**Coming to counselling.**

Information for CBT clients The National Institute for Clinical Excellence (N.I.C.E) recommends Cognitive Behavioural Therapy (CBT) as a treatment for Anxiety, Stress, Depression, Obsessive Compulsive Disorder, Phobias, Acute Stress and Post Traumatic Stress Disorder.

CBT is based on the five factors model. The environment in which you live including all the circumstances of your life. Within this environment are your thoughts, Feelings, Behaviour, and Physiology. All of the factors are linked and by changing one part the other parts change too.

A person may feel anxious and **think** that no one likes them and that I am hopeless, then the person will **feel** Lonely, down and sad, this in turn leads to the person staying home and overeating or drinking **Behaviour** the person may then feel tired and sleep a lot, or find it difficult to sleep and experience a churning stomach and racing heartbeat Physiology.

When people come for counselling they are generally feeling overwhelmed or confused about some aspect of their live and seek help to rid themselves of unpleasant feelings and thoughts. It is helpful then to examine the thoughts and behaviours that they are finding difficult to change.

CBT is a time limited treatment approach and in sessions we concentrate on the Here and Now. It can be useful to have some background information about your past as it relates to how you feel now.

**What happens in a CBT session?**

The sessions will include the following

Introduction and working contract.

Risk assessment.

Other assessment tools i.e. CORE Depression, Anxiety inventory.

Clients view of the current problem.

Clients problem in CBT Model.

Information on appropriate reading material and videos, websites etc.

Homework sessions to get more information.

**What experience does my therapist have?**

I am a qualified Cognitive Behavioural Therapist; my professional body is COSCA and I am supervised regularly. In line with professional codes of practice I hold a PVG disclosure certificate and am insured to work in private practice.

My background is in addictions and mental health and I have over 15 years’ experience of counselling, group work and training. My key interest is Compassion Focussed therapy and I also integrate other methods into my work with clients, including a person-centred approach.

 **Session one** is focussed on gathering information and background including personal details and health we would carry out a risk assessment and sign a contract.

Further sessions will aim to clarify the problem, carry out measurements and beginning to implement a strategy to address the presenting problems. CBT is a collaborative approach with bot the client’s and counsellor working together, this entails agreeing on home work and goals. The counsellor does not provide a plan but by working together we design an approach which will help resolve the presenting problem(s)

**Suitability for CBT**

CBT is not suitable for people who are intoxicated or unable to engage with counselling on a deeper emotional level. Some personality disorders and people with severe and enduring mental health issues are unsuitable and may require more that standard CBT.

**Will my GP be contacted?**

Your GP will not be contacted unless he/she requires some information on your therapy. In this case the client will inform the GP about the treatment being received. If a letter is required to provide information to your GP then this is written with the client.

**Confidentially**

Confidentiallyis of great importance to the process of counselling and to protect and assure the client that any information is kept secure. The policy on Data Protection will be explained to you at the first session. If your therapist thinks that you pose a risk to yourself or someone else or you are about to commit a crime then disclosure to a third part would be discussed.