

# Archways

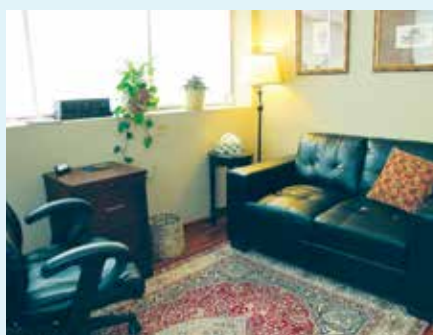
Centre for CBT

## COGNITIVE and BEHAVIOURAL THERAPIES



*Archways is a private, fee for service psychological clinic that offers cognitive and behavioural therapies for mood and anxiety disorders.*

*We offer evidence-based therapy for adults, children and adolescents.*



### Common Myths About Cognitive Behaviour Therapy (CBT)

by Joanna McBride, M.A., C.Psych.

Research over the past 30 years has shown that Cognitive Behavior Therapy (CBT) is effective for a whole range of psychological conditions, such as depression, anxiety disorders, eating disorders, substance abuse and even (in conjunction with medication) for schizophrenia and bipolar disorder. It's also shown to be effective for many medical conditions, such as insomnia, obesity and chronic pain, and psychological difficulties such as social interactions, school and work problems. Despite its undeniable efficacy, CBT can be misunderstood as an overly simplistic approach that does not get to the root of problems. Here are some common myths about CBT, along with my attempts to dispel them.

#### MYTH #1 CBT is just about positive thinking

Frequently I hear new patients remark: "I just want to think positively". At the end of each assessment appointment I provide an overview of CBT. I make sure to emphasize the idea that one of its goals is shifting negative thinking to "realistic" thinking. Patients learn to analyze their perceptions, to weigh them up, and to consider more realistic interpretations. Positive thinking is not always realistic, and is not an effective substitution for negative thinking.

#### MYTH #2 CBT only deals with symptoms and does not get to the root cause of the problem

It is true that psychologists using CBT do not tend to focus much discussion on past events (unless processing a trauma). Studying the past can help patients identify how they formed the beliefs that affect their current behaviours. One of the advantages of CBT is that it is not necessary to understand the cause of the problems in order to help the client move beyond them. We only need to understand the factors maintaining the problems. These factors

include negative automatic thoughts leading to faulty belief systems. I tend to find my patients react with relief when told that we will not be focusing much on past events and relationships.

#### MYTH #3 CBT is too rigid and formulaic

As you probably know, there is a wealth of research on CBT. Studying treatment efficacy involves having strict treatment protocols whereby each study subject/patient receives the same treatment as the next. In practice, CBT uses general strategies from these protocols, but the treatment plans for each individual are unique. Each treatment plan follows a careful case formulation of the problem. CBT is a great example of science combined with artistry. Psychologists using CBT need to know what interventions to use, how and when to use them, while at the same time developing rapport (see next myth).

#### MYTH #4 The therapeutic relationship is not important in CBT

Therapeutic rapport is essential for any effective therapy. Developing a trusting, non-judgmental, respectful therapeutic relationship is fundamental. By nature, CBT is highly collaborative. Making joint decisions on how best to spend the therapy hour and on homework planning enhances the therapeutic alliance, and provides a foundation for patients to begin learning how to become their own therapists.

In conclusion, effective CBT is a formulation-based approach that focusses on the unique individual, the therapeutic relationship, and on identifying and shifting negative thinking patterns that are contributing to current problematic moods and behaviours. It is highly collaborative, strategy-based, and seeks immediate and lasting changes.



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Cognitive Behavioural Therapy (CBT) is widely recommended as a first-line treatment for a wide variety of emotional problems, including depression and anxiety. Here is an overview of what we offer at Archways.

### Who do we see?

- Individuals 5 - 65 years of age

### What do we treat?

#### Anxiety problems

- Panic attacks
- Social anxiety
- Obsessive compulsive disorder
- Generalized anxiety and worry
- Posttraumatic stress
- Phobias
- Health anxiety
- Separation anxiety
- School refusal

#### Mood issues

- Depression
- Mood swings

#### Other problems

- Insomnia
- Hoarding
- Trichotillomania (hair pulling)
- Skin picking
- Tic disorders (e.g. Tourette's Syndrome)
- Body dysmorphic disorder

#### Other Services

- Parenting strategies for child behaviour problems
- Mindfulness training

### Services we do not currently provide:

- Couples/marital/family counselling
- Alcohol, addictions, substance abuse treatment
- Neuropsychological testing
- Psychoeducational testing
- Counselling for seniors (65+)
- Treatment for eating disorders

### Online CBT resources for professionals:

**MoodGYM** is a free, interactive self-help program that provides CBT training in order to help users prevent and cope with depression. [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

**AnxietyBC** provides information on CBT, and YouTube videos showcasing real life stories of individuals who have benefited from CBT.

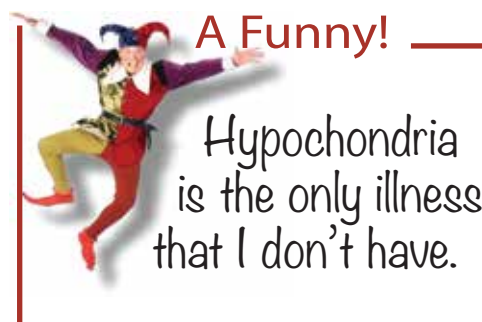
[www.anxietybc.com/cbt-home](http://www.anxietybc.com/cbt-home)

**Psychology Tools** provides free printer-friendly CBT worksheets, information, and further readings on CBT.

[www.psychology.tools/cbt.html](http://www.psychology.tools/cbt.html)

### Did You Know?

*Psychological services  
are considered a  
medical health expense  
for income tax purposes.*



### Self or physician referrals:

Tel. 519.472.6612

Fax. 519.472.3489

[info@archways.ca](mailto:info@archways.ca)

If you would prefer an electronic version of this newsletter please email us at [info@archways.ca](mailto:info@archways.ca)

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