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The Perception of Therapists on the Effectiveness of CBT in Altering Mental Well-Being

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ABSTRACT

Cognitive behavioral therapy (CBT) has gained support over the past few years due to the more popularized perception of researchers and therapists for its ability to help patients suffering from mood disorders. Moreover, it is currently being used alongside a variety of techniques and other treatments. In the past, research has focused on the ability of CBT to mitigate physical symptoms, including fatigue and high heart rate, that emerge from mood disorders. In an attempt to fill in the gap by focusing on mental well-being as opposed to physical symptoms, this study aimed to establish how the perceptions of therapists showcase the effectiveness of CBT in altering the mental well-being of patients with mood disorders. In order to gain an in-depth understanding towards this concept, interviews were conducted with cognitive behavioral therapists in Indiana. Ultimately, this research led to 2 main conclusions: CBT and mental well-being are connected, and the extent to the effectiveness of CBT depends on the specific tools that are utilized. Specifically, when utilizing the CBT tools of testing logic and homework, mental well-being was seen to improve, while when utilizing the tools of confronting fears and enneagram tests, no effect was seen on mental well-being. Future research, however, must be conducted in order to further the idea of altering a patient's mental well-being as it relates to different population samples and other forms of therapy.

Introduction

Overview

In 2019, 9.5% of Americans, or approximately 31 million Americans, received therapy from a mental health professional (Terlizzi & Zablotsky, 2020). Cognitive behavioral therapy (CBT), commonly referred to as a talk therapy, is a form of psychotherapy that is frequently used among Americans and is utilized in multiple sessions to bring awareness to inaccurate thinking ("Mayo Foundation," 2019). Mor and Haran (2009), professors of psychology, add that the treatment typically lasts 10-20 sessions, and in-between the sessions, homework is used to implement techniques patients learned to an environment outside the therapeutic setting. After an awareness of an issue develops over time and techniques are utilized, patients can view situations more clearly and respond to them more effectively within their own lives ("Mayo Foundation," 2019). Similarly, in a study analyzing data from full-length therapy sessions, Jordan et al. (2013) assert that in addition to bringing attention to inaccurate thinking, CBT sessions focus on negative content, such as situational difficulties and an inability to see consequences, in order to find solutions to prevent faulty thinking. Additionally, they add that in sessions of CBT, patients rate *how bad* an experience or symptom of a disorder is in an effort to address and find solutions to these negative ideas (Jordan et al., 2013).

Mood Disorders

CBT can be utilized for a variety of disorders. According to Arch and Craske (2009), professors of psychology and psychiatry, CBT is a validated therapy for disorders that express symptoms of anxiety due to how the therapy can clear misconceptions about anxieties the patient may be feeling, while also attempting to provide solutions. Consequently, the best types of disorders for CBT are generally those in which patients have some fear or anxiety, such as PTSD, OCD, and depression (Arch & Craske, 2009). In an analysis conducted over 3232 participants who completed a mental health assessment, Mirea et al. (2021) characterize these sets of disorders, such as depression and bipolar disorder, into an overall category of mood disorders, where disturbances in a person's mood, or how they feel, results in functional impairments. Based on the idea that mentality affects the intensity of functional impairments, during CBT sessions, patients and therapists can develop ways of thinking that replace the common "I can't do anything right" to "I can do this" ("Psychotherapy," n.d.), and therefore improve patient symptoms for these characterized mood disorders. However, in addition to CBT, psychotherapists may utilize other types of treatments to combat mood disorders.

Further Treatments

While CBT is an effective tool to alleviate mood disorders, other treatments are also available. Bockting (2010), professor of psychology, acknowledges that antidepressant medication (ADM) is the most-common strategy to prevent relapses, or a return of symptoms, in mood disorders that exhibit symptoms of depression. Despite this, many patients who face symptoms of depression generally choose not to take ADM after recovery or take too low a number of doses. Due to this limitation of ADM, Brockton (2010) suggests the use of CBT as an alternative — specifically to aim to reduce relapses (Brockting, 2010). On the other hand, Driessen and Hollon (2010), professors of psychology from the University of Amsterdam and Vanderbilt University, suggest that after most singular treatments, patients tend to experience a relapse after the treatment is over. Therefore, they claim that by using CBT with other treatments, rather than by itself, relapse rates will be reduced. In terms of the effectiveness of CBT, they assert that CBT is as effective as ADM in preventing relapses. Contrasting from Brockting (2010) and Driessen and Hollon (2010), Geffken et al. (2004), professors of psychiatry at the University of Florida, suggest that if depression is a symptom alongside another disorder, like OCD, then pharmacological treatments of using medication should be conducted for depression prior to using CBT for that other disorder. Furthermore, in a comparative analysis of various studies comparing placebo conditions and CBT treatments, Carpenter et al. (2018) found that patient expectations about improvements can lead to symptom changes if given a placebo as the treatment. Though based on their findings, they indicate that CBT is associated with greater benefits than placebo conditions. With a conclusion contrasting previously mentioned benefits of CBT, Kulz et al. (2019) conducted a randomized controlled clinical trial of 125 patients with OCD to compare mindfulness-based cognitive therapy (MBCT) as a treatment option for patients with OCD who do not sufficiently benefit from CBT. They indicated that MBCT enabled previously unsuccessfully treated patients to reduce their symptoms of OCD moderately in a self rating scale (Kulz et al., 2019), which shows the potential effectiveness MBCT may have. However, based on the current benefits CBT has shown, different techniques have developed to increase the efficiency of this therapy type.

Current Techniques

Current techniques and procedures used by therapists can vary and therefore affect the effectiveness that CBT may have on certain mood disorders. Butler and Northcut (2013), researchers of psychoanalysis and social work from Loyola University Chicago, establish the importance of specific techniques in CBT, namely, identifying irrational thoughts and utilizing methods to prevent symptoms, such as panic attacks and depressive thoughts. They present a case example involving Audrey, a patient having difficulty coping with the death of her mother.

A technique the therapist used focused on Audrey's irrational belief that she was responsible for her mother's death, and contrasts that belief against the facts, thus reducing the severity of her anxiety. Likewise, in a case example involving a patient, Jimenez Chafey et al. (2009), professors of psychology, showcase how this patient's negative thoughts were suppressed when asking her to find evidence that would show that these thoughts would come true, something she was unable to do. Contrasting with the approach of faulty thinking, Geffken et al. (2004) instead propose 2 other principles — exposure and response prevention — as essential techniques used in CBT. Exposure is essential for CBT, they assert, due to how it allows patients to face their fears, thus mitigating symptoms such as anxiety. They also claim that response prevention is an essential technique in CBT due to how it allows individuals to refrain from repetitive compulsions, especially in disorders like OCD (Geffken et al., 2004). Mor and Haran (2009) take a different approach in the techniques used in CBT compared to Butler and Northcut (2013) and Geffken et al. (2004) by discussing the three phases of treatment. The focus of the initial phase is seen as homework where clients learn to monitor their daily activities and experiences to identify patterns of avoidant coping. The focus of the second phase is to use socratic questioning, which attempts to refute faulty thinking. The last phase is the attempt to prevent relapses by altering core beliefs and setting future goals (Mor & Haran, 2009). However, regardless of the technique used, the central goal of CBT — to reduce the physical symptoms presented by the patients — remains true in each case.

Entry Point

CBT is currently established as an effective means to prevent physical symptoms from occurring in mood disorders. Driessen and Hollon (2010) assert the usefulness of CBT in decreasing symptoms of depression, bipolar disorder, and any relapses that may occur in either. In fact, they compare the significance of CBT when utilized alongside ADM in minimizing depression as a symptom (Driessen & Hollon, 2010). Similarly in case studies, a pattern emerges where the main focus of techniques used in CBT are to minimize physical symptoms of a particular mood disorder. Falsetti and Resnick (2000), a clinical psychologist and professor of psychiatry at the Medical University of South Carolina, respectively, present a case example of a patient with PTSD. While she faced symptoms of panic attacks during the first session of CBT, after 11 additional sessions and a posttreatment evaluation, she no longer met criteria for panic attacks (Falsetti & Resnick, 2000). Additionally, in another case example presented by the American Psychological Association, Persons et al. (2001) present similar results as the case example presented by Falsetti and Resnick (2000). They demonstrate that Nancy, a patient with symptoms of depression and anxiety, had her symptoms reduced after 22 sessions to the extent that she was able to handle interactions that would have reintroduced her symptoms in the past (Persons et al., 2001). Although it is important to note that the symptoms were not completely gone, this case indicates the current efforts by therapists to focus on reducing physical symptoms of disorders. Furthermore, many current CBT therapists tend to look for specific physical symptoms that may constitute a specific mood disorder a patient is facing in the beginning sessions of CBT. These physical states are typically noted, and further sessions are used to alleviate these symptoms by encouraging the patients to look for physical cues and negative thoughts ("Cognitive Behavioral Therapy," n.d.). A pattern of a focus on physical symptoms from CBT can be seen from these case examples, and thus, indicates a limitation in the current modes of treatment.

Due to this limitation, further research is needed on how CBT can be used to improve a patient's *mental well-being*, rather than the individual physical symptoms that may arise from particular mood disorders. In particular, mental well-being refers to how a person may think or feel at any particular moment, and is the state in which a person realizes their own abilities and can cope with the stresses of life ("Mental Health," 2022). With current limitations in the field, it is necessary to evaluate how effective CBT is in improving the mental well-being, rather than just the physical symptoms, of patients with mood disorders in order to fill in the gap in the field.

Introduction of Research

Based on this gap in the field, more research is needed to understand how CBT affects a patient's mental well-being. This raises the question: How do the perceptions of cognitive behavioral therapists showcase the effectiveness of CBT in altering the mental well-being of patients with mood disorders in Indiana? The goals of this study are to determine the perception therapists have on the overall efficacy of CBT in changing the mental well-being of patients with mood disorders and to determine ways in which CBT can better serve patients with mood disorders in the future. It can be hypothesized that if there is a positive correlation between CBT and the mental well-being of patients, then their mental well-being will more likely improve when CBT is utilized.

Methods

Study Design

Interviews were conducted to investigate how effective CBT was in improving the mental well-being, the feeling or perspective people have of themselves ("Mental Health," 2022), of patients in Indiana with mood disorders. The study was largely qualitative and aimed to test the hypothesis that if there is a correlation between CBT and the mental well-being of patients, then their mental well-being will be highly improved when CBT is utilized. To test this hypothesis, interviews with certified CBT therapists were necessary. Interviews were not set up with actual patients to ensure their privacy and to instead focus on how the therapists viewed the effectiveness of CBT. The use of interviews was the most advantageous way to investigate the effectiveness of CBT, as it allowed therapists to express their thoughts in a more open-ended system. While surveys could have been used to provide clear quantitative data, the fact that therapists would have to choose between limited options made it a less valid method to consider.

This study is classified as an observational study, as the researcher had no direct control over the interventions or factors under this method and the results were merely viewed and analyzed. Additionally, the interview was conducted online through a Google Form rather than in an in-person setting to reach out to as many participants as possible and follow appropriate guidelines set forth by the therapeutic offices to combat COVID-19. Once the participants responded to the interview questions, their answers could be viewed and examined. No variables were controlled under the study, allowing therapists to have the freedom to answer the questions solely based on their experiences.

Ethical Considerations

The interview questions and materials were approved by the Institutional Review Board (IRB), and the study design and methods were reviewed for any possible ethical issues that may have arisen prior to starting the interview process. Furthermore, in order to view and respond to the interview questions on the Google Form, the first question asked whether the adult participants understood the procedures of the observational study and gave their consent to participate. If the participant answered with "yes," that they agree to give consent, they were taken to the next question. If "no" was selected, the participants were unable to view or answer any subsequent interview questions. Additionally, when recruiting the CBT therapists by email, they were informed

that they did not have to participate in the study. Participants' names were not used throughout the data collection and analysis to ensure their confidentiality was protected and to keep all responses anonymous.

Selection of Participants

Selecting relevant participants was vital to this research method to ensure that the hypothesis was being accurately tested. The criteria used to determine if they were relevant for the context of this study was whether they were a certified CBT therapist who practiced in Indiana and also had certification on other therapies. The interviewed therapists were required to have training on other treatment modalities to prevent bias and justify their perspectives on the usefulness of CBT. If CBT was the only treatment they use, the therapists would more likely favor this mode of treatment in their responses and have a more limited perspective over any negative aspects of it. Additionally, expanding the population sample to the entirety of Indiana, rather than a specific city, allowed for a more diverse population to be investigated (Kinghorn, 2021) within a limited period of time, offering more contrasting perspectives and a more representative depiction of the effectiveness CBT has. Upon identifying a large pool of therapists, if the therapist's email was available and they met the criteria, I randomly selected 20 therapists. Due to the difficulty of finding a concise measurement of CBT certified therapists in the United States, the following steps were made to identify the approximate population. First, the major types of therapies used by practitioners were identified, which was found to be around 10, including CBT (Smith, 2020). Second, the total population of doctoral-level licensed psychologists in the United States was determined, which was about 102,000 in 2018 (Lin et al., 2020). After dividing these two approximations, the population of CBT certified therapists was found to be around 10,000 in the United States and 200 in Indiana. Due to the nature of this study and the population size, a sample size of 10% would provide the best representation while also being feasible to conduct in the given timeframe of 2 months. Thus, the size of approximately 20 CBT therapists in Indiana was found to be beneficial to the research goals and feasible to the allotment of time given to clearly address the goals of my research.

If the participants met the criteria, they were randomly selected to be contacted by email. The first email sent to the participants was a pre-interview introductory email to find therapists that may be interested in the study. This email did *not* include any information about the specific research question or the questions that would be asked and only contained broad information to incentivize more involvement. Doing a pre-introductory email allowed therapists to be notified ahead of time and prevent the potential challenge of not receiving enough responses. Once approval from the IRB was attained, I sent out the actual email containing the link to the Google Form where they could give consent by answering "yes" or "no," and then subsequently answer the interview questions if they answered "yes."

Procedure

The study focused on four main components to ensure the questions in the interview process were as relevant as possible. These components that needed to accurately address the question and hypothesis included qualitative data that focused on the effectiveness of CBT among therapists, overall patterns of strengths and weaknesses that CBT may potentially inflict on patients, positive and negative changes observed in patients regarding their mental well-being, and recommendations for future patients to consider in terms of CBT. In order to answer all four components, 14 questions were asked. Additionally, there were 4 parts to this study design — preparation, pre-interview, interview, and post-interview. The preparation process included creating a Google Form with interview questions (Appendix A) following an adult consent form (Appendix B). Then, a pre-introductory email, interview email, and tracking sheet were created. For the pre-interview process, the introductory email (Appendix C), which did not include any information about specifics of my research, was sent out to

therapists to encourage greater interest in the study. For the interview process, the actual interview email (Appendix D) with the Google Form was sent after IRB approval was given. The responses were transferred into a Google Document, and 3 stages of iterative coding were used where the transcript was divided into different codings and categories were made. These categories, or variables, were centered on the effectiveness of CBT, strengths and weaknesses of CBT, changes CBT may inflict on patients, and recommendations for the field in the future. From the categories, both a chart with common response trends and a chart showing the consequences imposed on mental well-being with specific CBT tools were developed. Once categorized into specific sections that addressed the variables, the common response trends would provide an answer to the part of the hypothesis that focused on whether there is a correlation between CBT and the mental well-being of patients. The chart analyzing CBT tools would help to answer the second part of the hypothesis indicating the extent to which mental well-being is affected when CBT is utilized

Results

Findings

After the interviews were sent out, a total of 12 (n=12) responses were collected from therapists. In order to effectively find the main categories associated with the qualitative responses, 3 stages of iterative coding were used. In the first stage, the entire transcript was transferred from the Google Form onto a separate Google Document and codes were made. The transcript was coded into different colors that represented a specific category, such as “negative feelings.” To maintain response confidentiality, this step was not shown. In the second stage of coding, the specific codes from the first stage were compared to create secondary categories (Appendix E). Lastly, in the third stage of coding, the categories from the second stage were combined to form a coding map (Appendix F), which revealed 3 main themes — factors influencing the effectiveness of CBT on mood disorders, the impacts of utilizing CBT for mental well-being, and further improvements necessary in improving CBT — that were essential in addressing the overall effectiveness of CBT.

From the categories that emerged, a chart showing common response trends was created to showcase in-depth insight on the frequent responses given by therapists. A response was categorized as “Common Response Trends" based on the assumption that if at least 50% of the therapists (6 respondents) in this sample size agreed on a specific idea relating to the category, the results would show identical results to the entire population. However, a response was categorized as “Anomalies” if only one therapist responded a certain way that did not fit in with other responses. These common response trends suggest that CBT is effective for improving mental well-being when utilized for mood disorders.

Table 1. Common Response Trends

Category	**Common Response Trends**	**Anomalies**
Methods and procedures used	Patients do have negative feelings about themselves. Therapists generally utilize methods to explore the irrational thought and challenge it to help the patients feel better about themselves.	Enneagram assessments are utilized to begin the process.

Treatments to improve mental well-being for patients with mood disorders	The main treatments utilized to treat mental well-being for patients with mood disorders are evidence based treatments, but specifically CBT. CBT is used based on the idea that thoughts and behaviors affect feelings.	EMDR (eye movement desensitization and reprocessing) to focus on specific memories that patients have to which they have negative feelings about.
Improving symptoms versus mental well-being	Both physical symptoms as well as mental well-being will be improved with the use of CBT due to how they are irrevocably linked.	CBT tends to focus on improving symptoms.
Best suited mental health disorders	Mood disorders are characterized as most suited for use of CBT. However, CBT is most helpful for anxiety and depression.	N/A
Patterns of strengths	After the use of CBT, patients will generally have an improved quality of life and have an easier time challenging negative thoughts with more realistic ones.	Compared to other forms of therapy, CBT is best to reduce relapses.
Patterns of weaknesses	The success of CBT depends on whether patients are willing to do homework in between sessions.	CBT will not work with patients with deep rooted beliefs and who are not ready to change their thoughts.
Number of sessions to see improvements in mental well-being	The number of sessions depends on the severity of the mood disorders and whether patients work on what they learn outside of the sessions. Generally, it takes 10-25 sessions to see significant improvements.	On average, clients see improvements around session 6.
Implementations in common methods	Nothing specific should be added as a common method due to how the treatment plan are patient specific and will depend of the severity of the mood disorder	CBT should not be utilized alone. Journaling, relaxation techniques, visualization, and techniques that utilize EMDR may be helpful depending on the patient.
Additional treatments with or after CBT to improve mental well-being	Generally, CBT can be the most effective when combined with medications, such as antidepressants.	Booster sessions, or sessions that are spread out after a patient has gotten better, can be utilized to maintain progress and prevent relapses.

While the common response trends were important to indicate the overall effectiveness of CBT, data on the specific tools utilized by therapists was needed to provide greater insight on the scale to which CBT

could be useful for patients with mood disorders. Thus, data on the overall frequency of tools utilized in CBT sessions was found based on responses therapists provided when asked for specific methods or procedures they used for patients with mood disorders to improve mental well-being. The most relevant tools mentioned, which emerged from the iterative coding, were grouped into categories that consisted of testing inaccurate logic, confronting fears, assigning homework, and utilizing enneagram tests. When asked which methods they used during the interview process, the assumption was made that the therapists provided all the major tools they used on a daily basis and that they perceived these tools as being able to improve their patients' mental well-being. Additionally, considering that the categories are widely known in the field and that the therapists had education on CBT to receive their certification, they should be aware of these categories. Thus, if they did not reference a method that fell into one of the categories, then the assumption was made that they did not use it and thus perceived the method as having no effect in improving their patients' mental well-being. If a therapist referenced that they utilized a specific tool that fit into one of the categories, it was denoted that it improved mental well-being; however, if they did not reference a tool that fit into one of the categories, it was denoted that it had no effect on mental well-being. To systematically display this data, a contingency table was created.

Table 2. Connection Between Mental Well-Being and CBT Tools: Two-Way Contingency Table

	CBT Tools							
Mental Well-Being		Testing Logic		Confront Fear		Homework		Enneagram Test	
	Improves	12/12	100%	5/12	42%	12/12	100%	1/12	8%
	No Effect	0/12	0%	7/12	58%	0/12	0%	11/12	92%

Discussion

The overall purpose of this study was to evaluate therapist perceptions on the effectiveness of CBT for mental well-being and find ways that CBT could be changed to better serve patients with mood disorders. By combining common response trends and evaluating the frequency of tools used during CBT sessions, not only was there a connection made between the effectiveness of CBT and mental well-being, but significant insight on the extent to this effectiveness was evaluated based on specific types of techniques utilized. Thus, the hypothesis is supported when advantageous techniques are used.

With respect to the common response trends, particular factors indicated whether CBT was effective for improving mental well-being. For example, since patients generally have negative feelings about themselves, utilizing methods that locate irrational thought was frequently seen by therapists to improve their patients' mental well-being. Additionally, therapists generally agreed on the basis that CBT is most effective for mood disorders, though specifically ones that express forms of anxiety and depression. Drawing connections to research done by Arch and Craske (2009), which validated CBT for improving physical symptoms of disorders that presented anxieties and fears, findings from this study also showed that CBT was most effective for disorders that presented anxieties, but specifically in terms of mental well-being. Furthermore, multiple therapists made the connection that mental well-being and physical symptoms "are irrevocably linked," so as one improves, the other will follow. Thus, these findings suggest that when certain factors are met, there is a connection between CBT and improved mental well-being when utilized for mood disorders.

When evaluating the effectiveness of CBT, it is also essential to view the impacts of CBT, namely, advantages and disadvantages. While this study focused on the gap of how mental well-being is affected, advantages of a reduction in symptoms and an ability to live a more normal life seen by Falsetti and Resnick (2000) paralleled with therapists in this study. For example, a frequent response was that after around 10-25 sessions, patients would have "improved self-worth" and would be able to "challenge negative thoughts" for themselves. A disadvantage presented by the therapists not seen in previous studies was that the success of CBT depends on homework that the patient does outside of the therapy sessions. Thus, when assigning homework, in which patients monitor their daily activities and experiences as described by Mor and Haran (2009), CBT can be seen as an advantageous process.

Although a connection between CBT and improved mental well-being was found, it was also important to view the extent of the significance through specific tools utilized during the sessions. The two-way contingency table showcases that 100% of the therapists indicated that testing logic and assigning homework was vital to the performance of CBT. Conversely, confronting fears and enneagram tests, a type of personality test, were seen by more therapists as having no effect on mental well-being. Previous studies, like those done by Butler and Northcut (2013), who establish the importance of identifying irrational thoughts, and Geffken et al. (2004), who indicate the importance of confronting fears, showcase the importance of certain techniques to gain the most benefits out of CBT. Data shown by therapists in this study add to this by focusing on mental well-being, rather than physical symptoms, and by providing a ranking for the factors that CBT will be most effective with. Namely, testing logic and homework were perceived as most important by 100% of therapists, while confronting fears and enneagram tests were seen as important by only 42% and 8% of therapists, respectively.

Significance

The significance of this research is that it provides expert opinions in the field on factors that vary the effectiveness of CBT. Previous studies focused on factors that affect the performance of CBT when utilized for improving physical symptoms. Falsetti and Resnick (2000) is one such example where they present a case example where after 11 sessions targeted towards alleviating physical symptoms of panic attacks, the patient no longer met the criteria for panic attacks. While past research emphasized the usefulness of CBT as it lessened symptoms, this research widens the current understanding of CBT by suggesting its use with particular techniques in improving patients' mental well-being.

Despite responses indicating the combination of CBT with other treatments, like MBCT and ADM, to help improve mental well-being, future research should expand on the idea that mental well-being is affected when different combinations of treatments are used. Furthermore, future research that gathers a much larger sample size within the entirety of the U.S. would allow for a much more accurate generalization of results. Nevertheless, current findings of this research are useful in addressing the effectiveness of CBT in terms of the purposes of this study. The combination of this study alongside other future research can better serve therapists utilizing CBT with the goal of helping patients through their experiences dealing with their mood disorders.

Limitations

While this research enables a greater understanding towards CBT, inherent limitations include an inability to reach the sampling size goal and lack of an ability to provide deep conversations with the therapists. An inability of reaching the sample size goal of 20 participants can be seen with the total of 12 responses received. Thus, there was a potential lack in the complete generalization of these results to the entirety of Indiana. Despite there being a lack of voices, the overall data collected from this research was still sufficient to draw reasonable conclusions based on trends and specific perspectives the therapists had about tools they utilized. This idea is valid

because despite the possibility of receiving 8 more perspectives from the responses, the conclusions over the effectiveness of various CBT tools would remain the same because 12 therapists, a majority in either sample sizes of 12 or 20 respondents, provided the perspective in this study that testing logic and homework are the most important tools within the field for improving mental well-being. Furthermore, the lack of an ability to provide deep conversations with the therapists due to the inability to ask follow up questions and further the conversation inhibited additional underlying perspectives from forming. By not being able to speak directly to patients as a result of restrictions to face-to-face contact, most therapists utilized CBT on a virtual basis. Consequently, this research centered on a virtual means of collecting data through an emailed Google Form where asking follow up questions would be impossible. While this led to an inability to provide deep conversations with the therapists, relevant responses were still collected allowing for meaningful analyses and discussions to address the effectiveness of CBT and provide directions for future research.

Conclusions

While current research was focused on lessening physical symptoms, this research gives light on the ability for CBT to improve the mentality of the patient. By interviewing therapists, thus seeking the entirety of their perspectives without being limited with choices in a survey, in-depth expert opinions could be collected. Additionally, by providing their perceptions on their techniques and methods as well as advantages and disadvantages, the effectiveness of CBT could be analyzed. As this research suggests, while trends indicate a connection between CBT and improved mental well-being, the level of effectiveness ultimately depends on the tools that are used during the sessions. Specifically, mental well-being was shown to improve with the use of homework and testing the logic of patients according to 100% of the therapists in this study. Moreover, many therapists see the effectiveness of CBT being furthered when coupled with other treatments, such as medication or EMDR. One therapist also noted that the use of booster sessions could help eliminate relapses after the normal sessions have ended. Finally, the majority of participants also noted that for the few patients who do not seem to benefit in reducing their physical symptoms with CBT, by using certain tools, they will at the very least have a brighter outlook on their life and cope with the stresses they experience, thus having an improved well-being.

As the use of CBT increases, it is important that therapists take into account ways that they can improve the well-being of a patient, rather than the physical symptoms of mood disorders. Utilizing tools such as socratic questioning to test inaccurate logic and the use of journaling as homework are vital to significantly impact the overall improvement of patients when exposed to CBT. Thus, by requiring all therapists to undergo training in CBT, the large population of patients with mood disorders seeking therapy from any therapists will likely improve. Therapists with training in CBT see improvements in patients with mood disorders when utilizing this therapy, so the next step is for educational institutions to add CBT training for those working to become therapists to ultimately benefit more patients who are increasingly facing these disorders.

One therapist emphasized that CBT empowers patients to see where they have control in their own life to make changes that benefit them. This statement illustrates an overarching view about CBT — that the long-term changes provide patients with an improved well-being so they can have hope towards a more positive future. Thus, with the goal of improving a patient's experience and their overall disorder, continued research is needed, both on other treatment modalities and on CBT itself, to provide more people with a means to lead a healthier lifestyle.

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