Evidence Based Treatment: Why Cognitive Behavioral Therapy

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Academy of Cognitive Therapy
Evidence Based Treatment

- CBT
- CT
- DBT
- ACT
- Motivational Interviewing
- PE/CPT
- EMDR
CBT Outcome Studies

Cognitive Behavioral Therapy (CBT) has been demonstrated in hundreds of studies to be an effective treatment for a variety of disorders and problems for adults, older adults, children and adolescents.
ADULTS
Randomized Controlled Trials

- Depression
- Geriatric Depression
- Relapse Prevention in Depression
- Generalized Anxiety Disorder
- Panic Disorder
- Agoraphobia and Panic Disorder with Agoraphobia
- Social Anxiety/Social Phobia
Obsessive-Compulsive Disorder
Post-Traumatic Stress Disorder (Trauma)
Withdrawal from Anti-Anxiety Medication
Dental Phobia
Bipolar Disorder (in combination with medication)
Binge-eating Disorder
Bulimia
Anorexia
Body Dysmorphic Disorder
Somatization Disorder
Cocaine Abuse
Opiate Dependence
Smoking Cessation
Marital Discord
Anger
Schizophrenia
Borderline Personality Disorder
Atypical Sexual Practices/Sex Offenders
MEDICALLY RELATED DISORDERS

- Chronic Pain
- Chronic Back Pain
- Fatigue and Functional Impairments among Cancer Survivors
- Sickle Cell Disease Pain
- Physical Complaints Not Explained by a Medical Condition (Somatoform Disorders)
- Irritable-Bowel Syndrome
- Obesity (CBT is effective in combination with hypnosis)
- Asthma with Coexisting Panic Disorder (in combination with asthma education)
- Rheumatic Disease Pain
- Erectile Dysfunction (CBT is effective for reducing sexual anxiety and improving communication)
- Infertility
Sleep Disorders
Geriatric Sleep Disorders
Insomnia
Vulvodynia (a chronic pain condition of the vulva)
Chronic Fatigue Syndrome
Migraine Headaches
Non-Cardiac Chest Pain
CBT Research for Children and Adolescents

- Depression
- Anxiety disorders (separation anxiety, avoidant disorder, overanxious disorder, obsessive compulsive disorder, phobias, post-traumatic stress disorder)
- Conduct disorder (oppositional defiant disorder)
- Distress due to medical procedures (mainly for cancer)
- Recurrent abdominal pain
- Physical Complaints (Somatoform Dis)
CBT Research
(non-randomized controlled trials)

- Hypochondriasis
- Caregiver Distress
- Suicide attempts
- Attention deficit disorder
- Dissociative Disorders
- Schizophrenia (in combination with medication)
CBT Research for Medical Problems
(non-randomized controlled trials)

- Cancer pain
- Idiopathic pain
- Gulf War Syndrome
- Tinnitus
- Idiopathic Pain
- Hypochondriasis
- Hypertension
- Fibromyalgia
CBT is also used for:

- Stress
- Low Self-Esteem
- Relationship Difficulties
- Group Therapy
- Family Therapy
- Psychiatric Inpatients
- Work Problems and Procrastination
- Pre-Menstrual Syndrome
- Grief and Loss
- Aging
OH, NO!
WE'RE GOING
TO BE HELD UP
BY A DARN
OLD TRAIN!

OH BOY!
WE'RE IN LUCK,
DADDY! WE GET TO
WATCH A TRAIN
GO BY!
The Cognitive Model

Situation → Automatic Thoughts → Emotion

One’s perception of a situation leads to automatic thoughts which then influence emotion.

Response

Automatic thoughts influence not only one’s emotional response, but also one’s behavioral and physiological responses.

One’s perception and thoughts are influenced by underlying beliefs.
For Better or For Worse

This prof. is going on and on... and she lost me completely about 15 minutes ago.

Everyone else seems to understand. I must be the only one here who's confused!

I really want her to stop and go over some of this stuff again.
BUT IF I PUT UP MY HAND, 175 PEOPLE WILL THINK I'M A DOOFUS!
<table>
<thead>
<tr>
<th>Helpless</th>
<th>Unlovable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>Unattractive</td>
</tr>
<tr>
<td>Powerless</td>
<td>Undesirable</td>
</tr>
<tr>
<td>Trapped</td>
<td>Rejected</td>
</tr>
<tr>
<td>Inferior</td>
<td>Alone</td>
</tr>
<tr>
<td>Ineffective</td>
<td>Unwanted</td>
</tr>
<tr>
<td>Incompetent</td>
<td>Uncared for</td>
</tr>
<tr>
<td>Weak</td>
<td>Bad</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>Worthless</td>
</tr>
<tr>
<td>Failure</td>
<td>Different</td>
</tr>
<tr>
<td>Defective</td>
<td>Not Good Enough (To Be Loved By Others)</td>
</tr>
<tr>
<td>(Doesn’t Measure Up)</td>
<td></td>
</tr>
<tr>
<td>Not Good Enough</td>
<td>Defective</td>
</tr>
<tr>
<td>(Doesn’t Measure Up)</td>
<td>(So Can’t Be Loved)</td>
</tr>
<tr>
<td>Loser (Achievement-Wise)</td>
<td>Nerd</td>
</tr>
<tr>
<td>Needy</td>
<td>Loser (in relationships)</td>
</tr>
<tr>
<td>Out of Control</td>
<td></td>
</tr>
</tbody>
</table>

Cognitive Conceptualization Diagram

RELEVANT CHILDHOOD DATA

CORE BELIEFS

CONDITIONAL ASSUMPTIONS/ BELIEFS/ RULES

COPING STRATEGIES

SITUATION #1

AUTOMATIC THOUGHT

MEANING OF AT

Emotion

Behavior

SITUATION #2

AUTOMATIC THOUGHT

MEANING OF AT

Emotion

Behavior

SITUATION #3

AUTOMATIC THOUGHT

MEANING OF AT

Emotion

Behavior

CBT Basic Principles

- CBT- is based on an ever-evolving formulation of the patient and their problems in cognitive terms.
- CBT- a good client-therapist relationship is essential
- CBT- emphasizes collaboration and active participation of both the pt and the therapist
- CBT- is goal-oriented and problem focused
- CBT- initially present focused/past aware
- CBT-educational- it aims to teach the client to be his/her own therapist, and emphasizes relapse prevention.
Basic Principles (cont.)

- CBT- aims to be time limited
- CBT- sessions are structured
- CBT- teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs
  - Modifying dysfunctional thinking provides improvement in symptoms.
  - Modifying dysfunctional beliefs which underlie dysfunctional thinking leads to more durable improvement
- CBT- uses a variety of techniques to change thinking, mood, and behavior
Structure of the Therapeutic Interview

1. Mood check
2. Setting agenda
3. Bridge from last session
4. Discussion of today’s agenda items
5. Capsule summaries plus summarization of session
6. Homework assignment
7. Feedback from patient
Cognitive Therapy of Depression
COGNITIVE TRIAD

- Negative Self View
- Paralysis of Will
- Depressed Mood
- Suicidal Wishes
- Increased Dependency
- Avoidance Wishes
- Negative View of World
- Negative View of Future
Key Features of Treatment

- Identifying, Examining, and Modifying ineffective behaviors
  - (Behavioral Activation)

- Identifying, Examining, and Modifying negatively biased thoughts and beliefs
  - (Thought Records) “I am useless”
CBT
Bipolar Disorder
TRIAD IN MANIA

- Overmobilized
- Overactive
- Euphoric
- Inflated view of self
- Increased independence
- Inflated view of future
- Inflated view of experience
- Reckless risk-taking
- Inflated view of experience
Key Features of Treatment

- Identifying, Examining, and Modifying ineffective behaviors
  - Behavioral Reduction
  - Resist temptation
  - Run a “pilot study” before you act.

- Identifying, Examining, and Modifying positively biased thoughts and beliefs
  - (Thought Records) “I am invincible”
COGNITIVE MODEL OF ANXIETY

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# Risk/Resources Ratio

<table>
<thead>
<tr>
<th>RISK OF DANGER</th>
<th>RESOURCES OR ABILITY TO COPE</th>
<th>ANXIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendency to overestimate risk</td>
<td>Tendency to underestimate one’s resources (past, current, &amp; future).</td>
<td>False Alarm</td>
</tr>
<tr>
<td>Tendency to overestimate the likelihood of a problem arising and exaggerate the consequences</td>
<td>Tendency to discount one’s ability to cope</td>
<td>False Alarm</td>
</tr>
<tr>
<td>Tendency to perceive a situation as dangerous when it is in fact not dangerous</td>
<td>Tendency to underestimate outside rescue factors (i.e., friends, colleagues).</td>
<td>False Alarm</td>
</tr>
</tbody>
</table>

**VS.**

<table>
<thead>
<tr>
<th>Real Danger</th>
<th>Genuine lack of resources</th>
<th>Alarm Adaptive Anxiety</th>
</tr>
</thead>
</table>
Key Features of Treatment

- Identify, Evaluate and Modify
  Misperceptions of Threat:
  - Overestimations of Probability
  - Overestimations of Consequences

- Identify, Evaluate, Modify, and Build if necessary Resource:
  - Underestimates of Internal and External Resources
# THE COGNITIVE PROFILE OF ANXIETY DISORDERS

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<table>
<thead>
<tr>
<th>DSM IV DISORDER</th>
<th>SPECIFIC COGNITIVE CONTENT</th>
<th>DYSFUNCTIONAL COPING STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERALIZED ANXIETY DISORDER</td>
<td>EXCESSIVE FEARS OF PSYCHOLOGICAL OR PHYSICAL DANGER ACROSS SITUATIONS</td>
<td>HYPERVIGILANCE; CHRONIC WORRY</td>
</tr>
<tr>
<td>PANIC DISORDER</td>
<td>CATASTROPHIC MISINTERPRETATION OF BODILY/MENTAL EXPERINCES REQUIRING IMMEDIATE INTERVENTION</td>
<td>HYPERVIGILANCE FOR SYMPTOMS; OVERT OR SUBTLE AVOIDANCE; HELP-SEEKING</td>
</tr>
<tr>
<td>HYPOCHONDRIASIS</td>
<td>FEARS THAT A MEDICAL PROBLEM OR CATASTROPHE WILL HAPPEN AT SOME POINT</td>
<td>HYPERVIGILANT FOR PHYSICAL SYMPTOMS</td>
</tr>
<tr>
<td>SPECIFIC PHOBIA</td>
<td>ANTICIPATED HARM IN SPECIFIC SITUATIONS OR UPON EXPOSURE TO SPECIFIC OBJECT</td>
<td>AVOIDANCE</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>SOCIAL PHOBIA</td>
<td>FEAR OF HUMILIATION IN INTERPERSONAL SITUATIONS</td>
<td>AVOIDANCE: HYPERATTENTION TO INTERNAL PROCESSES</td>
</tr>
<tr>
<td>OBSESSIVE COMPULSIVE DISORDER</td>
<td>REPETITIVE, EXCESSIVE WORRIES ABOUT POTENTIAL DANGERS AND RESPONSIBILITY FOR PREVENTING HARM</td>
<td>THOUGHT SUPRESSING AND/OR COMPULSIVE BEHAVIORS TO REDUCE DISTRESS</td>
</tr>
<tr>
<td>POST-TRAUMATIC STRESS/DISORDER AND ACTUE STRESS DISORDER</td>
<td>FEAR OF RE-EXPERIENCING HORROR OF A TRAUMA</td>
<td>AVOIDANCE</td>
</tr>
</tbody>
</table>
Steps

- Identify the Core Belief
- Understanding: Link early childhood data to development of the Core Belief
- Motivation to work on change: adv/disadv
- Consider alternative Hypothesis: Not 100% true
- Examine the data:
  - Present
  - Past
- Fuel the New Belief
COGNITIVE THERAPY FOR SUBSTANCE ABUSE
Cognitive Model of Substance Abuse

High Risk Stimuli (Internal or External) → Basic Drug-Related Beliefs Activated → Automatic Thoughts → High Risk Craving/Urges

Facilitating Beliefs (Permission) → Focus on Instrumental Strategies (Action) → Continued Use or Relapse
Cognitive Therapy for Personality Disorders
## AXIS II BELIEFS AND STRATEGIES

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Avoidant</strong></td>
<td>I’m undesirable.</td>
<td>Other people will evaluate me negatively.</td>
<td>If people know the real me, they’ll reject me. If I put on a façade, they may accept me.</td>
<td>Avoid intimacy</td>
</tr>
<tr>
<td><strong>Dependent</strong></td>
<td>I’m helpless.</td>
<td>Other people should take care of me.</td>
<td>If I rely on myself, I’ll fail. If I depend on others, I’ll survive.</td>
<td>Rely on other people</td>
</tr>
<tr>
<td>Obsessive Compulsive</td>
<td>My world can go out of control.</td>
<td>Other people can be irresponsible.</td>
<td>If I'm not totally responsible, my world will fall apart. If I impose rigid rules and structure, things will turn out okay.</td>
<td>Control others rigidly.</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Paranoid</td>
<td>I’m vulnerable.</td>
<td>Other people are malicious.</td>
<td>If I trust other people, they will harm me, If I am on my guard, I can protect myself.</td>
<td>Be overly suspicious</td>
</tr>
<tr>
<td>Antisocial</td>
<td>I’m vulnerable</td>
<td>Other people are potentially exploitative.</td>
<td>If I don’t act first, I can be hurt. If I can exploit first, I can be on top.</td>
<td>Exploit others</td>
</tr>
</tbody>
</table>
| **Narcissistic** | I’m inferior.  
(The manifest compensatory belief is I’m superior.) | Other people are superior.  
(The manifest compensatory belief is others are inferior.) | If others regard me in a non-special way, it means they consider me inferior.  
If I achieve my entitlements, it shows I am special. | Demand special treatment |
|----------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| **Histrionic** | I’m nothing.  
| | Other people will not value me for myself alone. | If I am not entertaining, others won’t be attracted to me.  
If I am dramatic, I’ll get others’ attention and approval. | Entertain |
<table>
<thead>
<tr>
<th>Schizoid</th>
<th>I'm a social misfit.</th>
<th>Other people have nothing to offer me.</th>
<th>If I keep my distance from others, I’ll make out better. If I try to have relationships, they won’t work out.</th>
<th>Distance self from others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizotypal</td>
<td>I am defective.</td>
<td>Other people are threatening.</td>
<td>If I sense that others are feeling negatively toward me, it must be true. If I’m wary of others, I can divine their true intentions.</td>
<td>Assume hidden motives</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>I’m defective. I’m helpless. I’m vulnerable. I’m bad.</td>
<td>Other people will abandon me. People can’t be trusted.</td>
<td>If I depend on myself, I won’t survive. If I trust others, they’ll abandon me. If I depend on others, I’ll survive but ultimately be abandoned.</td>
<td>Vacillate in extremes of behavior</td>
</tr>
</tbody>
</table>
Cognitive Therapy for Schizophrenia
Cognitive Therapy Approach

For all presenting problems-

- Thinking influences emotion and behavior
- Interpretation of experience key
- Beliefs are possibilities, hypotheses, not facts

Approach can be applied to beliefs associated with hallucinations and delusions
Cognitive Therapy Organizations

- **Academy of Cognitive Therapy (ACT)**
  - Certifies Cognitive Therapists
  - Referrals
  - Listserve
  - Newsletter
  www.academyofct.org
  Email: info@academyofct.org

- **Association of Behavioral Cognitive Therapies (ABCT)**
  - National Membership Organization
  - Annual Conference
  www.abct.org
  Email: membership@aabt.org

- **International Association for Cognitive Psychotherapy**
  - International Membership Association
  - Triannual World Congress
  - Journal
  http://iaccp.asu.edu/
References


References Continued


