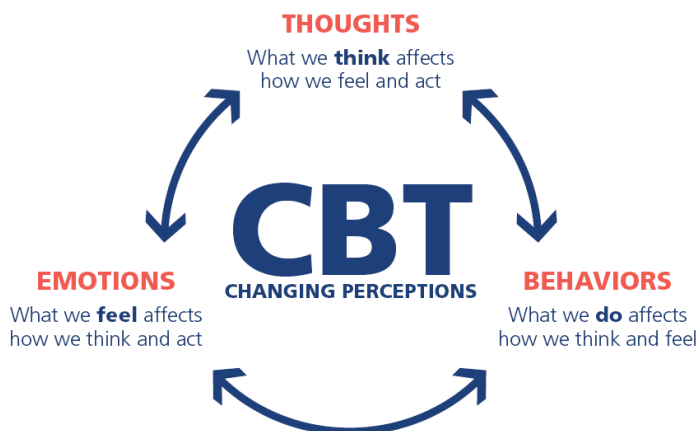# Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Computer-Assisted Therapy

Cognitive behavioural therapy (CBT)

It is a brief, short-term, problem-oriented approach that helps people focus on problems that come up in day-to-day life. CBT is an umbrella term that describes therapies that focus on thoughts and beliefs as the solution to emotional regulation. It is a talk therapy that works to modify thought patterns to bring about immediate understanding of the relationship between one's thoughts, behaviours, and feelings or emotions.

CBT is often used to treat issues of anxiety, depression, stress, substance abuse and eating disorders. It is typically used when people are in the planning and maintenance stages of change. CBT can be offered as individual or group therapies.

The following diagram depicts CBT models.

THOUGHTS
What we **think** affects how we feel and act

CBT
CHANGING PERCEPTIONS

EMOTIONS
What we **feel** affects how we think and act

BEHAVIORS
What we **do** affects how we think and feel

Dialectical behaviour therapy (DBT)

It is a cognitive-behavioural approach that emphasizes the psychosocial aspects of treatment.

The theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships.

Grohol (2018) describes how DBT theory suggests that some people's arousal levels in such situations:

- Can increase far more quickly than average
- Attain a higher level of emotional stimulation
- Take a significant amount of time to return to baseline arousal levels

DBT focuses on:

- The awareness of problems and choices
- Mood regulation techniques
- Coping skills

DBT is considered a useful treatment approach for people with some concurrent disorders, especially co-occurring bulimia nervosa and substance use disorder.

DBT is usually done in a closed group setting and often as day treatment. Generally, DBT has two components:

1. An individual weekly psychotherapy session focused on problem-solving behaviour for the person's issues from the past week.
2. A weekly group therapy session where people learn skills from different modules. These skills can include interpersonal effectiveness, distress tolerance and reality acceptance, emotion regulation, and mindfulness.

Both between and during sessions, the therapist:

- Actively teaches and reinforces adaptive behaviours
- Teaches patients how to manage emotional trauma, rather than reducing or taking them out of crises
- Maintains telephone contact with the patient between sessions

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Computer-assisted therapy (CAT)

It supports the use of technology for treatment and interventions. It includes a variety of technologies, including online counselling, self-help resources, peer support through social media and other technologies, wearable computing and monitoring through applications (apps), virtual reality, diary keeping, and text messaging. This emerging field is trending in all areas of health.

Promising research suggests that CAT is effective when used alongside individual therapies. For example:
- Skype or other linked technology can be used to connect the individual, family and counsellor.
- Mood tracking apps used daily can email a summary of a person's moods to their therapist each week before their session.
- A DBT skill toolbox app can be used daily for self-calming and emotional regulation strategies. Weekly reports are sent to the therapist or member of the care team.

One study found that "computer-based treatment, targeting both depression and substance abuse simultaneously, resulted in at least equivalent 12-month outcomes relative to in-person interventions with a therapist" (Kay-Lambkin, Baker, Lewin & Carr 2009).

Suggested exercise (CAT)

For this exercise, the facilitator will provide participants with a list of apps from the Addiction and Mental Health Mobile Application Directory. This resource is available online at https://www.albertahealthservices.ca/assets/info/res/mhr/if-res-mhr-kt-mobile-app-directory.pdf.

The directory lists apps for different mobile platforms and diagnoses, which may be used as therapeutic aids for people with co-occurring issues.

Consider trialling an app with a person you are working with. This person must have a smartphone and be able to download and use an app.

1. Review the list of apps available.
2. Select an app or a few apps that would suit the purpose of your work and the people you are working with.
3. Introduce a suitable app to the person you are working with.
4. Request that the person use the app daily or weekly as appropriate to reflect on a certain aspect of their recovery.
5. Use the app data to check in on the person's progress.
6. Review the findings with the person at an in-person session.

Questions

1. What insights did you gain from the apps' daily/weekly input or data?
2. How did this insight contribute to your in-person visit or session with the person using the app?
3. Ask the person about the therapeutic benefits of the app in terms of achieving outcomes or goals, or improving mood or understanding.

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