

CBT

Cognitive "constant" behavioural therapy, and why the reps are the point.

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A note before you begin. This guide describes techniques you can practise on your own, and includes a section on how medication and therapy work together. Nothing here is advice about your prescriptions. If you're taking something, any change to it belongs with the person who prescribed it, not with a PDF.

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What Is CBT?

Cognitive behavioural therapy is one of the most researched and widely used therapies in the world. It is also one of the core therapeutic models in the larger recovery process. CBT is recommended for anxiety, depression, trauma, and addiction because it gives people something most of us were never taught: a structured way to slow the loop down, examine what is driving it, and choose a response before the old wiring chooses for us.

Please take that seriously. This is not optimistic sales copy. For years I dismissed anything that sounded like "change your thinking, change your life" because I was convinced the only real solution for whatever was wrong with my brain had to arrive in pill form, preferably fast-acting and ideally covered by insurance. The idea that writing thoughts down in a structured way could help repair patterns built over two decades sounded, at best, adorable. I was spectacularly wrong.

CBT grew out of the work of Aaron Beck and Albert Ellis in the 1960s and 70s. At the time, many treatments were either years of psychoanalysis or behavioural approaches that paid little attention to what was happening inside the mind. Beck and Ellis put the spotlight on the quick, automatic stories we tell ourselves, the ones that fire before we have even registered the situation. Those stories shape emotion, behaviour, relapse risk, shame, avoidance, and the entire atmosphere of a person's inner life.

At its core, CBT runs on a single loop: situation, then thought, then emotion, then behaviour, and back into thought again. These pieces pull on each other constantly, and not always in the order you expect. The loop is not perfectly linear: sometimes the thought arrives first, and sometimes you are already three behaviours deep before you even notice what triggered the reaction. The entry point matters less than getting an entry point at all.

CBT works because you can break in anywhere. Pull one thread and the whole pattern starts to move.

Do that enough times and the new response stops feeling like work. It starts becoming the default. That is not a motivational slogan. That is neuroplasticity in plain clothes.

Why I Call It "Constant Behavioural Therapy"

I call CBT constant behavioural therapy not as a criticism, but because that is what it felt like in the beginning. My thoughts were not background noise. They were a rapid-fire command centre, issuing orders to my behaviour before I had any chance to weigh in on the decision. If I wanted a different life, I had to get in there constantly, deliberately, and honestly. Not gently enough to keep the old story comfortable. Honestly enough to make it answer for itself.

A notepad and pen became my most important tools. In treatment, every time a negative thought surfaced, I wrote it down. If I had the bandwidth to work through it in the moment, I did. But often the thought arrived wrapped inside so much emotion that reflection was impossible, like trying to read a map while someone was holding it over a flame. In those moments, I stopped trying to solve it live. I captured the facts: who was there, what happened, what I felt. Then I came back later, once my nervous system had stood down.

The pattern that emerged was almost insulting in its consistency. What felt impossible to process mid-storm was usually straightforward once I was regulated. Not easy, but workable. Then the storms started arriving less often. Then less intensely. Then with a little more warning before they hit.

That is the part nobody tells you going in: CBT is not a skill we are born with. It is a capacity you strengthen over time. In my case, that meant dismantling decades of automatic thinking one thought at a time, with no dramatic proof it was working until one day it clearly was. You do not finish it. You do not get a certificate. You practise it over and over until your brain starts doing the work before you have to force it.

The Science, and the Surprise

What finally got me to take CBT seriously was the evidence. Not a therapist's recommendation. Not a workbook. Not someone in a meeting telling me it changed their life. The data. Study after study placed CBT alongside medication for depression and anxiety, and in many cases showed that the gains lasted longer after treatment ended because the skill stayed with the person.

I started skeptical, convinced that thinking differently was repackaged wishful thinking for people who had not suffered enough to know better. Then I sat with the mechanism long enough and it clicked: of course it works. My own thought patterns, unchecked and automatic, were running on infrastructure built during the worst years of my life. They had constructed the reality I was trapped in. Retraining them was not optimism. It was engineering.

My real aha moment, or maybe just duh moment, came when I understood what CBT actually is. In four words: thinking about your thinking. That sounds almost insultingly simple until you realize how little conscious oversight most thinking actually gets. My emotions ran the show. I ran after them. It was fast, automatic, and effortless, with consequences that were anything but. So when it finally landed that the solution was the opposite of everything I had been doing (slowing down, intercepting, questioning, paying attention before acting) it was not abstract or complicated. It was just the one thing I had never really tried: using my brain on purpose.

Nerd alert: metacognition. In clinical circles, this is called metacognition: thinking about thinking. It is the mechanical process of moving activity out of autopilot and back toward the prefrontal cortex. When you practise these reps, you are not staying positive. You are performing a manual override on your neural circuitry. You are moving from passenger to systems administrator.

And when it starts working, when you actually experience it for yourself, it is disorienting in the best possible way. After decades of a thought stream that flowed reliably toward disaster, I started noticing different thoughts surfacing on their own. Unprompted. Uninvited. "You could do that." I caught myself daydreaming, not about everything collapsing, which had been the default playlist, but about a future I could actually picture myself in.

Evidence snapshot. Decades of research support CBT across depression and many anxiety disorders, with specialized CBT approaches also used for PTSD and substance use disorders. Effectiveness varies by condition, protocol, severity, and comparison treatment. CBT can perform as well as medication for some presentations, and its learned skills may help protect gains after treatment ends. Generic CBT is not a substitute for every trauma-focused or addiction-specific treatment.

TF-CBT: The Two-Track System

Trauma-Focused CBT, usually called TF-CBT, is a structured treatment developed for children and adolescents and typically includes a caregiver. Adults are more often offered distinct trauma-focused cognitive-behavioural treatments such as Cognitive Processing Therapy or Prolonged Exposure. They belong to the same broad family, but they are not interchangeable labels. What they share is the refusal to choose between coping and processing: build enough stability to stay present, then work directly with what the trauma taught you.

Track 1 — capacity building. Before touching a trauma memory, you build the hardware to handle it: grounding, emotional regulation, and identifying the distorted beliefs the trauma installed.

Track 2 — the narrative. Once the foundation is stable, you methodically process the memories themselves. Not venting. Auditing. The goal is to stop the past from hijacking your present-day nervous system.

That combination matters. Trauma work needs enough preparation and support to keep the person engaged, but there is no universal rule that all skills must be mastered before trauma-focused treatment begins. Pure coping-skills work can become a holding pattern if the trauma is never addressed. Trauma-focused CBT and CPT combine structured skills with direct work on trauma-related meanings and avoidance.

Using Emotions as the Entry Point

For a long time I felt completely hopeless trying to catch my thinking before it sent me somewhere I didn't want to go. The whole system felt sealed. I called them switch moments. One second I was fine. The next it was like someone had flipped a circuit breaker and I was already three blocks from the liquor store wondering how I got there. By the time I registered what was happening, I was already past the point where anything I knew about thought-challenging was going to help. How do you interrupt a thought you don't know you're having?

What finally gave me an opening was realizing the vulnerable point in the system wasn't my thoughts. It was my body. Emotions left physical evidence my nervous system could not fake its way out of, like a poker player whose tell is written all over their face before the cards even hit the table. Tight chest. Stomach dropping through the floor. Heat crawling up the back of the neck. Jaw locking down without being asked to. My body had been signalling those switch moments for years before I knew to look. I just never learned the language.

The breakthrough wasn't catching the thought. It was noticing the mismatch. If my emotional reaction was running at a 9 and the actual event that triggered it was maybe a 2, that gap alone exposed the distortion without me needing to identify a single cognitive pattern. Just naming the discrepancy was often enough to dissolve the grip, because once I could see it clearly, the intensity no longer made sense. My body became the early warning system my brain had been too fast and too automatic to provide.

A Body-First Tool for Catching the Loop

Notice the emotion in your body first. Start with what you can actually catch. For me it was the fight-or-flight surge: chest tightening, heart rate spiking, a sudden restlessness with nowhere to go. Yours might be a stomach drop, a jaw that locks, shoulders that climb toward your ears, or heat that crawls up the back of your neck. The signals are yours and they're specific. Learn them like you would learn a language, because that is exactly what they are.

Ask: what just happened? Run a quick scan. Sometimes the trigger is obvious. Sometimes it is subtle: a tone of voice, a smell that belongs to a different decade, a reminder you didn't consciously register. And sometimes there's nothing identifiable at all. That's fine. The point is not to solve it immediately. It is to slow down enough to look.

Test the thought. Hold it up and examine it. What's the evidence for it? What's the evidence against? If your emotional reaction is running at a 9 and the actual situation is a 2, that mismatch is the distortion announcing itself. You do not need to identify the cognitive pattern. You just need to notice the math does not add up.

Test the mismatch. Ask directly: does this level of reaction make sense for what actually just happened? For me, the answer was no about 99% of the time. When I couldn't find a cause, I coached myself: I'm okay. I'm safe right now. Almost embarrassingly simple. But telling the nervous system directly that the emergency is over is often exactly what it needs to hear.

Write it down. In the beginning I logged everything: the situation, the feeling, the trigger if I could find one, and what I did next. Writing forced the slowdown the emotion was trying to prevent. It also revealed patterns I would never have seen in real time. Eventually the logging became internal, but the writing phase is what built the capacity. Don't skip it.

When thoughts move too fast, your physiology is the back door they can't lock.

What Happens With Reps

In the beginning, this took a nearly disheartening amount of effort. Catch the emotion. Pause. Question it. Reframe it. Put it down. Pick up the next one. Dozens of times a day, every day, with no obvious feedback that anything was changing. But repetition rewires. Over time, the automatic thoughts began losing their authority: I could never do that. I'm a piece of shit. Don't even try.

Not replaced by affirmations or motivational content, but by something quieter and more durable: grounded, honest self-talk that didn't require constant maintenance to believe. As the inner dialogue shifted, the behaviour followed. Not through discipline, but because it finally made sense:

Handling small responsibilities without the internal negotiation.

Keeping a consistent sleep schedule without it feeling like punishment.

Practising CBT and journaling daily, not because I had to, but because I had seen what happened when I did not.

Making actual time for things that weren't survival-related.

Participating in conversations without mining them for validation.

Letting go of ego long enough to ask "what is needed of me right now?" instead of "how will this make me look?"

None of this felt forced anymore. It reflected something that had quietly taken hold underneath: the working belief that I was worth the effort. Not as a declaration. Not as an affirmation. Just as the thing that was true now.

Why CBT Works: The Brain and Body

CBT isn't a mindset trick. It changes attention, appraisal, behaviour, avoidance, and emotional learning. Brain-imaging studies also find functional changes after successful treatment, but those scans do not show one simple repair sequence. Here is the useful version of what may be happening underneath while you do the reps.

Prefrontal networks (planning and regulation): trauma and addiction can reduce their influence under stress. Every time you pause, examine a thought, and choose a response instead of firing one automatically, you practise the capacity to stop before reacting. That capacity is not a fixed personality trait. It is trainable.

Threat networks (including the amygdala): in some trauma survivors these respond too strongly or too broadly to danger cues. When a feared prediction repeatedly fails to occur, the system receives new information. Over time, that learning can reduce the need to treat the same category of situation as an emergency.

Allostatic load (the accumulated burden of repeated stress): threat-focused interpretations can help keep the alarm system active even when the present moment is safer than the past. CBT can reduce some of those false alarms and create more room for recovery. It is one lever, not a claim that thinking alone caused or can repair every effect of chronic stress.

Neuroplasticity (the actual rewiring): every time you replace a distorted thought with an accurate one, you reinforce a new neural pathway. The old track doesn't disappear overnight. But it weakens with disuse while the new one gets stronger with practice. Eventually the traffic shifts.

CBT does not just change how you think. It changes the physical infrastructure thinking runs on. Stronger regulation. A quieter alarm. Less accumulated damage. New default routes. That's not motivation. That's biology doing its job.

Another CBT-based option: SMART Recovery. SMART Recovery is built around CBT and motivational principles. It is structured, practical, and evidence-based, covering how to build motivation, manage urges, and shift the thoughts and behaviours that keep people stuck. One caveat: SMART is effective for skill-building but doesn't address underlying trauma. If trauma is part of the picture, it works best alongside dedicated trauma-focused work, not instead of it.

CBT and Medication: Not Either/Or

Medication can be life-saving. It can quiet the storm enough to keep you functional, present, and able to engage with the work. CBT helps you read the weather, understand the pattern, and eventually steer the ship with more control.

Picture someone living with relentless anxiety. They stop going out, stop answering messages, and eventually stop leaving the house. Medication may lower the intensity enough to make life survivable. That can be the opening, not the trap. But if avoidance is never addressed, the person's world may stay small even while symptoms soften. Medication does not teach avoidance and it does not prove the pill is the only route to safety. It treats one part of the problem. CBT can help the person practise another route.

I used to be afraid of medication. I worried it would flatten everything, and that if the symptoms were managed, I would have nothing left to work with in therapy. What I eventually understood was that I had it backwards. Medication didn't make the work impossible. It made the work accessible. It quieted the noise enough that I could actually hear what was underneath it. We treated what was chemical and what was learned, not as competing approaches, but as two parts of the same repair.

Medication is relief: it reduces physiological intensity and panic, stabilizes mood enough to allow learning and presence, and creates enough safety for therapeutic engagement.

CBT is retraining: it identifies thought-emotion-behaviour cycles, tests beliefs against real evidence, and rewires automatic responses through repetition.

I am not anti-medication. I am against pretending it's enough on its own.

Before You Go

You don't have to believe every thought or obey every feeling. The goal is not to silence your brain. It is to stop letting it run unsupervised. Catch the loop. Name the distortion. Prove it wrong. Repeat until the old scripts start losing their confidence.

If you've tried CBT and found it hollow, it's worth knowing that the two most common reasons are both fixable. Either it was delivered as worksheets without the body-level entry point, or it was aimed at a trauma memory before any regulation was in place. Neither is a verdict on whether the method can work for you.

And go in expecting the reps rather than a revelation. The unglamorous, repetitive, occasionally tedious part is not the price of the results. It is the mechanism.

Our emotions remember. Some belong to today. Others belong to decades ago, and they are not equally trustworthy.

CBT is the daily discipline that clears the noise. Not so you can feel better in a vague, general sense, but so you can do the deeper work without your own thinking constantly ambushing you. You cannot discover your why if your brain's what keeps screaming that you are worthless.

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Sources & Further Reading

These sources capture CBT's origins, evidence base, trauma-focused adaptations, and neuroplastic mechanisms.

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U.S. National Center for PTSD. *Overview of psychotherapy for PTSD*. Describes evidence-based adult trauma-focused treatments, including Cognitive Processing Therapy, Prolonged Exposure, and trauma-focused cognitive-behavioural approaches. TF-CBT is a related but distinct child and adolescent protocol.

Kolb, B., & Gibb, R. (2014). Searching for the principles of brain plasticity and behavior. *Cortex*, 58, 251–260. *Reviews how repeated practice strengthens new neural pathways: the biological foundation for the claim that reps of catching, testing, and reframing thoughts physically shift default responses.*

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