

CFS Toolkit for Health Care Professionals: Cognitive Behavioral Therapy

CFS Research on Treatments

Although chronic fatigue syndrome has been the subject of more than 3,000 research studies, most of those have focused on epidemiology and etiology. Only a small body of research has been conducted on the clinical aspects of CFS, including both pharmacologic and nonpharmacologic treatment interventions.

Of the CFS treatments studied to date, two have demonstrated the most promise thus far. The first is activity management/graded exercise, which is covered in another sheet in this toolkit. The second is cognitive behavioral therapy, or CBT, which has been shown to be effective in small, short-term trials. Studies suggest CBT not only helps some CFS patients cope with the impact of a chronic illness, it can be useful in managing the illness. CBT may help patients develop constructive coping strategies, better manage symptoms, improve their level of function and enhance their ability to perform activities of daily life.

Useful Facts about CBT and CFS

Cognitive behavioral therapy is an individualized form of therapy that is based on each individual's illness experience and the impact it has on the person's life. Working with a CBT therapist, CFS patients can examine beliefs, concerns and coping behaviors and modify these as necessary to manage the illness more effectively.

- The short-term studies of CBT in CFS show improvement in function and symptom management. Some studies also show limited effect on pain and fatigue.
- All people monitor, in their brains, the biochemical signals that reflect ongoing bodily processes. Responses to these signals occur at both conscious and unconscious levels. When the conscious responses prevail, they may be either helpful or harmful. CBT assists the patient in responding to the illness in a positive manner. The utility of CBT for CFS is in its formative stages and much needs to be learned before the full extent or limits of its usefulness are known.
- Psychiatric factors are relevant to any illness process. CBT has been shown to help patients deal with these factors and better cope with the life-altering issues of chronic illness. Awareness of the role stress can play in exacerbating the symptoms of CFS is essential. CBT helps patients recognize and more successfully manage stressors in their lives.
- CBT often involves the introduction of very slowly increased physical activity. Prescribed activity is individualized for the patient, based on present activity tolerance. Even people with extremely limited tolerance can be helped to gradually achieve increased strength and conditioning. People accustomed to "boom or bust" cycles in which they engage in a great deal of activity when feeling well and able, then "crash" with exhaustion, may need to curtail activity and more evenly pace exertion from day to day. (See *Managing Activity* in this toolkit for more information.)
- Formal CBT requires special training and must be administered by a skilled specialist. It should be noted that psychologists are not the only health care professionals who can successfully guide CBT. Nurses, physical therapists and occupational therapists are examples of multidisciplinary providers who can be trained to conduct CBT. When treating CFS patients, the CBT therapist needs to be familiar with CFS, be aware of the evidence for CFS as a biologically based disorder and validate the patient's experience of living with a misunderstood illness.

Managing Patient Responses to CBT

For CBT to be effective, the patient must believe in the potential benefits of this therapy. Public misconceptions about CFS being “all in your head” may cause some patients to resist CBT. They may think health care professionals who prescribe this therapy believe CFS is purely a psychological illness. Assuring patients that you are aware that research indicates that there is an organic, biologic basis for chronic fatigue syndrome and educating them about the role CBT plays in other illnesses can help overcome this reluctance. When patients realize that CBT is used as an adjunct therapy for cardiovascular disease, diabetes, cancer, orthopedic injuries and other medical conditions, and that CBT may help CFS symptoms, they are more likely to be receptive to this therapy.

- The patient must be an active participant to receive the potential benefits of CBT. It is useful to educate the patient about the goals of CBT. Developing an individualized treatment plan can also be useful; it emphasizes the positive philosophy of the therapy.
- Careful patient adherence to CBT protocol is critically important to successful therapy. For CFS patients, increased symptomatology is the main reason cited for discontinuing CBT. This may be avoided if a paced, personalized plan is followed and activities are tailored to the individual’s capabilities. A skilled professional can assist in setting and reaching realistic goals.
- CFS patients using CBT need to take personal responsibility for change. Health care professionals can encourage the patient’s capacity for change and recognize potential barriers to therapy
- Multiple and varied biopsychosocial factors impact illness expression in patients and in their acceptance and readiness for therapy, including CBT. Health care professionals can encourage use of this mode of therapy when appropriate and assist the patient in locating accurate information on this treatment method, as well as referrals to skilled professionals.
- Because CBT is often not covered by insurance, some CFS patients will not have access to formal therapy. In this situation, practitioners who understand CFS can provide information about the illness in general, lead individual patients to understand how their behavior is impacting the illness, and set up activity and exercise programs that are therapeutic.

For More Information

Experienced CBT therapists familiar with CFS are still not uniformly available across the United States. The Association for the Advancement of Behavior Therapy (212-647-1890, www.aabt.org) or the National Association of Cognitive Behavioral Therapists (800-853-1135, www.nacbt.org) may be able to assist in finding a trained provider in your area. Contacting local mental health professional groups, physical and occupational therapists or health care organizations may be helpful as well.