

# Discussing CBT with your IBS Patients: Expert Tips for Positive Engagement

Discussing gut-directed cognitive behavioral therapy (CBT) with patients as a potential treatment option can be tricky. Patients may feel skeptical or frustrated if they think they are being told their symptoms are “in their head,” and healthcare professionals may feel uncomfortable having the conversation.

*So, is there a right way to talk about it? We've gathered some expert tips and insights to aid you in driving positive engagement with CBT. This information is for educational purposes only and does not substitute for your professional medical judgment in advising on specific cases.*

## Set the Tone

- Listen and allow patients to tell their story
- Acknowledge and validate the difficulties they experience
- Get comfortable with being uncomfortable—talking about CBT isn't always easy, it's not an exact science, and it's not always possible to get it right
- Convey warmth and empathy
- Always convey belief in the patient's symptoms and distress
- Use an integrative model when discussing psychological factors
- Educate patients about IBS being a disease of the brain and gut

## Using an Integrative Model When Discussing Psychological Factors

“People with IBS may be sensitive to the overemphasis on psychological factors. It is therefore vital, right from the start, that an integrative model that incorporates physiological factors, e.g., triggering infection, change in gut, or motility sensitivity is used. In addition, it is important to show respect for patients' beliefs on the cause(s) of their illness and avoid challenging them as this may provoke strong emotion and reduce the likelihood of a good therapeutic relationship being established. Finally, mirroring the language the patients use is also helpful.

“In order to maintain participants' engagement throughout treatment, it will be important to continue using an integrative model and avoid promoting a rigidly dichotomous view of physical and psychological illness.”



– **Professor Rona Moss-Morris, Ph.D., King's College London, Head of Psychology Department, Institute of Psychiatry, Psychology & Neuroscience**

## Example Statements:

**P**

“**People** can find it a bit strange to be offered a psychological treatment like CBT when you have a bowel condition such as IBS.”

**O**

“**Offering** CBT does not mean you have a psychological problem or that the problem is ‘in your head.’ Instead, CBT is used to treat symptoms across various medical conditions such as rheumatoid arthritis, diabetes, multiple sclerosis, and cancer.”

**S**

“**Symptoms** are very real and are caused, in part, by dysregulation of the gut. IBS is not caused by a structural problem inside the gut, as in, you cannot see it on an X-ray. Instead, it is a result of the gut not functioning the way it should, leading to physical symptoms.”

**I**

“**IBS** involves both the brain and the gut—it’s a two-way street. So, what does this mean? In IBS, there is a problem with how the gut and the brain communicate. Therefore, treatment needs to target both these elements. The good news is that this does not mean you have a serious disease. Rather, there are things we need to work on together to help regulate your gut. IBS is different for everyone, and it is important to understand the different aspects that affect the brain-gut connection for each person.”

**T**

“**Treatment** with medication can help some IBS symptoms, such as pain, diarrhea, or constipation. CBT for IBS is a treatment specifically developed to address the messages sent between the brain and gut to help regulate the way the bowel functions. Mahana IBS helps you to work out what these things are and helps guide you through these thought patterns.”

**I**

“**IBS** symptoms can cause stress and embarrassment and can stop people from doing the things they want to do or lead the life they want to lead. CBT for IBS helps you have more control over your IBS, rather than letting your IBS control you.”

**V**

**Validated:** “The largest CBT trial in the world showed that people with IBS who received Mahana IBS alongside their usual treatment had significantly fewer IBS symptoms than those who had only had their usual treatment. These symptoms also had less impact on their day-to-day lives. In addition, patients were less distressed and had a better overall quality of life. So, while CBT takes little time investment, the benefits sustained are substantial.”

**E**

**Empowered:** “By gaining control, you not only reduce the severity of the symptoms by changing the messages between the brain and gut but also the impact these have on your life and how you feel.”



## The Importance of Warmth and Empathy

“Often, participants will have been given conflicting advice about how to deal with their problems, leading them to a state of confusion and frustration and a feeling of trying yet another thing that might fail. Some participants will feel under pressure to perform and maintain usual activities but feel that they are competing with their bodies. Others will have become avoidant of many activities that they used to enjoy, in some cases without consciously realizing that they have done so but feeling low or anxious as a result.

It is, therefore, very important to convey warmth and empathy straight away in the first session. The assessment provides a good opportunity for participants to tell their story. Often it is the first time that they will have been able to go into detail about all aspects of their problems. Acknowledging the difficulties they have encountered along the way in terms of their illness, whether related to its impact on their life or response from other health professionals, etc., is important.”



– **Professor Rona Moss-Morris, Ph.D., King’s College London, Head of Psychology Department, Institute of Psychiatry, Psychology & Neuroscience**



# Conversation Starters in an IBS Clinic Setting

Debbie Bush, GI Physiologist, Nottingham University Hospital, UK, shares her experience communicating positively about psychology treatments for IBS.

## Building Trust Through Active Listening

- Listening without judgment builds trust during the assessment. Many patients have had years of frustration and may feel dismissed. They may want to talk for 10 minutes about their journey.
- To understand the severity and impact on their quality of life, use this prompt: “IBS can be different for everyone. How does IBS affect you in your daily life?”
- Acknowledging any poor care they have received in the past is essential: “I can understand why you are frustrated. That must have been incredibly hard for you to deal with.”
- Affirm that while IBS may not be life-threatening, it can be lifestyle-limiting, ruin everyday activities, and compromise quality of life. Acknowledge that it’s not “just” IBS but that it can be a very distressing disorder with far-reaching impacts.

## Assessing Your Patient’s Readiness to Engage

- Gauge where your patient is at in terms of their relationship with IBS. Are they ready to accept that there is no “magic wand” and are they open to working together to get back in control?
- Patients may be jaded, despondent, or disillusioned with treatments to date. Set the expectation that there is no “magic pill” that healthcare providers (HCPs) can give to treat IBS. Successful IBS treatment requires effort from the patient with help from the HCP to feel better—but they are not alone.

## Talking About Stress and Introducing the Gut-Brain Axis

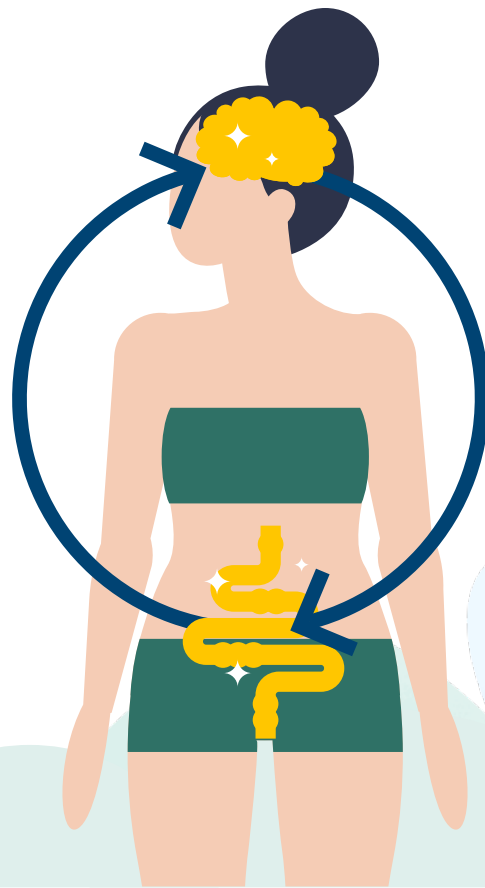
- As the patient describes their experience with IBS, it's helpful to highlight the “stress” caused by IBS. You can ask, “How did this make you feel?” or directly ask about stress levels. This is an excellent time to discuss how stress can impact IBS and introduce the gut-brain axis in simple terms.
- To introduce the gut-brain axis, you may ask an intriguing question: “Did you realize you have a little brain in your gut? Just like your main brain controlling pain signals in the body, the ‘gut brain’ controls pain in your gut.” Introduce concepts of serotonin and cortisol and how these can impact biological processes. Use humor where appropriate to relieve tension and build rapport.
- When discussing how stress impacts our stomach, describe something relatable like preparing for a scary exam/job interview and having diarrhea beforehand, feeling butterflies, or how being anxious can make you nauseous.
- At this point, it can be helpful to reiterate that IBS is not just all in their head, but stress and anxiety play a huge role in how our bowels behave, so getting some help to manage stress associated with IBS can make all the difference in treatment plans.

***“Through managing stress caused by IBS and re-training our ‘gut brain,’ this can actually help the symptoms too.”***

### Visual Aids

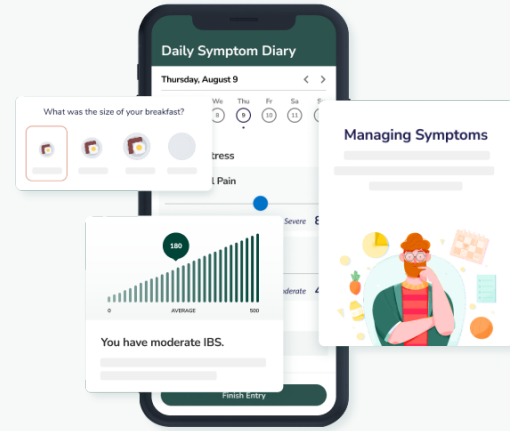
Using visual aids can be helpful when explaining the gut-brain axis or how a digital program can help treat IBS. This could be as easy as drawing a simple diagram of the two-way communication or signposting patients to IBS patient support websites where they can learn more.

Mahana provides a patient FAQ sheet and has additional information available on their website, including patient experiences of using the Mahana for IBS app and their results.



## An Example of Introducing Mahana IBS as a Treatment Option

- Explain that there is now an opportunity to try a new IBS app that has been clinically proven to significantly help IBS symptoms through management that can be done at the patient's own pace.
- Explain what it involves: A personalized program that uses all the knowledge of decades of research to guide and empower them with new techniques. It includes information on how the brain and gut communicate, stress management and breathing techniques, healthy eating and exercise recommendations, sleep pattern identification, and more. It helps them understand how IBS makes them feel, think, and behave. It also provides new skills and ways to cope with symptoms by assisting patients in setting meaningful goals that can help them lead a fuller life.
- Summary of key points: Mahana IBS helps individuals manage stress, IBS symptoms, and other aspects of their lives that impact gut-brain communication.



- Remind eligible patients that the program is available without charge for those participating in the Mahana Patient Access Program. The treatment is safe, non-invasive and can be done on their smartphone in 10 minutes a day for three months. They will have access 24/7 to a tool that can help them manage their IBS, and it has been proven to help the majority of people who try it.
- If there is resistance to putting in effort, ask if they want to be in control of their bowels or the other way around. They might as well try this new option, but they will need to put in some effort. Remind them that you can help them but you can't do it for them, and together you can help them get back in control.

# Perspectives from People Living with IBS

## Positive Conversations



“My physician has always reminded me of the relationship between stress and my IBS, but I was often left feeling unsure how to proceed since stress is a part of life. But one conversation we had changed my approach to dealing with the stress. She introduced me to an app that not only taught me about the gut-brain relationship in a helpful way but also helped me identify my own personal stressors in relation to my IBS and what I can actively do about them.”

— Shari



“In general, I would advise doctors and health practitioners to not only break down a patient’s medical history but also take the time and opportunity to break down a patient’s personal interaction with the medical care system when it comes to IBS and analyze what kind of preconceived notions are being held by either (or both) patient and medical practitioner when it comes to IBS and GI concerns. I, personally, struggle to communicate my symptoms and the seriousness of them—oftentimes, I feel it is because I am a young person. ‘You’re young, you’ll be fine’—those are words I’ve heard far too often. Yes, I am young, but yes, I can also have IBS.”

— Diane



“Honesty is important—physicians should set realistic expectations that this isn’t a magic pill, a cure-all, but it can make a real difference, and for me, Mahana IBS has been the only thing that has really had an impact on my IBS.”

— Jason



# The Final Word



“Listening, without interrogation or judgment, is the number one tip for positive engagement I have—once people feel truly listened to, they are able to trust you understand their experience with IBS. Never give up on IBS patients, even if you feel they may not take the advice given/ do exercises/help themselves... always believe in them. Equally, you should never give up on yourself as a health care professional; if you believe in the treatment and your patient, this will shine through and can make all the difference.”

- **Debbie Bush, GI Clinical  
Physiologist, Nottingham  
NHS Trust**



“I avoid talking about therapy or psychological processes in isolation. Unfortunately, too many patients have experienced their symptoms being dismissed or have been told that IBS is ‘in their head.’ This can lead to a negative reaction to the word ‘therapy.’ Taking the time to explain the gut-brain axis helps correct previous miscommunication and misunderstandings. The brain and the gut are a two-way street, so positioning them as interacting as one system is helpful. As I like to tell my patients, I’ve never yet seen a brain that isn’t part of the body! And evidence-based therapy is one of the most effective ways to positively impact how the brain functions in the context of IBS. This perspective can help patients feel really supported to try something new and see how this program can enhance their whole treatment plan.”

- **Walter E. B. Sipe, MD, Psychiatry and  
Mahana Advisory Board Member**

We hope these tips are helpful in having positive interactions with your patients. For more information, please visit [www.mahana.com](http://www.mahana.com).



# Resources

## From the Rome Foundation:

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A Guide to Learning & Applying Effective Communication Skills to Optimize the Provider Patient Relationship

[Read Now](#)

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Educational Resources on Communication Skills

[Explore Now](#)

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## Additional Scientific Research:

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Communication Skills in Disorders of Gut-Brain Interaction

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Best Practice Update: Incorporating Psychogastroenterology Into Management of Digestive Disorders

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Review Article: The Patients' Experience with Irritable Bowel Syndrome and Their Search for Education and Support

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