

1. What is the Cognitive Behavior Therapy Programme?

Cognitive Behavior Therapy is a specialist psychological treatment for people who experience difficulties with their emotional health. The CBT model focuses on the role of our thinking and behavior in maintaining our emotional health. It is the psychotherapy with the best empirical evidence base for the treatment of mood disorders (bipolar disorder, depression, anxiety). The aim of the therapy is to alleviate acute episodes of depression, hypomania and anxiety states and also to prevent the occurrence of new mood episodes.

2. What does it offer?

- Clinical and psychological evaluation; formulation of psychosocial history
- Psycho-education on mood disorders
- Training on the CBT model of mood disorders
- Training on effective mood and symptom monitoring methods
- Development of coping skills that help to manage early warning signs of relapse
- Development of coping skills that help to manage negative and stressful events, anxiety states, sleep difficulties, and social and work routines
- Treatment of dysfunctional thoughts, attitudes, core-beliefs, and other behaviors that trigger and maintain emotional disorders
- Treatment of depression, hypomania, anxiety and prevention of new episodes (depression, mania, psychosis)

- Improvement of social and work functioning and emotional well-being.

CBT therapy provides an opportunity to people with bipolar disorder and depression to achieve stability in their life and to improve their functioning by acquiring effective coping skills. It has a solid evidence base provided by many treatment trials conducted at specialist academic centers across the world (two of the most notable trials have been conducted at the Institute of Psychiatry, King's College London by Prof. Dominic Lam studies and Harvard university in the STEP-BD trial)

3. What it cannot do?

Patients who are not willing or able to consent to this treatment and carry out the required homework cannot benefit by CBT therapy. In most circumstances patients also need to be on medication. Patients who are currently manic cannot participate in or benefit by CBT therapy.

4. How it works?

You first need to book an initial consultation with a BipolarLab mental health professional. In the meeting you will be given information about the programme, its objectives and rules of operation. Then we will discuss your current problems and circumstances and review your mental health history. You will be asked to complete one brief questionnaire that will have questions about your mood and personality. In order to start it is important that you are not in a current crisis (especially in a manic episode) but of course you may have some symptoms. The meetings take place over the internet or on the phone once a week at a fixed pre-scheduled time and last for one hour (60 minutes).

The programme that offers both cognitive and behavioral therapy lasts for approximately 30 weeks/sessions. A shorter programme that offers only behavioral therapy for depression lasts only 12 weeks/sessions (Behavior Activation Therapy). And finally the CBT programme that focuses only on your early warning signs and your relapse prevention plan lasts for 4 weeks/sessions.

5. Who conducts the CBT therapy?

[Dr Yannī Malliaris](#) is the primary CBT therapist. Yannī has studied and worked with leading clinical psychologists in the field of CBT therapy of mood disorders. Two of the most important were Professor Dominic Lam at the Institute of Psychiatry, King's College London (the father of CBT therapy for Bipolar disorder) and Professor Ivar Lovaas at UCLA (the father of Behavior therapy for autism). Other important clinical psychologists that he has studied with who have also influenced his work include Professor Kevin Power (Stirling university), Professor Constance Hammen (UCLA), and Professor Chris Brewin (UCL).

6. How do you know it works?



We know it works because all our services are based on well funded data-driven research that has demonstrated the effectiveness of each intervention. This research has also been published in peer-reviewed journals, which means that the quality of the work has been under strict scientific evaluation. We use the same protocols, measures and procedures that have been used in important clinical trials. We always aim to achieve the same or even better results.

Selected representative studies

Lam DH, Watkins ER, Hayward P, Bright J, Wright K, Kerr N, Parr-Davis G, Sham P.
[A randomized controlled study of cognitive therapy for relapse prevention for bipolar affective disorder: outcome of the first year.](#) Arch Gen Psychiatry. 2003 Feb;60(2):145-52.

Lam DH, McCrone P, Wright K, Kerr N.

[Cost-effectiveness of relapse-prevention cognitive therapy for bipolar disorder: 30-month study.](#)

Br J Psychiatry. 2005 Jun;186:500-6.

Miklowitz DJ, Otto MW, Frank E, Reilly-Harrington NA, Kogan JN, Sachs GS, Thase ME, Calabrese JR, Marangell LB, Ostacher MJ, Patel J, Thomas MR, Araga M, Gonzalez JM, Wisniewski SR.

[Intensive psychosocial intervention enhances functioning in patients with bipolar depression: results from a 9-month randomized controlled trial](#) . Am J Psychiatry. 2007

Sep;164(9):1340-7.

Hopko DR, Lejuez CW, Ruggiero KJ, Eifert GH.

[Contemporary behavioral activation treatments for depression: procedures, principles, and progress.](#) Clin Psychol Rev. 2003 Oct;23(5):699-717.

[Get started here!](#)