

Application of Psychotherapy

Psychiatry Clerkship Lecture

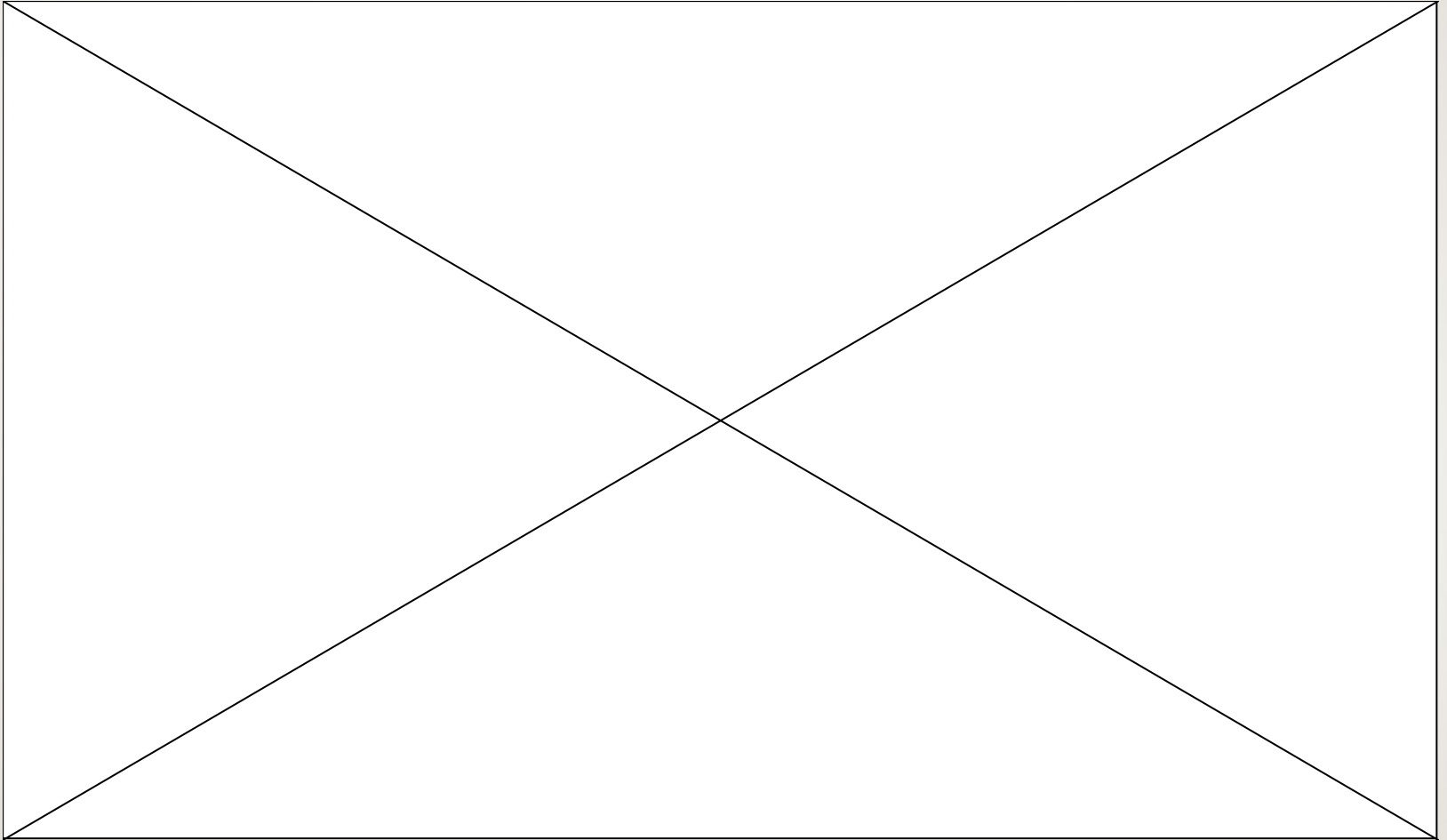
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Cognitive Behavioral Techniques

Brief Overview on CBT



History of CBT

- CBT initially stemmed out of more purely behavioral therapy:
 - CS precedes UCS – elicits UCR of fear or anxiety
 - After pairing frequently – CS alone causes CR
- CBT is also closely linked to operant learning theory with positive/negative reinforcement or punishment
- CBT was originally targeted toward significant childhood behavioral problems
 - This led to present-day treatments like Parent Management Training Oregon Model (PMTO)

Learning Theory

- Operant Conditioning – animals learn to increase or decrease certain behaviors based on consequences
 - Examples:
 - Dog brings back stick, gets pat on the head
 - Six month old children cough, get parents' attention
 - Students work hard/study, get better grades
- Lessons broken down into four categories:
 - Increase behavior – positive and negative reinforcement
 - Decrease behavior – punishment and extinction

Learning Theory (cont.)

- Positive Reinforcement
 - Person learns that behavior leads to desired reward
- Negative Reinforcement –
 - Behavior stops a negative consequence
 - EX: person having a panic attack runs from a room
- Punishment –
 - Behavior results in negative consequences
 - EX: break law – arrested and go to jail
- Extinction -
 - Behavior no longer results in desired or feared consequence

Learning Theory (cont.)

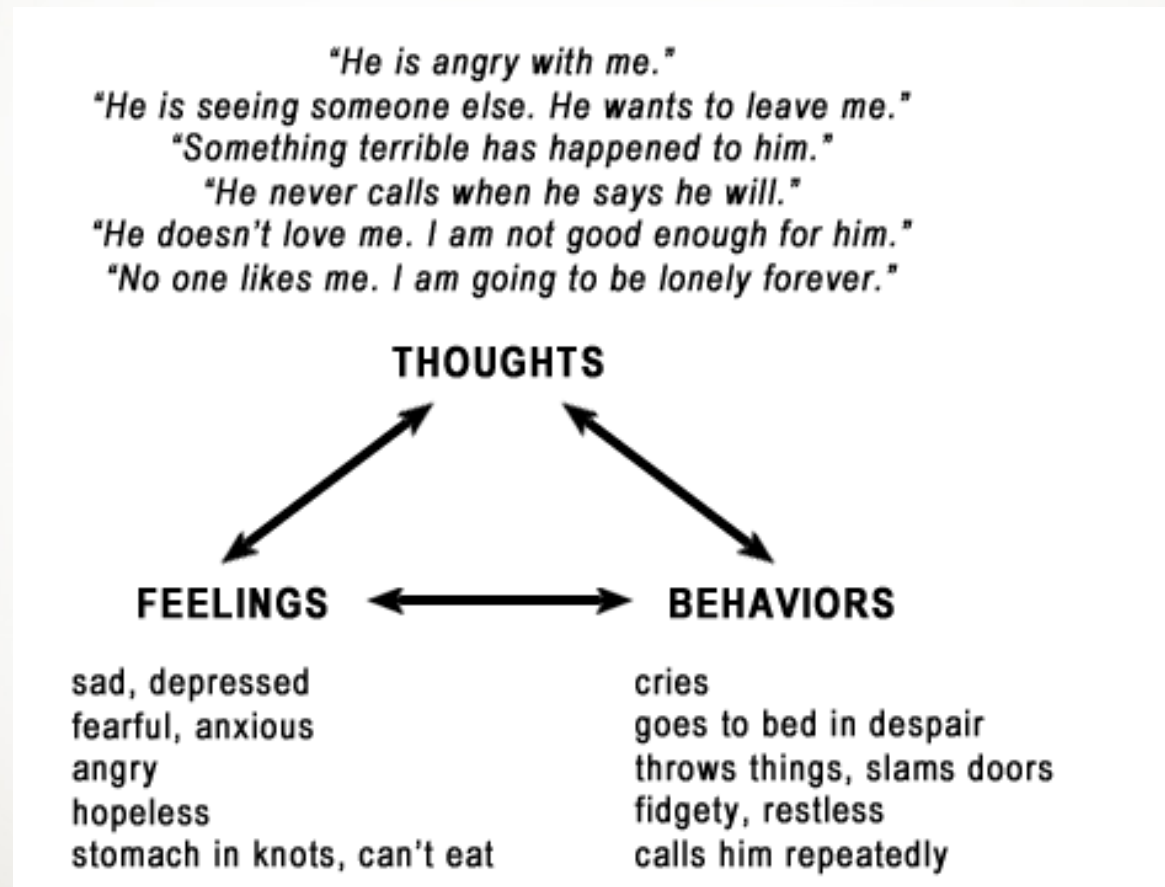
- Learning Theory is applied to Behavior Therapy to understand certain behaviors
 - FUNCTIONAL ANALYSIS (“ABC’s”): try to understand the purpose or function of problem behavior
 - Antecedents
 - Behaviors
 - Consequences

History of CBT (cont.)

- In the 1970's, evidence demonstrated that by incorporating cognitive strategies to behavioral skills in children led to broad/effective change
 - Cognitive strategies incorporated modeling, self-instruction training and problem solving
- Core assumption of cognitive therapy is maladaptive coping strategies or cognitions lead to psychological disorders
 - Aaron Beck – labeled “cognitive distortions”

History of CBT (cont.)

- Commonly used CBT model:



Session Structure

- Goals for First Sessions/Intake:
 - Establish rapport and trust
 - Socialize patient (and family) to CBT-based treatment
 - Assess patient and educate the patient about his/her disorder, the CBT model, and the therapy process
 - Normalize difficulties and instill hope
 - Review therapy expectations
 - Gather any additional information for case conceptualization
 - Develop problem list/hierarchy

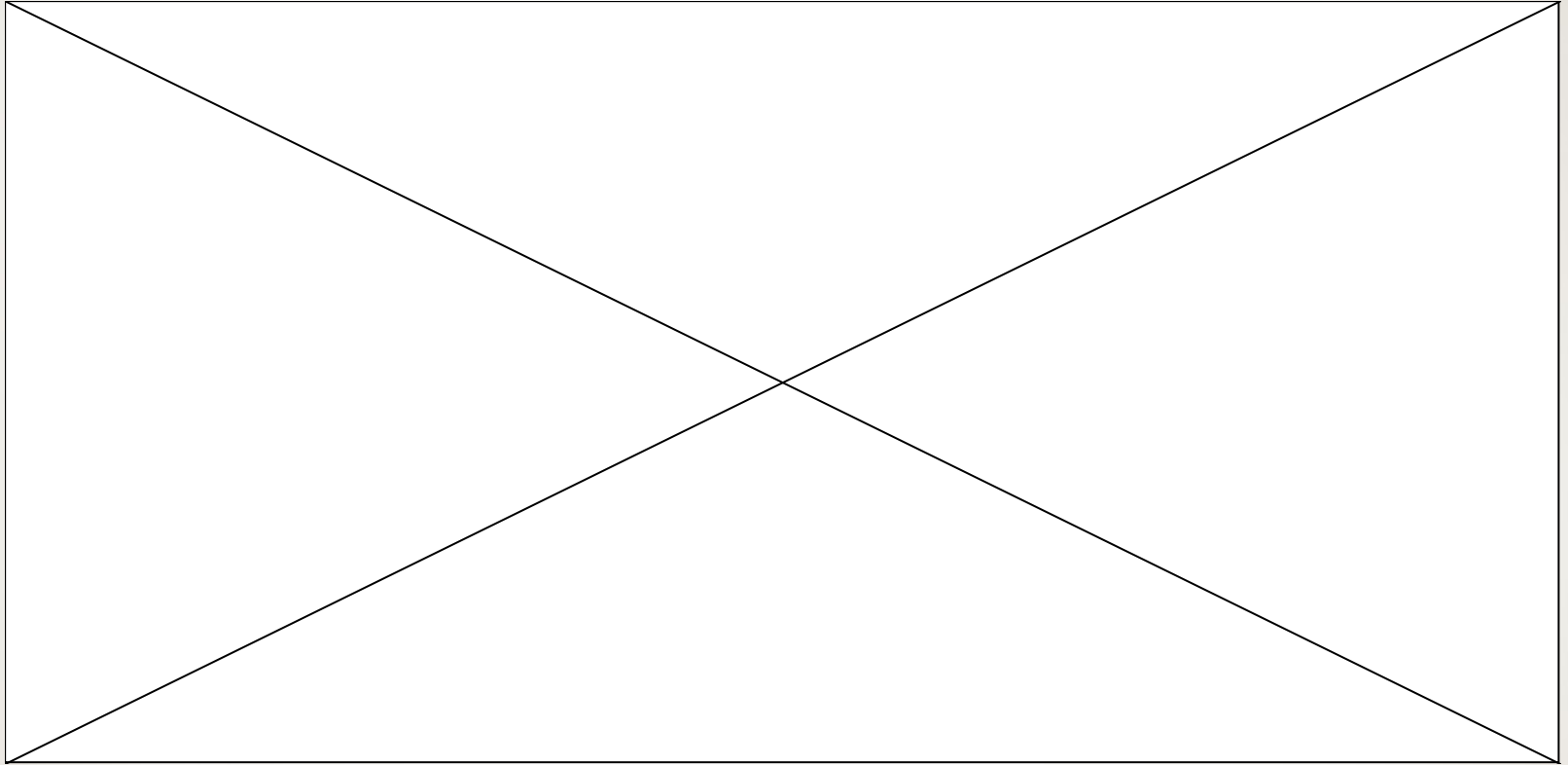
Session Structure (cont.)

- Structure of Preliminary Sessions:
 - Set the agenda (with rationale)
 - Perform a brief mood check (with objective scores)
 - Briefly review the presenting problem and update since intake evaluation
 - Identify problems and set goals
 - Educate further on the CBT model
 - Ask/discuss the patient's expectations for treatment
 - Educate the patient on his/her disorder(s)
 - Set homework
 - Provide a summary
 - Elicit feedback – EX: “Is there anything I said that you were concerns about or troubled you?”

Session Structure (cont.)

- Agenda for Follow-up/Subsequent Sessions:
 - Brief update and check on mood, medications, substance use, etc.
 - Bridge from previous session (may require summary)
 - Set the agenda
 - Review homework
 - Discuss the items on the agenda
 - Set new homework
 - Final summary and feedback

Aaron Beck – Brief CBT



<http://www.youtube.com/v/DzBLw3VsN6o>

Exposure Therapy

- Rationale for Treatment with Exposure:
 - If a person faces fear stimulus repeatedly, then fear/anxiety will decrease over time (habituation)
 - Facing an anxiety-provoking situation allows the patient to test his/her prediction regarding the situation (often distorted)
 - Avoidance of fear only maintains anxiety
- Forms of Exposure:
 - Graded/Gradual vs. Massed/Intensive
 - Imaginal vs. In vivo exposures
 - Interoceptive Exposure
 - Exposure and Response Prevention (ERP)

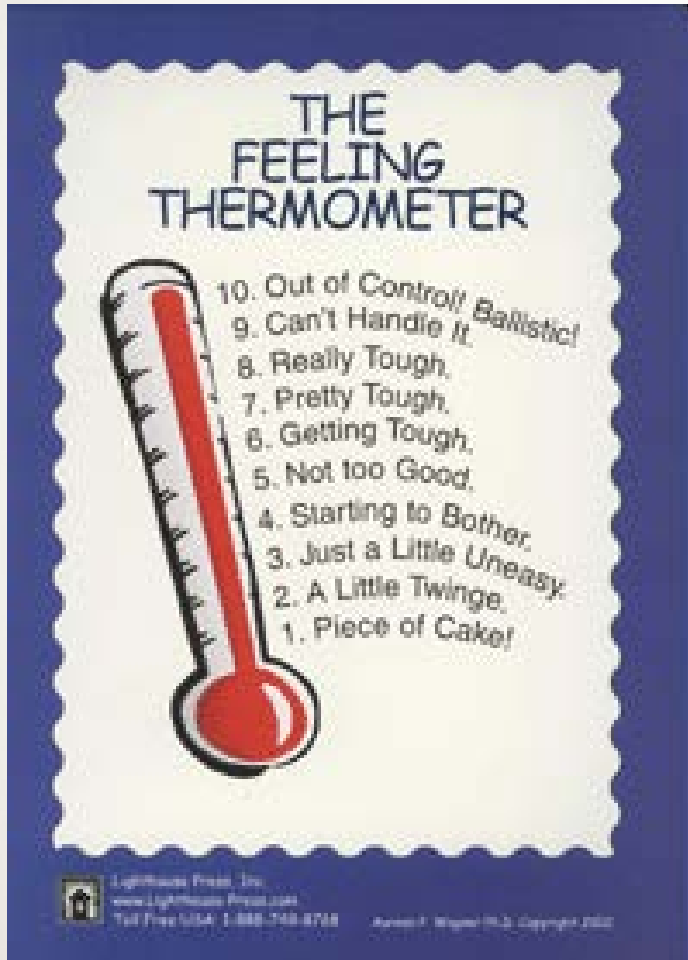
Exposure Therapy (cont.)

- Essential Components of Exposure:
 - Trusting relationship with therapist
 - Patient must understand the rationale for exposures
 - Patient must be in control of exposures – patient must be able to stop at any time
 - Exposures must be done for a sufficient amount of time to cause habituation
 - Homework should start with manageable exposures
 - If not, risk premature termination
 - Patient must have permission to report setbacks and avoidance of exposures

Exposure Therapy (cont.)

- Steps for Conducting Exposure:
 - Construct fear and avoidance hierarchy
 - Teach cognitive therapy techniques (thought distortions, etc.)
 - Perform in-session exposures
 - Assign exposures for homework
 - Review and modify exposures as necessary

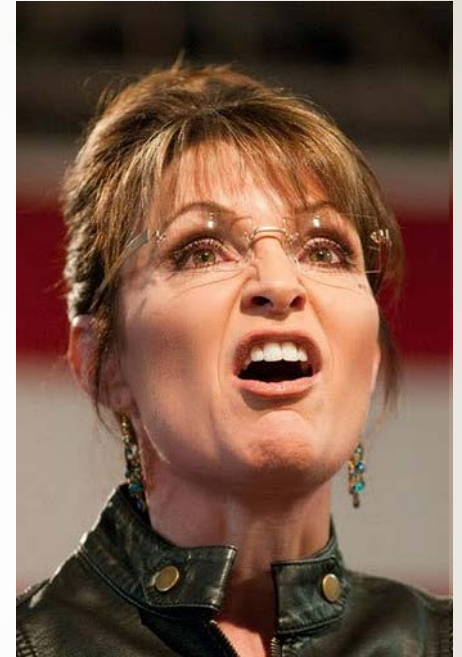
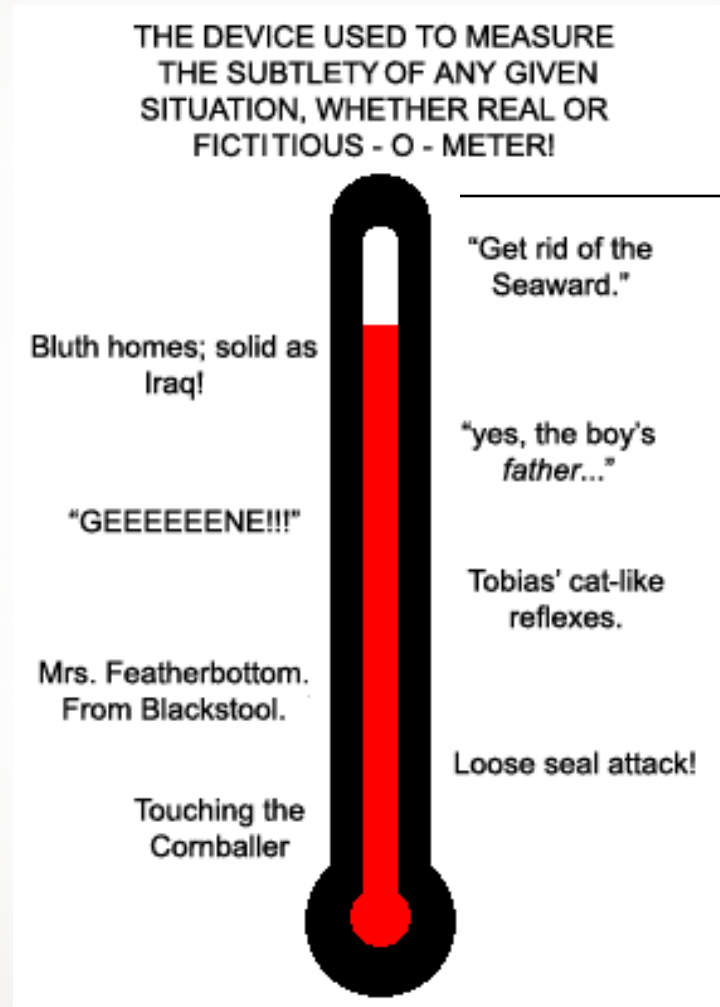
“Feelings Thermometer”



- Provides a method of creating a problem list or hierarchy for treatment
- I often let patients create their own thermometer and label items/severity in their own words
- Will adapt/create new thermometer as treatment progresses

“Feelings Thermometer”

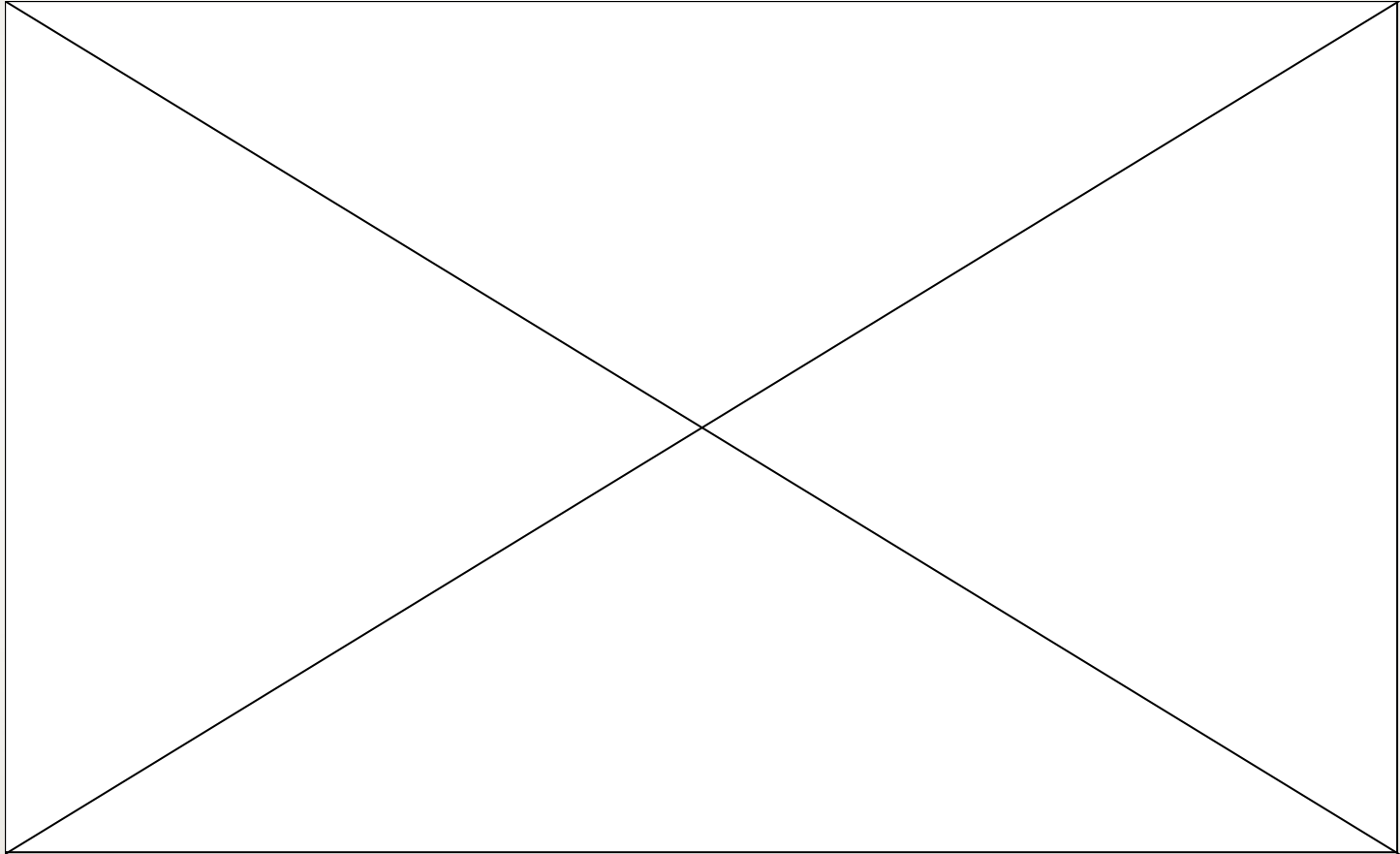
Or, this one...



https://lh6.googleusercontent.com/-pBJ_AM7kU4E/TXa6yrQt8kl/AAAAA9s/zQg_vWMPDno/The+REAL+Sarah.jpg

(<http://www.progressiveboink.com/justin/arrested/thermometer.gif>)

Example of Session:



<http://www.youtube.com/watch?v=a0YyC1iS8Rc>

Other Key Terms:

- Cognitive Distortions
 - EX: overgeneralization, all/nothing thinking, disqualifying the positive, emotional reasoning
- Automatic Thoughts
- Core Beliefs
 - Utilization of “Downward Arrow” to identify core beliefs

Downward Arrow Technique

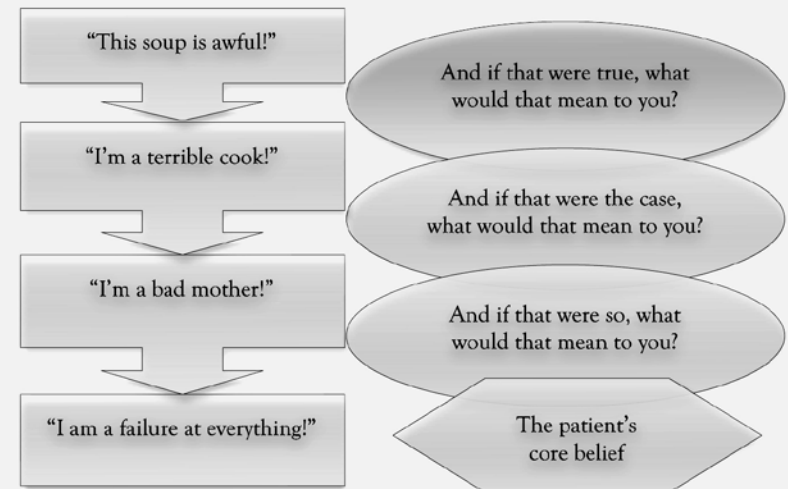


Fig. 9.1. An example of the downward arrow technique.

(<http://www.oodegr.com/english/psyxotherap/eikones/1.jpg>)

Other Key Terms (cont):

- For Parents:
 - Differential Attention
 - Using positive attention to increase desirable things that a child does while ignoring/removing attention (less positive and negative attention) from disorder-related struggles
 - Scaffolding
 - Determine child's feelings and empathize with them
 - Brainstorm how to approach a situation rather than avoid
 - Evaluate and reward
 - “Bossing Back”
 - fighting back against worries/depressive symptoms

Exposure Therapy (cont.)

- Potential Barriers/Challenges to Therapy:
 - AVOIDANCE
 - KEY – work on exposures in session to monitor and provide encouragement
 - If no habituation – patient likely performing subtle forms of avoidance
 - FLOODING
 - Feared outcome occurs – attempt to decatastrophize
 - Lack of homework/intersession work
 - Address barriers to treatment and readiness/motivation

Resources/References:

- Beck, JS. Cognitive Therapy: Basics and Beyond (1995). New York: Guilford Press.
- Barlow, D. Clinical Handbook of Psychological Disorders, 4th Edition. New York: Guilford Press.
- Peters TE, Freeman JB. Guest Editors for “Cognitive-Behavioral Therapy in Youth.” Child and Adolescent Clinics of North America 2011; 20(2): 411 pp.
 - shameless plug
- Several slides were adapted from lectures provided by Marjorie Weishaar, PhD, MS, Clinical Professor of Psychiatry & Human Behavior, Brown University