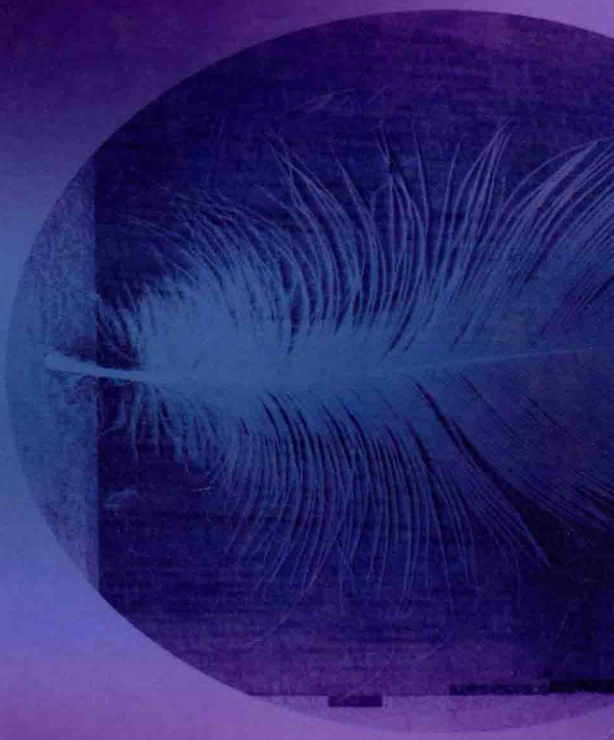

CBT for Chronic Illness and Palliative Care

A Workbook and Toolkit

Nigel Sage, Michelle Sowden, Elizabeth Chorlton and Andrea Edeleanu

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CBT for Chronic Illness and Palliative Care

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We would also like to acknowledge the enormous influence on the content and structure of this book of Drs Stirling Moorey and Kathryn Mannix. Stirling has done so much to establish the role of Cognitive Behaviour Therapy (CBT) in the fields of oncology and palliative care that it is rapidly becoming a service requirement and many health professionals are now seeking some training. For us, his work at St Christopher's Hospice has been especially important because, along with the training project in Newcastle led by Kathryn Mannix, it has shown that staff with no background in mental health work can acquire and use cognitive behavioural skills. This has provided the inspiration for our own training programme and ultimately this book. Kathryn has also offered us encouragement and practical guidance with our training project for which we are very appreciative.

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Introduction

CBT in Chronic Illness and Palliative Care: A Workbook and Toolkit is divided into three parts and is intended to give the reader grounding in the principles and techniques of Cognitive Behavioural Therapy (CBT). Ideally, it should be used in junction with a taught course on the use of CBT with people who have life-changing illness or are terminally ill. The course will offer the opportunity to discuss working with these patients and the people close to them. It will give the student the chance to practice the skills they are learning through role-plays and small group exercises; and it will provide time for going back over material that has been difficult to understand or has been misunderstood.

However, such courses are rare, so the book has been written with the expectation that many readers will be learning these skills without the benefit of a supportive course. With this in mind, there are a number of exercises included that have been adapted from the courses we have run and we would ask you to follow these through very carefully if you intend to apply CBT skills in your clinical practice.

Part 1: The Workbook examines important issues and themes that need to be understood and considered by clinical practitioners as well as the basic principles of the cognitive behavioural approach. These range from wider aspects of behaviour change through to the specifics of assessing psychological needs. This material, together with key reference books and supplemented by the exercises at the end of each chapter represent the knowledge base for these core skills when applied to people with life-changing illness.

In **Part 2: The Issues** some psychological problems, obstacles and needs are referred to as "Problems". Relevant techniques and sample tactics are identified, providing an idea of how these CBT methods are applied in practice with each problem. Issues about implementing these procedures are covered in "Notes". Although not written in chapter format, close familiarity with the contents of this part of the book is extremely important.

Inevitably the selection of sample problems is far from comprehensive but the range is sufficiently wide to illustrate the scope of CBT usage. Consequently, when considering applying CBT methods, this part of the book should be consulted first. The intention is to give enough material for you to be able to:

- assess the problem or need
- indicate the typical cognitive-behavioural approach to coping
- where relevant include educational material that can be copied and passed to patients, carers or others
- assess improvement and need reduction.

Part 3: The Toolkit provides information on CBT methods in practice that may be of practical assistance when you are seeking to offer some help. There are plenty of different ideas for managing challenging psychological situations in the CBT literature and so, like the list of problems and needs, the suggestions for methods of helping included in this book could not claim to be exhaustive.

Part 3 is divided into three sections.

A fuller description of how to implement each CBT technique is provided in **Section 1: Techniques.**

Section 2: Information sheets includes further detailed guidance and information sheets which may be copied and used to assist in the CBT.

Section 3: Record forms provides methods for recording events, thoughts and plans in conjunction with the CBT techniques. These forms may also be photocopied.

A4 versions of all information sheets and record forms can be downloaded from the website free of charge and without copyright restrictions by owners of this book, for their own clinical use only.

PowerPoint slides for personal training are also available to view at the website.

Contents

Part II: The Issues: Some Psychological Problems

Section 3: Record Forms

PART I

The Workbook: The Cognitive Behavioural Approach

Chapter 1

What is the Cognitive Behavioural Approach?

Cognitive Behaviour Therapy (CBT) has been described by the pioneer of this therapy as:

> An active, directive, time-limited, structured approach.
>
> (Beck et al., 1979)

The therapy works by helping patients to:

> Recognise patterns of distorted thinking and dysfunctional behaviour. Systematic discussion and carefully structured behavioural assignments are then used to help patients evaluate and modify both their distorted thoughts and their dysfunctional behaviours.
>
> (Hawton et al., 1989)

With the cognitive behavioural approach there is recognition of the way in which all our responses are part of a complicated interplay of actions and reactions. In physics we accept the general law that every action produces a reaction. What is not always so well appreciated is that this applies in psychology too.

We are generally aware that our actions have effects on those around us as theirs do on us. The simple act of smiling at someone when they look at you will produce a reaction in that person. Perhaps they will smile back, treating it as a simple greeting; alternatively, they may interpret it as an invitation to come over and chat; under other circumstances their reaction may be one of anxiety or hostility, if they think you are laughing at them. What ever it is your action will produce a reaction, and that reaction, in turn will have an effect on you. Even a "non-reaction" (such as no glimmer of acknowledgement that you smiled) will carry *meaning* and provoke a specific reaction in you.

So our social environment affects our behaviour and our behaviour affects our social environment. To a greater or lesser extent the same is true for our physical and economic environments. We can influence (if not control) our comfort, wellbeing, affluence and future prospects. Our comfort, wellbeing, affluence and future prospects similarly can and do influence how we think, feel and behave.

From the cognitive behavioural perspective, however, it is the loops of cause and effect *within* ourselves that are of special interest. When I put my hand too close to the fire, the outside world (*external* environment) of intense heat sends signals of pain to my body's sensory receptors. From that point forward there are a series of reactions and interactions relating to my *internal* environment. The physical sensation of painful heat triggers emotional responses of intense dislike and thoughts of dangers to be avoided. But the most important and immediate reaction is a behavioural response of withdrawing my hand from