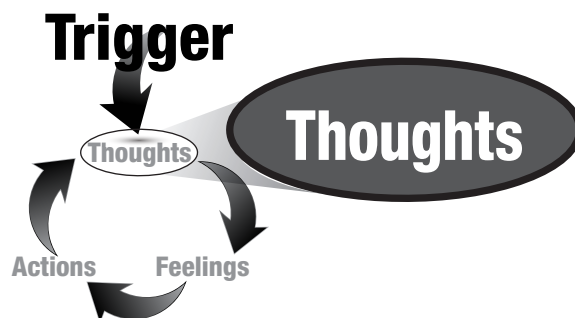
**Outcome of the coping cycle:** I'm keeping up with work. I'm more aware of positive feedback from others. I'm feeling more confident.

In the information that follows, each part of the Distress Cycle and the Coping Cycle is examined.



# The Distress Cycle: Thoughts

Some thoughts can lead to distress. They may be intense, untrue or only partially true. These thoughts are hard to control; you can't stop them easily.



Common types of thoughts that lead to distress are listed here.

- **Worries.** Worries are negative thoughts or assumptions about situations or events. Worry can help you work through problems. **But in many cases, worry leads you to spend time thinking about problems instead of solving them.**

Worry focuses on bad things that could happen. That makes it hard for you to identify specific steps you need to take to deal with the situations. **Worrying about one thing can easily lead you to worry about other things.**

- **Obsessions.** Obsessions are negative, upsetting thoughts or images that people think over and over. People often try to push these thoughts away. **When you fight obsessive thoughts, they tend to become stronger.**
- **Ruminations.** A rumination is a form of intense negative thinking. Ruminations usually dwell on the causes and consequences of problems in your life. **The longer you ruminate, the worse you tend to feel.**

## A common “worry” example

If you start to worry about losing your job, you may worry that you'll never find another job. And you may worry that you'll lose your home and your friends. Then you may worry that you'll be alone and miserable for the rest of your life.

# The Coping Cycle: Managing Your Thoughts

Learning how to manage your thoughts can have a positive effect on your feelings and your actions. There are two ways to learn how to manage worries, obsessions and ruminations:

- Focus on what you think — the messages, or content, of your thoughts.
- Focus on how you think.

## Focus on what you are thinking

Some thoughts you “start” yourself, like deciding what to eat for dinner. Other thoughts just happen; they’re automatic. For some people, automatic thoughts can be negative. If this happens to you, you may not even realize this is happening. Your negative thoughts may be a habit.

**People tend to believe their thoughts —  
unless someone or something challenges the thoughts.**

Whenever you realize that you’re having a negative thought, stop to ask yourself:

- Is this negative thought true? Do I have evidence to support that?
- Is there another way to look at the situation or trigger?

## *“Reframe” your negative thoughts*

Like putting a favorite picture into a new frame, reframing looks at a thought in a different way. For example, you could say, “I’m so tired of feeling sick; I’ll never get better!” But you can reframe that to be, “I’ve felt bad before; it gets better. There are things I can do to feel better faster.”

**When you practice reframing, you are training your brain to be more flexible when you think.** This is a good way to feel less distress. See the Appendix for examples of reframing.

### **Myths about reframing**

- Reframing does not mean that your distressing thoughts are completely false.
- Reframing is not a way to only “think happy thoughts.”
- Reframing does not require you to believe something different instead.

## Focus on how you think

When you are caught in the Distress Cycle, worries, disturbing thoughts and ruminations force you to focus inward, on the distressing thoughts.

But when you change **how** you think, you change the focus of your attention. This new way of thinking is called “being mindful,” or mindfulness.

### *Mindfulness*

When you are mindful, you don't fight with your thoughts. You learn how to **redirect** your attention, awareness and thoughts away from anything negative and back to the present moment.

Mindfulness is about focusing — with intention and purpose, without judgment — only on what is happening right now. It's about being present in the moment and accepting it as it is. You may choose to focus on your breathing or the sounds or smells around you. Or you may focus on the people you are spending time with right now. Whatever you focus on, you don't judge it as good or bad. It just is.

When you are mindful, you can change how you think, what you feel and what you choose to do in that moment. It takes practice to get into the habit of being mindful. And it's worth it because mindfulness is a great way to decrease your distress!

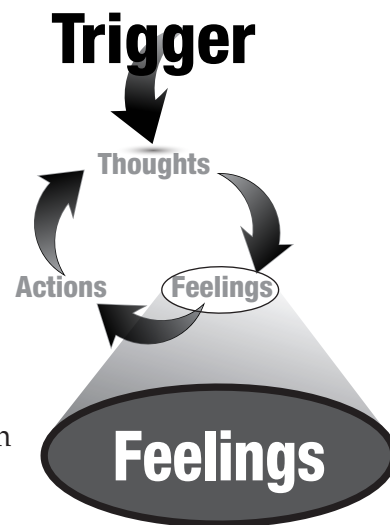


# The Distress Cycle: Feelings

“Feelings” refers to both emotional reactions and physical sensations. Each type of feeling can have a big impact on the other. Both types of feeling have direct effects on your thoughts and actions.

When you are caught up in the Distress Cycle, feelings can be very intense.

- **Emotional reactions** can include fear, anger, sadness, disgust, shame, embarrassment, and guilt. It is common to feel many of these emotions at the same time when you are distressed.
- **Some physical sensations** are your body’s responses to stress.
  - **Sometimes the body slows down.** For example, when you are sad you tend to feel more tired, slow and weak.
  - **Sometimes the body speeds up.** This is your body’s “fight or flight” response to threat. When you are anxious or angry, your heart starts pounding. You breathe in a shallow, fast way. Your muscles become tense and shaky. Your face becomes red, or flushed. And you sweat.



# The Coping Cycle: Managing Your Feelings

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Learning how to manage your feelings can have a positive effect on your thoughts and your actions. It begins with being aware of your feelings. Many of the skills used to manage feelings involve taking action and changing your thoughts.

You can learn many different skills to help you manage how you feel physically and emotionally. You can:

- **Practice stress management.** For example, take breaks and work on time management.
- **Use distress-tolerance skills.** To get through intense negative feelings, try to distract yourself, get help from other people, do activities that are comforting to you, and change your environment if possible, even for a short while.
- **Practice relaxation skills.** For example, try deep breathing, yoga, progressive muscle relaxation, and guided imagery.
- **Keep healthy habits.** Get good sleep, eat balanced, healthy meals and try to exercise daily.

Sometimes, it is best to focus on making a change in just one of these areas. Remind yourself to practice. Give yourself time to make these skills a regular part of your life.

**Research has shown that people who regularly practice these skills deal better with stress.**

# The Distress Cycle: Actions

When you are in the Distress Cycle, you take action to try to cope. Most people take actions that will help them feel “less bad.” But actions could add to a person’s problems too.

## Escaping, avoiding and withdrawing

Escaping, avoiding and withdrawing from situations are examples of pulling away.

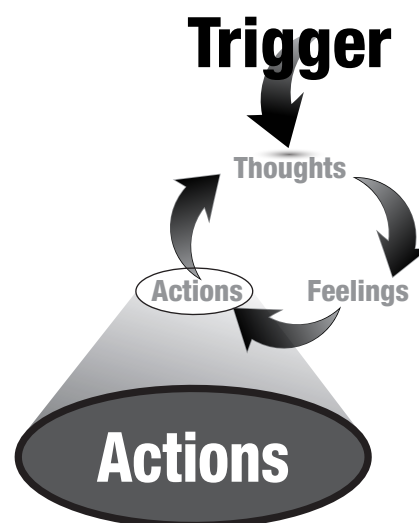
**Escaping** and **avoiding** seem to make sense when you feel distressed. But when you do either of those actions, you may spend your time worrying that something bad might happen. You may doubt whether you can go back into that situation again without feeling distress. The risk is that if you avoid certain situations for a while, over time you may begin to avoid even more situations.

Rumination may lead you to **withdraw** from other people. This could cause you to distance yourself from people who could be supportive and from activities that could be meaningful.

## Repeating certain actions

- **Some actions are done because they help you feel safe.** These are called compulsive behaviors. Examples include rechecking door locks and washing your hands many times.
- **Some actions are done to help you feel less distress.** Some people injure themselves by cutting or binge eating. And some people smoke or use alcohol or other drugs.

These behaviors can be hard to control. For some people, repeating behaviors may increase over time. This is true even though many people know that these behaviors are not healthy coping skills.



# The Coping Cycle: Managing Your Actions

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Learning how to manage your actions can have a positive effect on your thoughts and feelings. **To change your actions, take time — when you aren't in distress — to make a plan.**

Begin by thinking about your problems and how you usually react to them. As you begin to think about changing your actions:

1. Notice how your actions are related to how you feel and think.
2. Decide to become an active participant in your life. If you tend to avoid things that trigger distress for you, choose to stay involved and work on the issues.

## **Behavioral activation therapy**

Behavioral activation focuses on recognizing how your actions relate to how you think and feel.

Here's how to do it:

- Keep an hourly log of your activities and mood every day.
- Look for patterns between your mood and what you're doing at the time. For example, do you feel more depressed in the evening or when you are home alone? Do you feel better when you are at lunch with a friend?

Next steps: make a plan to help you get back into a better daily routine.

- Set small goals to change your actions.
- Make a list of activities that you find meaningful or things that you used to enjoy.
- Build those activities back into your schedule. For example, some people go to the gym or walk with a friend in the evening instead of sitting home alone.



## **If you tend to avoid things that make you uncomfortable**

Avoiding things or situations that cause you distress or anxiety can actually make your anxiety about those situations worse over time.

### *Exposure therapy*

Exposure therapy helps you make a plan to deal with situations or things that cause distress for you.

Here's how to do it:

- Start with the least-difficult situation. This is called a “low exposure” to your distress.
- While you are in that situation, use your coping skills to help you manage your distress.
- When you feel comfortable with that exposure, move into another situation that may be a bit more difficult. Use your coping skills to help you manage your distress.
- Repeat until you feel comfortable in most or all of the types of distressing situations you once avoided.

Over time, your success with these exposures helps you learn how to handle difficult triggers with less anxiety and more confidence. With practice, you can use your coping skills whenever a distressing situation or trigger happens.

### **New social skills**

These skills can help in many social situations.

- **Work on your assertiveness.** When you are assertive, you:
  - Keep good eye contact as you talk to people.
  - Clearly express your wants and needs (your boundaries).
- **Improve your communication skills.** When you feel more confident about your communication skills, you can feel more comfortable as you interact with people, especially people you may not know well.
  - Practice active listening — really listen to what other people say to you.
  - Use “I” statements to express your opinions and wishes.



# Final Thoughts: Getting the Most Out of CBT

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CBT is a very effective treatment. It is not a cure. However, learning these skills can help you better manage your distress and improve your well-being.

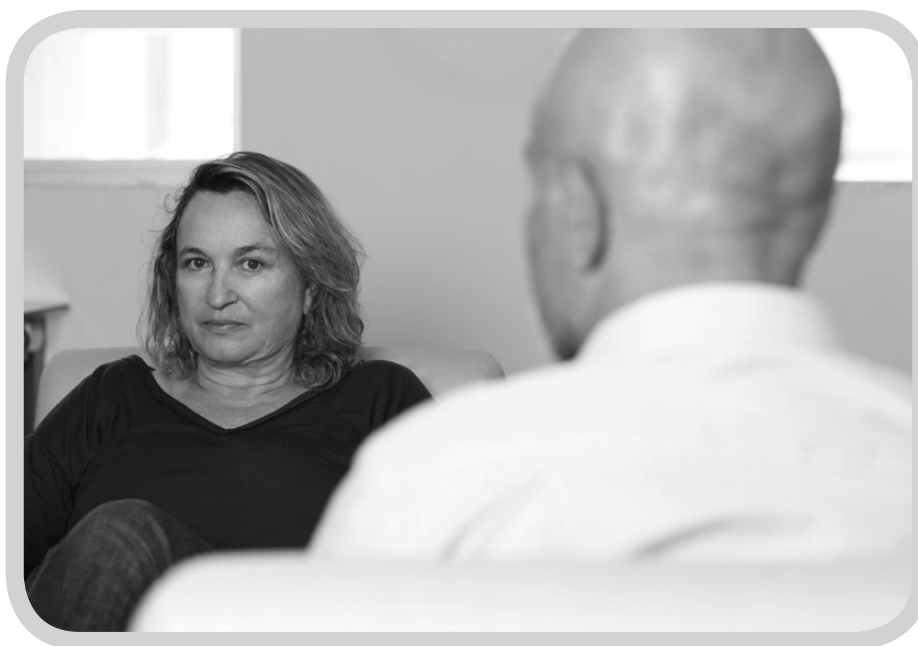
CBT takes time and work. Be patient with yourself as you give yourself time to learn and practice these skills. Stick with it, even when you may be frustrated or feel down.

**Learning CBT skills could feel a little like starting a new exercise plan. At first, you may be uncomfortable. But soon enough, you start to feel stronger!**

There are a lot of things you can learn to help manage your distress. Be open to new ideas as you work with your health care provider.

## What do you do in CBT therapy?

- **You spend time working with a therapist.** The sessions help you learn and practice new coping skills as you focus on current issues in your life.
- **You do homework in between sessions.** The homework is very important to your therapy. It helps you to strengthen and use your new coping skills. *Your homework is just as important as talking to your therapist.*



**Are you looking for a therapist skilled in CBT?**

- Check with your insurance company first. The company may have a list of providers who are covered by your plan. The insurance representative may also be able to tell you if any of the providers has a specialty in CBT.
- Your primary health care provider may know some CBT specialists in your community.
- You could call a potential therapist and ask, “Do you **specialize** in CBT?”

In addition, the following organizations have websites that may help you identify a CBT specialist in your community. Note: Your health care provider does not sponsor or endorse the following websites. Your health care provider cannot guarantee the accuracy of the information on the sites. Websites should not be used to diagnose or treat health conditions.

- Anxiety and Depression Association of America
- Association for Behavioral and Cognitive Therapies

**For more information**

If you have questions about CBT, contact your health care provider.

# Appendix: Common Automatic Thoughts & Ways to Reframe Them

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Below is a list of common thoughts people have when they are distressed. This list may help you identify your own automatic thoughts and learn how you can reframe them.

- **All-or-nothing thinking** — You see things as all good or all bad. For example: “If it’s not perfect, then it’s pointless to try at all.” Reframed: “It may not be perfect, but it might be good enough. I usually end up feeling worse when I don’t even try.”
- **Overgeneralizing** — You assume things will turn out a certain way because they did in the past. For example: “I relapsed after I stopped drinking five years ago, so I’ll never be able to stop drinking again.” Reframed: “I actually stopped drinking for 5 years. Even though I’m struggling now, maybe I can learn from this experience to help me be sober again.”
- **Disqualifying the positive** — You reject your achievements and other positive experiences by insisting that they do not count. For example: “He only gave me that compliment because he knows how bad I feel.” Reframed: “Maybe he was sincere with his compliment. I honestly don’t know if he could tell that I was feeling bad at all.”
- **Jumping to negative conclusions** — You reach a negative conclusion when there is little or no evidence to support it. For example: “He’s interrupted me twice. I must be really boring to listen to.” Reframed: “Just because he interrupted me, it doesn’t mean he thinks I’m boring. We interrupt each other once in a while. If I was really that boring, we probably wouldn’t be hanging out together as much.”
- **Catastrophizing** — You expect the worst to happen (a catastrophe) or you convince yourself that if something goes wrong, it will be unbearable. For example: “What if my headache is a sign of a tumor?” Reframed: “Sometimes a headache is just a headache. We don’t have a history of cancer in the family, and all of my recent medical check-ups have been good.”

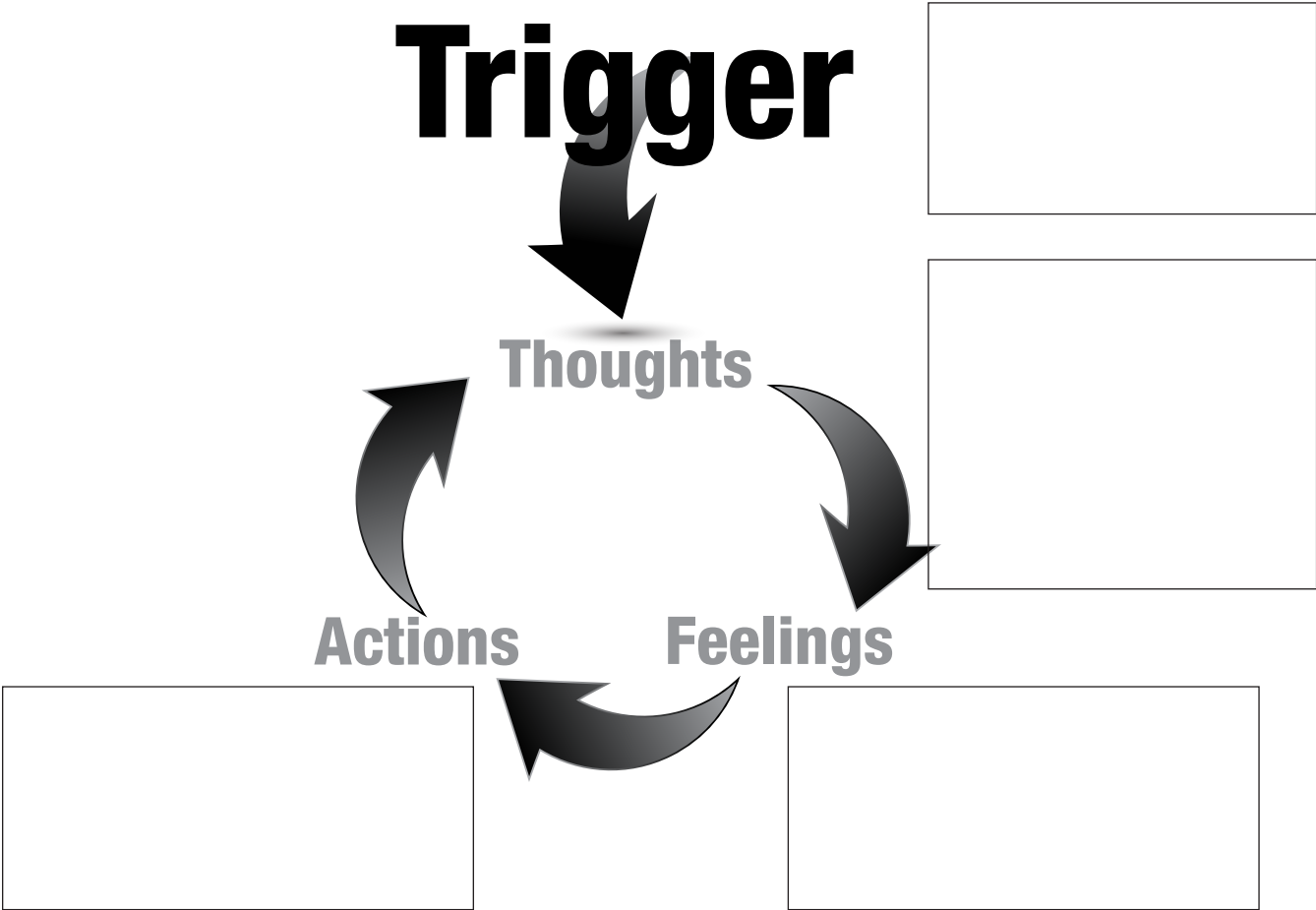
- **Mistaking feelings for facts** — You confuse facts with feelings or beliefs. For example: “I feel stupid, so I must be stupid.” Reframed: “I may be struggling to figure this out, but that doesn’t mean that I’m stupid. I don’t always feel this way.”
- **Personalizing** — You blame yourself for anything unpleasant and assume that you cause other people’s behavior. For example: “My spouse has come home in a bad mood. It must be due to something I did.” Reframed: “Sometimes he’s in a bad mood from work and just stressed. When I give him some space, he usually calms down.”
- **Self-put-downs** — You undervalue yourself and put yourself down. For example: “I don’t deserve anything better.” Reframed: “Nobody deserves to be treated this way. I have to watch out for times when I put myself down because it makes me feel worse.”
- **Should statements** — You have rules about the way you and others should, must or ought to act. For example: “People should always be on time.” Reframed: “It’s nice when people are on time, but it’s not the end of the world either. Sometimes I get behind schedule too. Maybe they have a good reason for being late.”



# Appendix: What's Your Distress Cycle?

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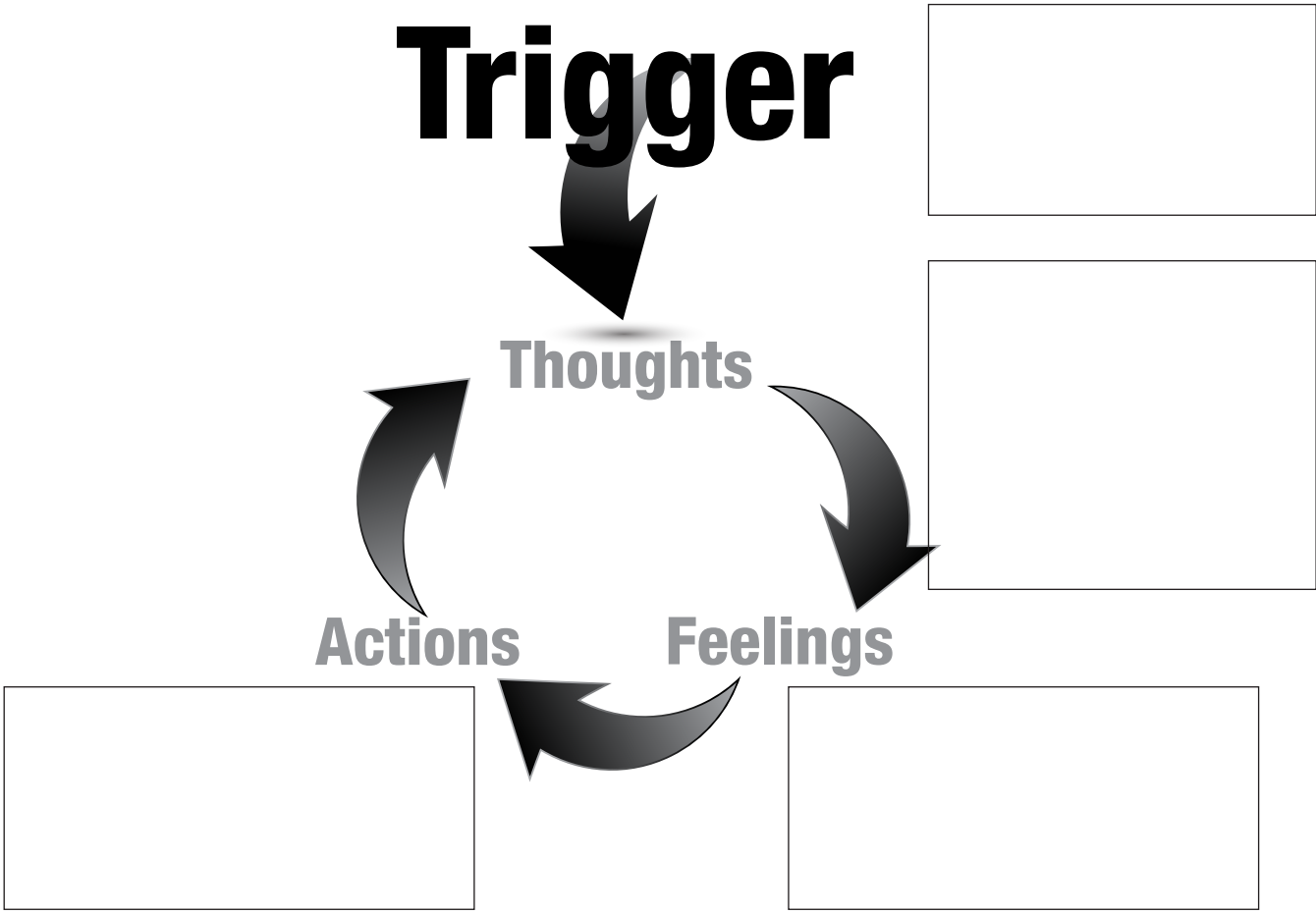
Use this page to fill-in a common trigger and show how it leads to distress for you.



# Appendix: What Could Your Coping Cycle Look Like?

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Use this page to show how you can better cope with your trigger.





### BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

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