Psychotherapy: Day Two Cognitive Therapy

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Recap of Day 1 – Psychoanalysis

- Summary
- Any questions?

Aims of the Day

- Introduce the cognitive model of the mind
- Introduce some basic cognitive therapy concepts

- Use these to understand a clinical case
  - Depression
  - Anxiety

- Observation & practice of therapy

Session One: Basic Cognitive Theory

Cognitive Model of the Mind

- Experience is based on our construction of events not the actual events themselves.

- Examples of cognitive construction changing experience of an event:
  - Breaking glass
  - Second in the race
  - Being in this lecture

Assessment

- Cluster the problems
- What are the main problems?
- Where does it occur?
- When does it occur?
- With whom does it occur?
- What does the patient think it means when the problem occurs?
- Ask for a typical and recent example
- ABC – antecedents, behaviours, consequences

Assessment

- Emotions when the problem happens
- Physical symptoms when problem happens
- Thoughts/ images
- Frequency and duration of the problem
- How intense / distressing it is
- Onset of the problem; and how it has developed since onset

Assessment

- What makes problem better / worse?
- Current coping methods
- Mental state (how they are today)
- Background information:
  - Personal and family history
  - Previous therapies and response
  - Past psychiatric and medical histories
  - Medication
  - Social history, alcohol and drugs

Problem list

- Clustering the symptoms according to a diagnostic category makes them seem more manageable
- Create a rich description – thoughts, feelings, behaviours and bodily symptoms
- Rate severity and impact on functioning

Now What?

- So far, so standard psychiatric history…

- What makes it Cognitive Therapy?
- How is that different from other therapies?

Principles of Cognitive Therapy

- Cognitive Therapy…
- Requires a good alliance
- Is collaborative and user actively participates
- Is usually time limited
- Sessions are structured
- Uses an evolving formulation
- Is goal oriented and problem solving
- Initially emphasised the present
- Is educative, including relapse prevention
- Teaches patient to identify, evaluate and respond to dysfunctional thoughts
- Uses techniques to change thoughts, moods and behaviour

What do you think would make a useful goal?

- Would it be useful to have a goal of "I just want to feel better"? – Why?

Goals setting

- Reframe of problem list
- SMART
  - Specific
  - Measurable
  - Achievable
  - Resourced
  - Time limited

…next you are going to have a go!

Vignette

- **Patient A**
- You have had low mood for the past 6 months since you lost your job and moved back to live with your parents. You feel low in mood every day and have become inactive. Your typical day consists of getting up at 11am, eating and watching TV for 2 hours then going back to bed. You have difficulty sleeping at night and feel tired all the time. In the past you worked in a bank and enjoyed going to the gym three times per week (you are still a member as you paid fees upfront for 18 months). Your parents want you to do more chores around the house. You have been avoiding your friends for the last 6 months.

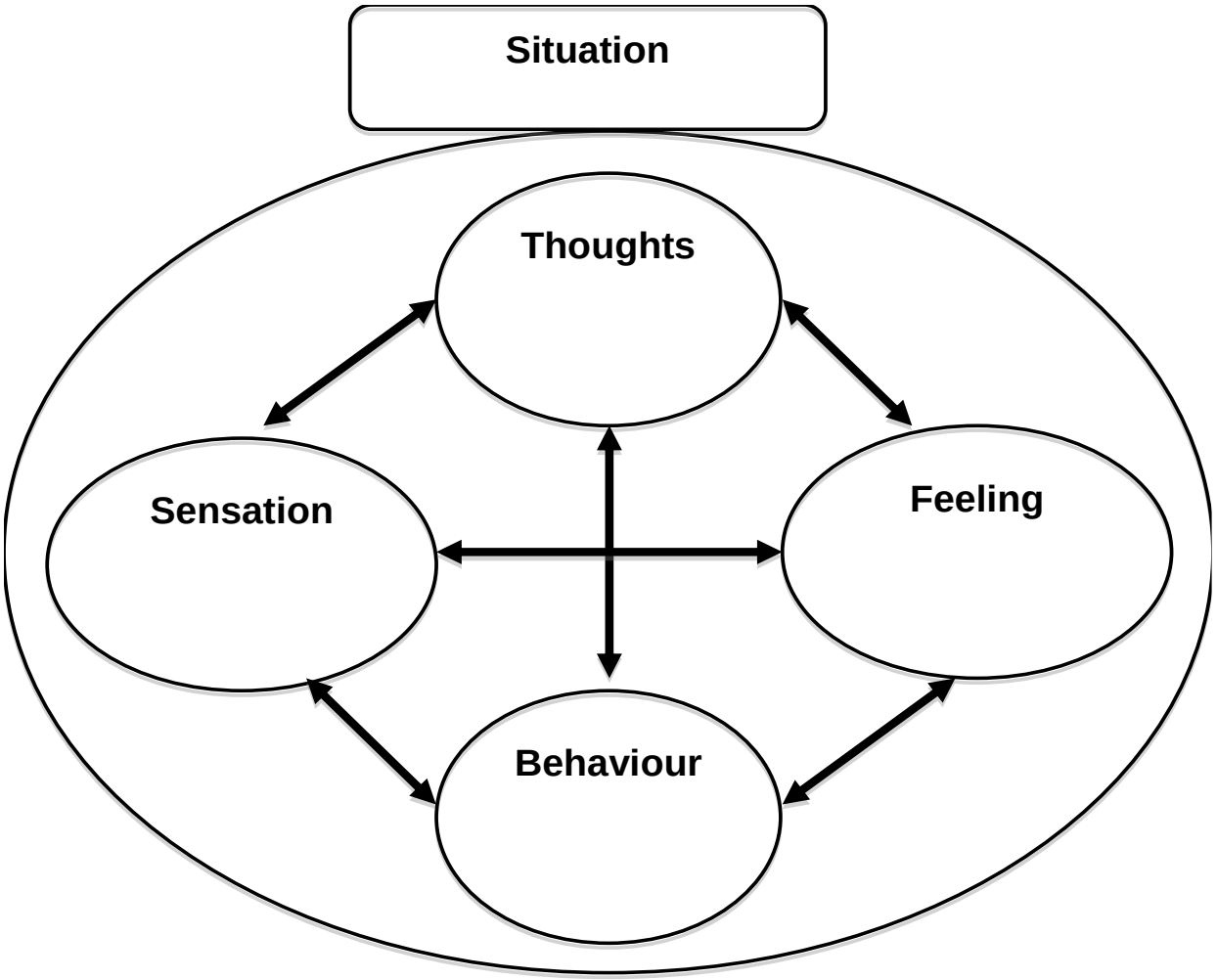
Goals-setting role play

- In pairs, patient and therapist roles
- Use the example of patient A in the vignette above
- Create a problem list
- Explain SMART goals to patient
- Set goals that are SMART

Diagnosis vs. Formulation

Characteristics	Diagnosis	Formulation
Format	Descriptive Label	Explanatory summary
Standpoint	What is shared?	What is unique?
Derivation	Structured Examination	Interactive interview
Use of Theory	Theory neutral	Informed by theory
Predicts	Course of illness	Response to illness
Treatment	Identified Rx	Informs Rx

Hot Cross Bun



Some useful phrases..

- When you … what was going through your mind?
- When you thought …how did that make you feel? What did you do?
- When you … what sensations did you notice in your body?
- When you noticed …did that make the thought any more or any less believable?

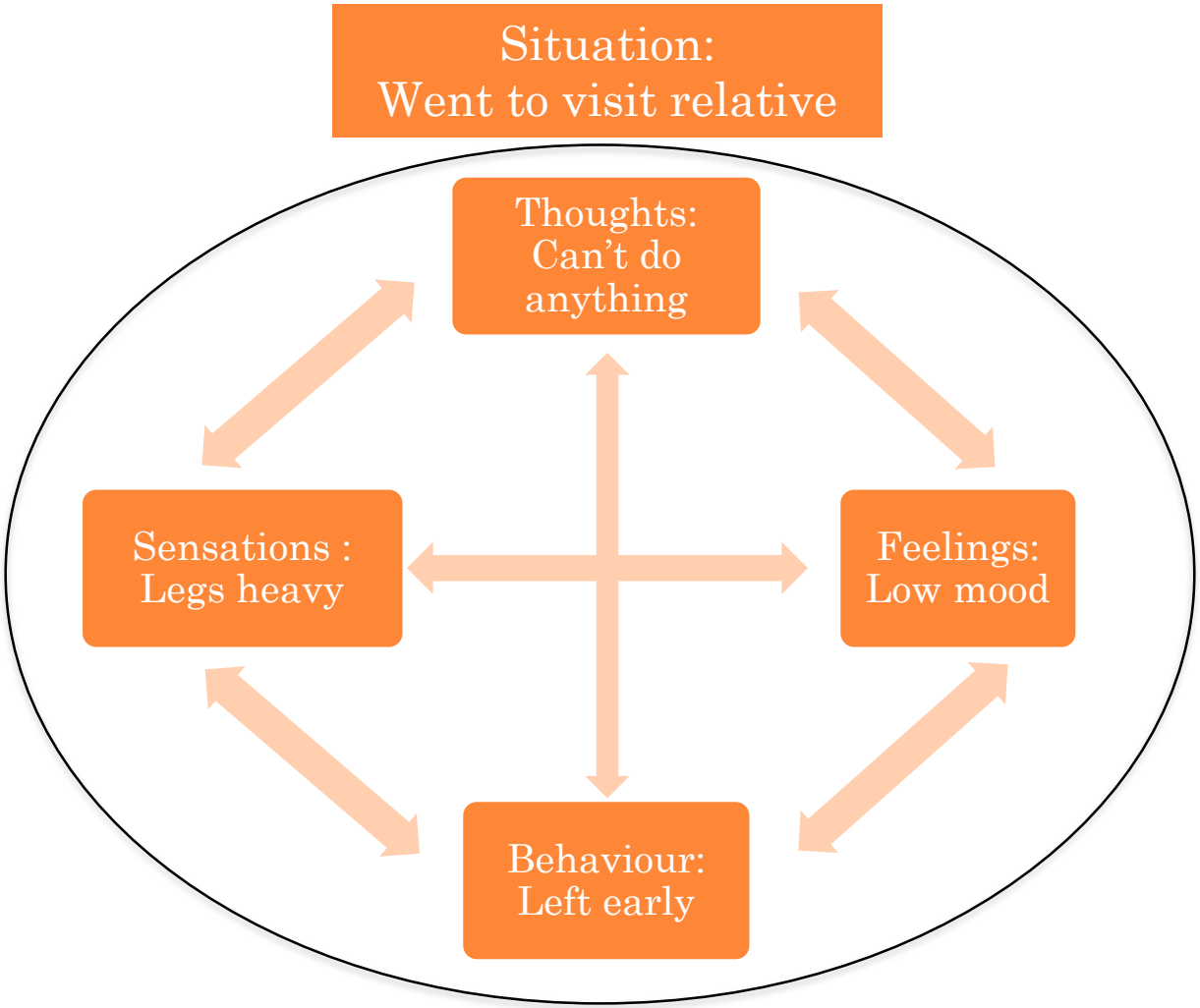
Process of drawing the hot cross bun formulation

- Initially supply the headings of situation, thoughts, feelings, behaviours, bodily sensations – but no arrows yet
- Describe a specific example of the problem with your patient and map it together
- Use Socratic questions to find out how each of these areas was
- Ask the patient if its ok to show that one of the areas led to the other area via drawing an arrow

Process of drawing the hot cross bun formulation

- Eg “so when you noticed that your legs were heavy what did you do?...So may I draw an arrow from ‘legs were heavy’ to ‘went home early’ to show that the one led to the other?”
- Eg “so when you felt low in mood what did you notice about your body? … So may I draw an arrow from ‘low mood’ to ‘legs were heavy’? …
- And when you noticed your legs were ‘heavy’ what did that do to the strength of the thought ‘I can’t do anything anymore’? … It made it more believable? Then can I draw an arrow from ‘legs were heavy’ to the thought ‘can’t do anything’?

Patient A - e.g. Went to visit relative

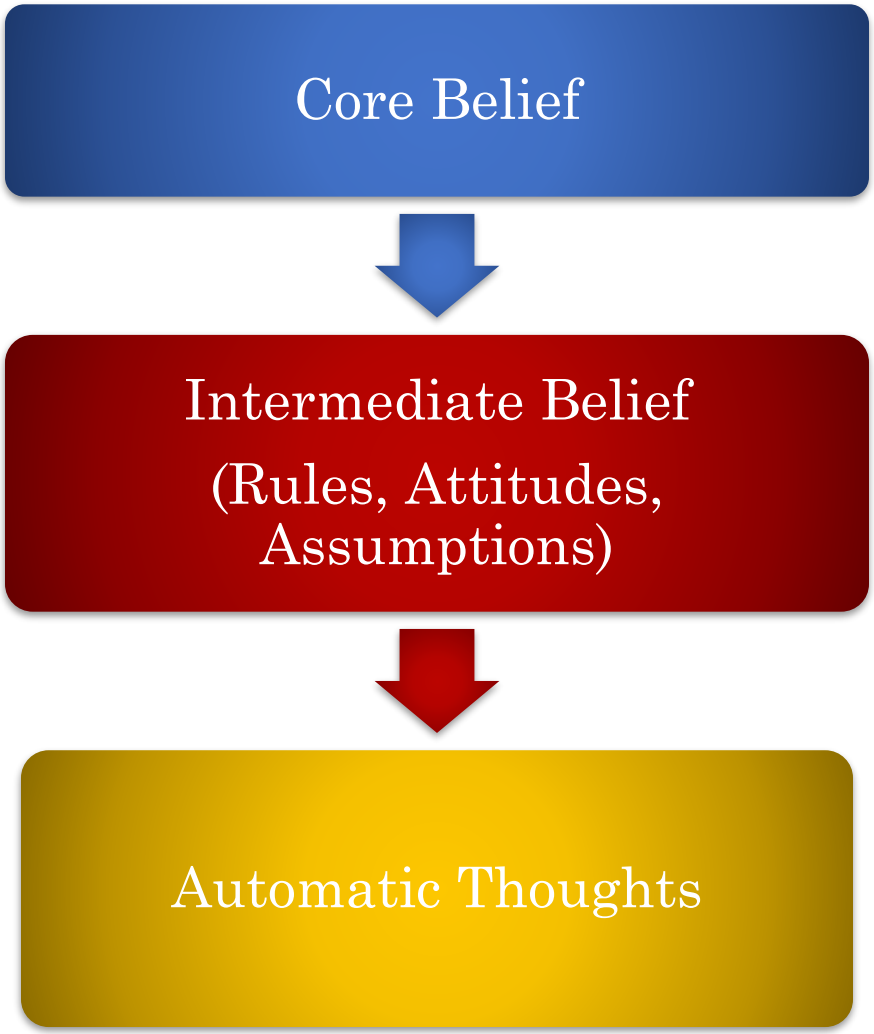


Thoughts

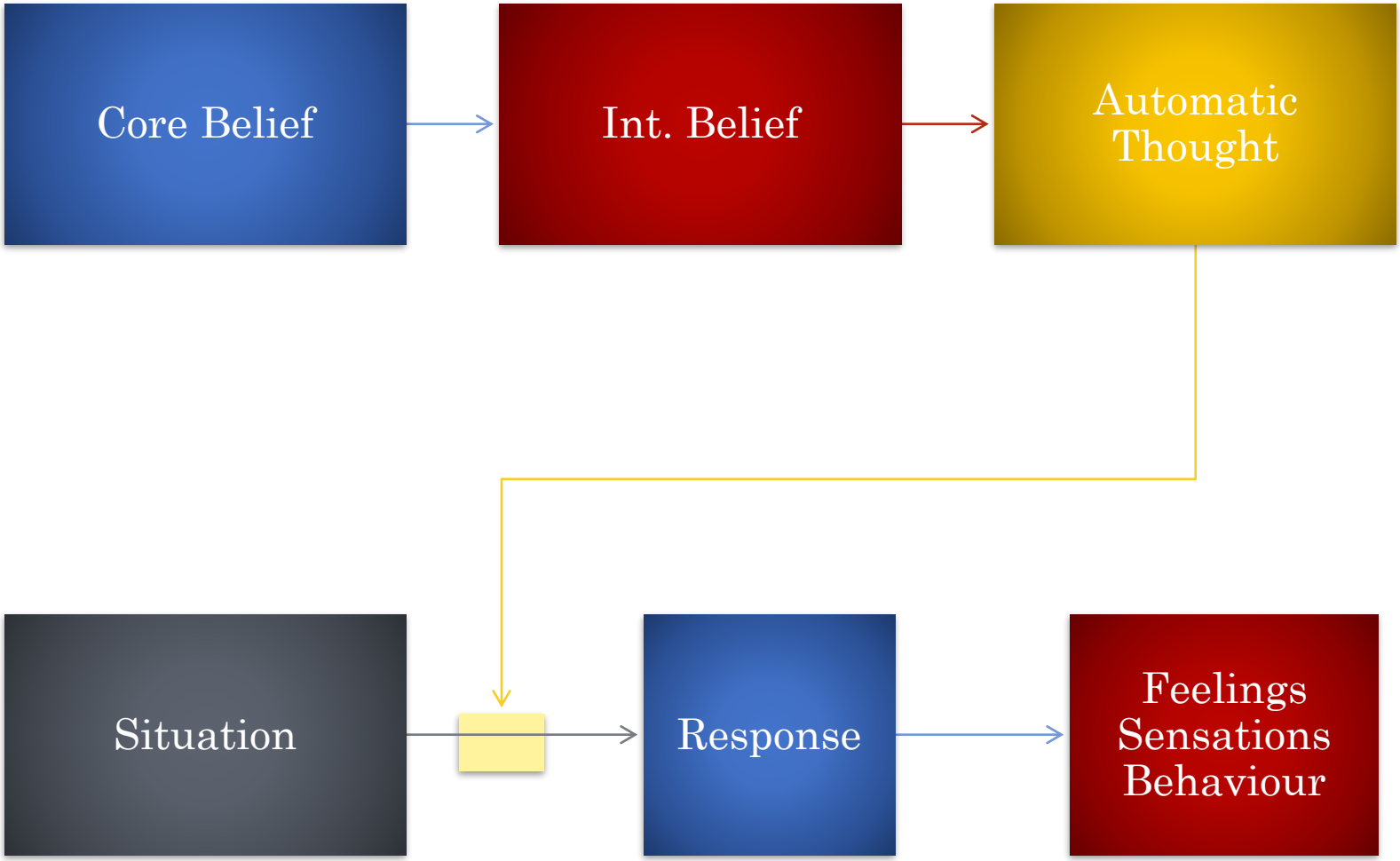
- Automatic Thoughts

- Negative
- Anxious
- Guilty
- Angry

Automatic Thoughts



Automatic Thoughts



Feelings

- Anxiety
- Sadness
- Guilt
- Shame
- Anger

Sensations

- Tension
- Pain
- ANS
  - Sweating
  - Palpitations
  - Tremor
- PNS
  - Dry mouth
- Tiredness

Behaviours

- Avoidance
  - Inactivity
  - Not socializing
  - Off work
- Safety

Safety behaviours e.g. in social phobia

- Patient does these in the belief they prevent feared outcome
- Safety Behaviours
  - prevent disconfirmatory learning
  - cause a feared symptom to increase
  - Draw attention to self
  - Increase self focus
  - Contaminate the social situation

Coffee Time

Session Two: Cognitive Therapy & Depression

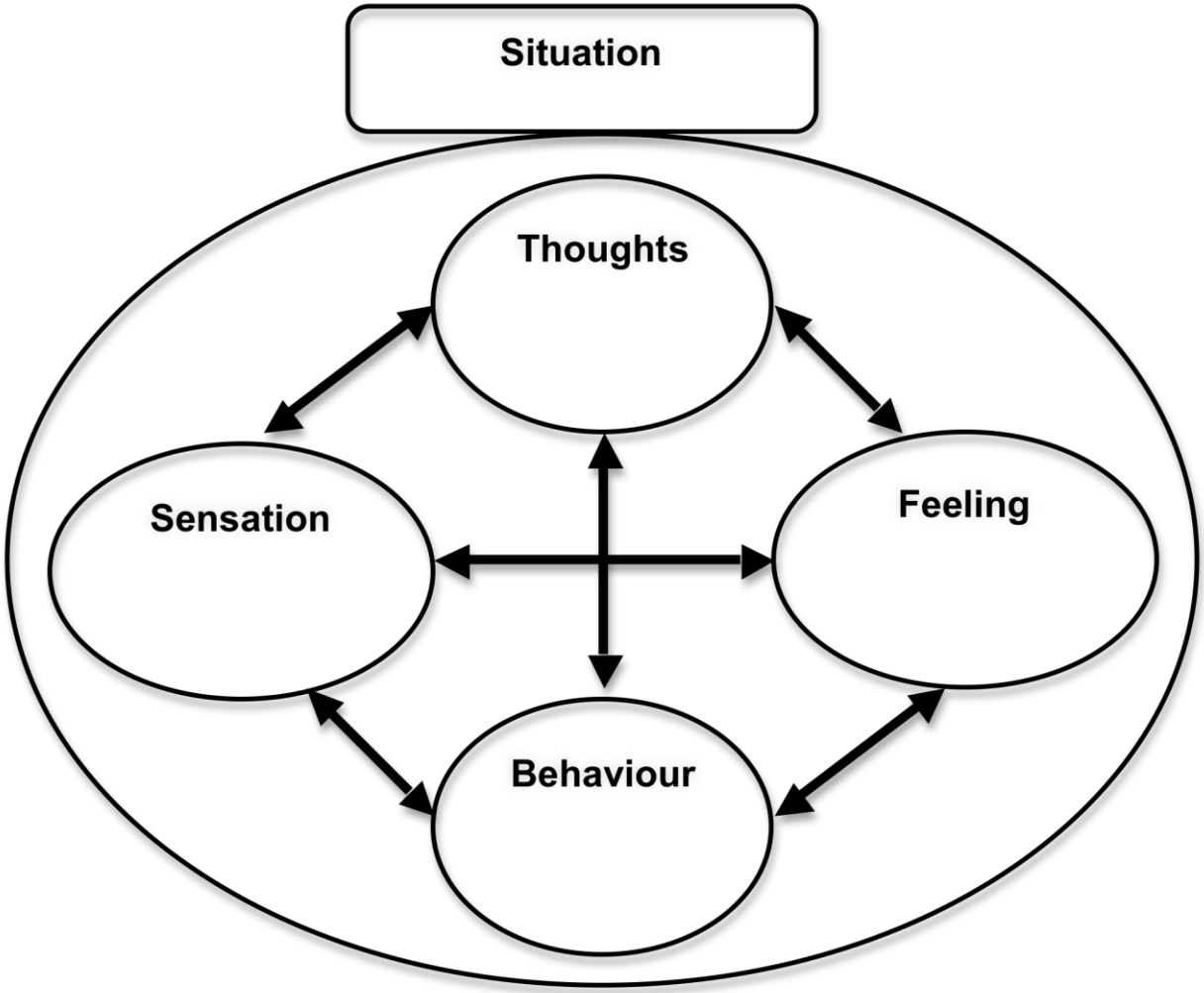
Depression: Core Formulation

- Depressed feelings about
  - Self
  - World
  - Future

- Arise from distorted negative appraisal
- Automatic Negative Thoughts (ANT)
- Negative Core Beliefs

- Avoidance of helpful activity
- Lapses into unhelpful activity

Hot Cross Bun



Depression: Main Therapy Strategies

- Identify ANT
- Challenge ANT
- Change ANT & Core Beliefs

- Identify maintaining behaviour
- Change maintaining behaviour

Depression: Tools & Techniques

- Identification

- Daily Thought Records
- Rating strength of belief
- Activity Records

Use of thought diary (DTR)

- Do an example in the session, such as below:
- Then set as homework

Date/ time	situation	emotion	thoughts	behaviour
7.30 am	Woke up, thought about work	Anxious 100%	I'll make lots of mistakes (100% belief)	Rang in sick

Gathering the evidence (example of depression)

- Role play in pairs
- Use 7 column thought diary
- Take turns to be the patient

Questioning the evidence (example of depression)

- Use dysfunctional thought record (7 column)
- Ask about recent example of when mood dipped – e.g. patient declined to attend a wedding because they thought they could not face seeing old friends
- Write down the NATs with the patient
- Write down % belief in each thought
- Rate mood associated with each thought
- Select one 'hot thought' with patient (Padesky)

Vignette: Patient B

- You have had low mood for 6 months ago since you lost your job in a bank and moved back in with your parents. You have become low in mood every day and become inactive. You r typical day consists of getting up at 11am, eating a little, watching TV for 2 h and then returning to bed. You have difficulty sleeping at nightand feel tired all the time. You used to enjoy going to the gym 3 times per week and still have membership. You are avoiding your friends. Your parents want you to do more chores at home. You keep thinking 'I'm a failure'.

Depression: Tools & Techniques

- Evidence gathering

- Question and challenge the evidence
- Socratic questioning
- Downward arrow
- Hypothesis testing

Challenge the evidence (example of depression)

- Is there any evidence that makes the hot thought believable (list)?
- Is there any evidence against the hot thought being true?
- What would be a more balanced thought?
- How much does patient believe the balanced thought?
- How much does the patient believe the hot thought now?
- Rate mood now

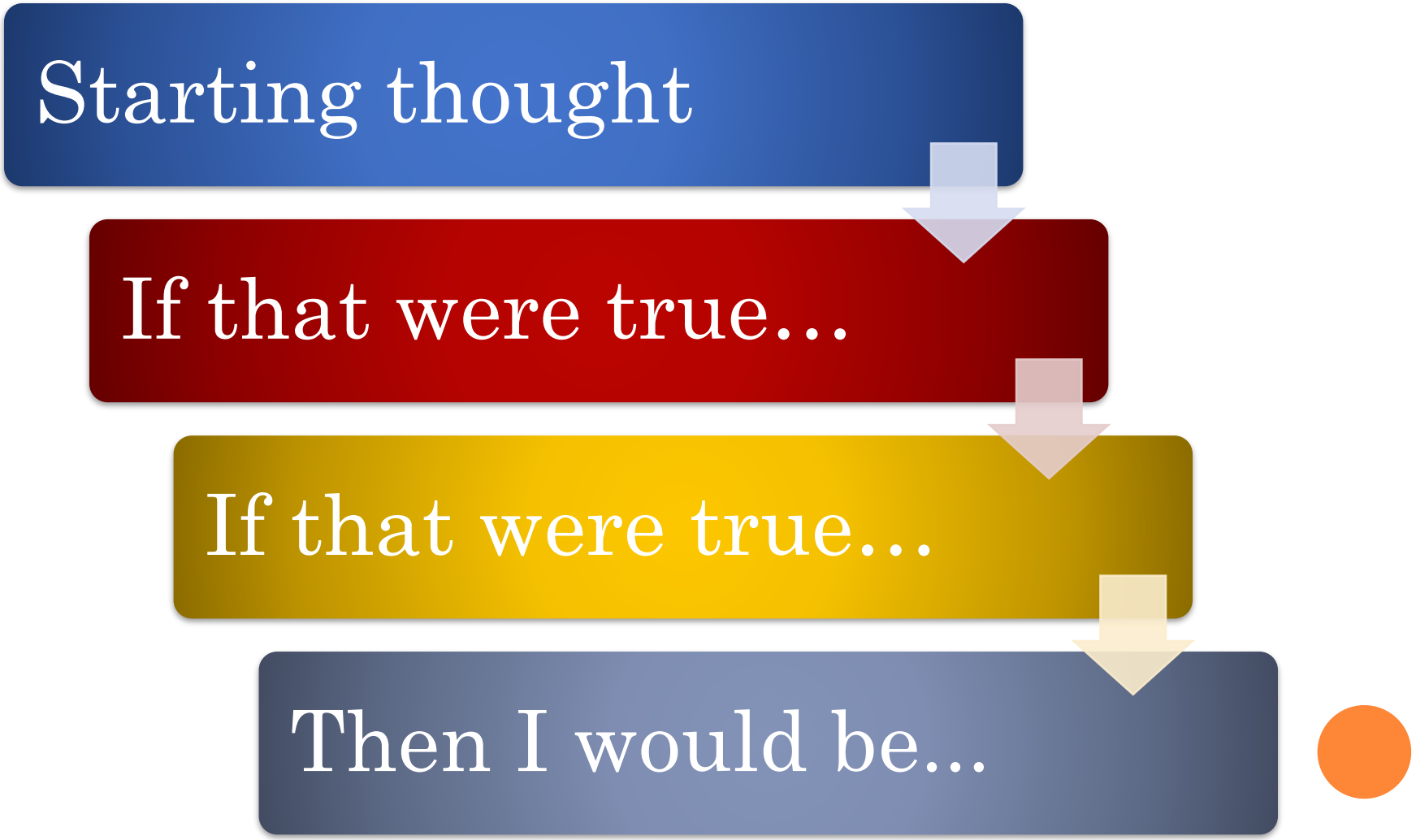
Socrates

- Clarification questions
- Probing assumptions
- Probing rationale, reasons & evidence
- Alternative viewpoints and perspectives
- Implications & consequences
- Questioning the question

Socractic questioning

- Ask questions to understand patient's experience
- Not an interrogation
- Ask questions that the patient can answer
- Open questions; then questions to clarify
- Hypothesis / goal driven
- Use for guided discovery

Downward Arrow



Downward arrow technique (Burns, 1980)

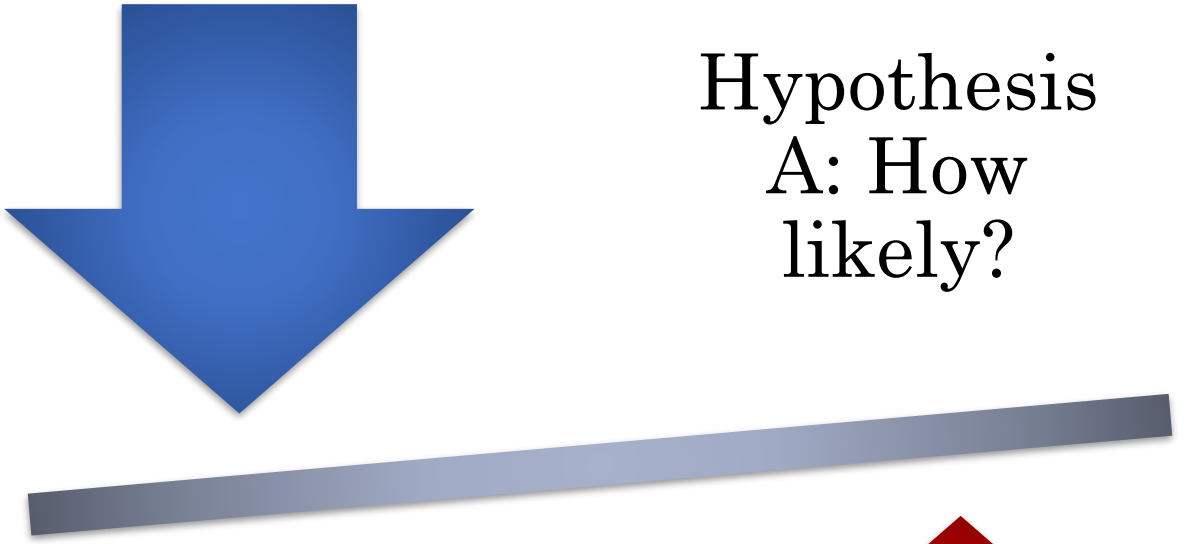
- If that was true…
- …What would be the worst thing about that?
- …What would that say about you?
- …What is the worst thing it would it mean to you?

Used to uncover a negative automatic thought (or dysfunctional assumption or core belief)

Downward arrow e.g.

- Patient: “I feel sad because it looks like Sandra is leaving our street”
- Therapist: “if that happens what will that mean for you?”
- Patient: “ I won’t have any friends in my street.”
- Therapist: “if that was true what would that mean for you?”
- Patient: “No one likes me”

Hypothesis Testing



Hypothesis A: How likely?

Hypothesis B: How likely?

Cognitive change methods

- Theory A
- E.g. when I have the thought that a person will die, I have to do my ritual and that keeps him safe from dying

- Theory B
- E.g. thoughts are just mental events and don't make things happen; when I do my ritual I don't get the chance to find out that the thought didn't cause bad things to happen

Depression: Tools & Techniques

- Challenge

- Evidence gathering
- Socratic questioning
- Downward arrow
- Hypothesis testing

Depression: Tools & Techniques

- Change

- Rating evidence – strength of belief
- Activity scheduling
- Goal setting
- Problem solving
- Decision making

- Undermining thoughts / behaviour

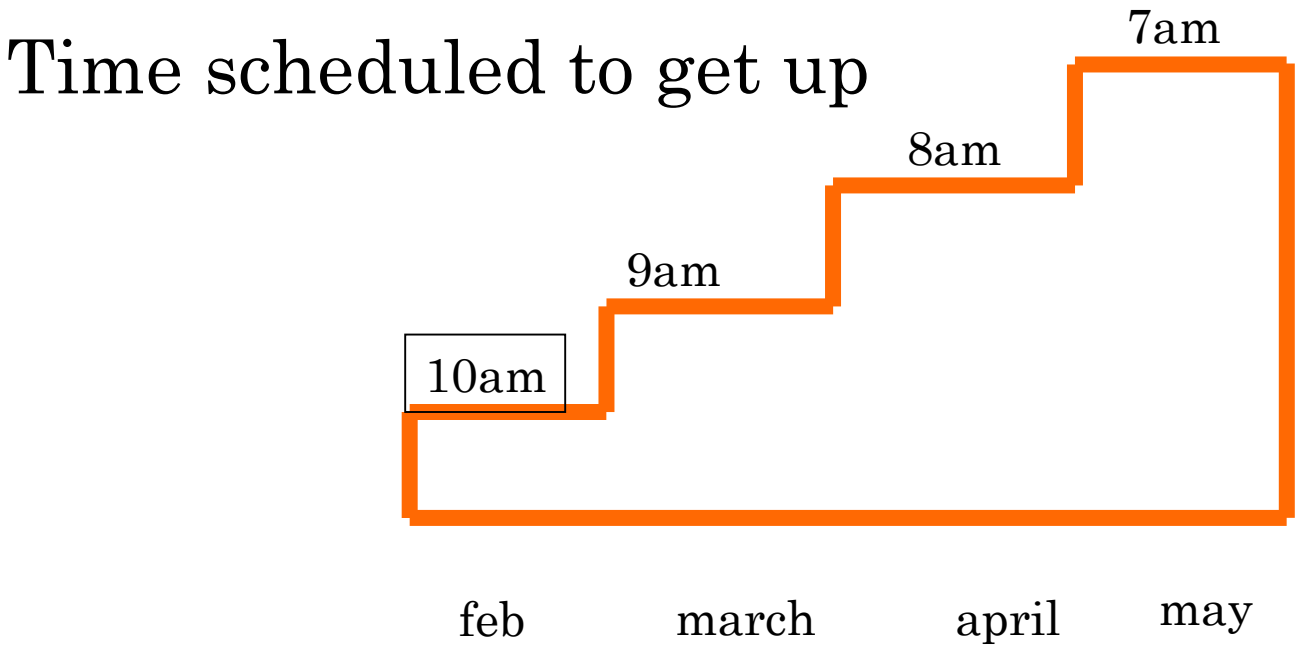
Activities scheduling

- Powerful method to treat depression
- Re-commence old hobbies and activities
- Gain a more helpful routine
- Gradually work towards goals

Activities scheduling

- E.g if weren't depressed, would be working
- What time would they get up? E.g. 7am
- What time do they get up now? E.g. 12 noon
- Agree a series of steps of getting up earlier each week.
- E.g. 10am; 9am; 8am; 7am

Goal to get up at 7 am



Activities scheduling

- What activities did they used to enjoy doing and may have stopped?
- What would be useful to do? Can it be broken down into smaller tasks to do in the coming week?
- Agree a mixture of pleasure and mastery activities to schedule in for the coming week.

Activities scheduling

- Examples of Pleasure activities:
  - Hobbies
  - TV
  - Meet someone for coffee
- Examples of Mastery activities
  - Household chores
  - Job application
  - Supermarket shopping
  - Pay your bills

Activities scheduling

- Use handout – diary sheet – one per day
- Plan activities in advance
- On the day, patient is to write down their actual activities and rate their mood during each

- Individual Exercise
  - Fill out one day of the worksheet
  - Rate the feeling next to the activity

Problem solving

- Define the problem
- List all possible solutions
- List likely outcome of each
- Pick one (or more) solution to use
- Use the solution
- Review how it went, what can be learnt

E.G. YOU HAVE AN ESSAY TO WRITE

1. List all possible solutions:
   - Say the computer broke
   - Copy one from the internet
   - Do an essay plan and ask tutor's opinion

2. Likely outcome of each solution:
   - Won't be believed
   - Get into trouble
   - Likely to be helped

3. Pick best solution, try it, review it and learn from how it works out…

And now…

Session Three: Cognitive Therapy & Anxiety

Anxiety: Core Formulation

- Anxious feelings and sensations
- Caused by fearful thoughts
- These arise from distorted (mis-)interpretations
  - Automatic Fearful Thoughts
- Belief in AFT maintained by behaviour
  - Avoidance
  - Safety

Anxiety: Main Therapy Strategies

- Identify fearful beliefs
- Challenge fearful thoughts
- Change underlying Care Beliefs

- Identify triggers & maintenance behaviour
- Stop avoidance and safety behaviour

Anxiety: Tools & Techniques

- Identification

- Daily thought records
- Anxiety rating scales
- Heirarchies

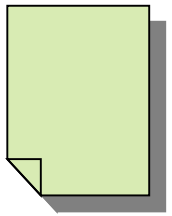
- Identifying avoidance and safety behaviour

Examples of Catastrophic misinterpretations

Sensations due to anxiety	Misinterpretations
Chest pain Throat tightening Cognitive symptoms	‘heart attack’ ‘Choking’ ‘Going mad’

Panic diaries

- Self monitoring of symptoms is a common homework in CBT
- Panic Diary handouts
- Quick role play: show your patient the panic diary sheet, agree the rationale for homework



Hierarchy of feared situations- e.g.

- Most feared

- Least feared

1. Public speaking
2. Party
3. Work meeting
4. Train journey
5. Bus journey

Hierarchy of feared items to touch in OCD, example

- Most feared

- Least feared

1. Public toilet
2. Public bin
3. Seat on bus
4. Bannister in hospital
5. Coin

Safety behaviours vs avoidance

- Avoidance examples
  - Running away
  - Not going at busy times

- Safety behaviours examples
  - Take deep breaths
  - Drink water
  - Take medication
  - Take someone else along
  - Hold onto furniture
  - Look for exits

Anxiety: Tools & Techniques

- Challenge

- Rating evidence
- Education
- Challenge avoidance and safety

Psychoeducation

- Socratic dialogue, guided discovery of anxiety symptoms – fight or flight
- Would we have survived as a species if anxiety was life threatening?
- What happens to blood pressure during panic? Why? Does that make someone likely to collapse?
- How does heart muscle compare to skeletal? Do hearts stop when tired?
- What are the cognitive symptoms of anxiety and why?

Fight, Flight or Freeze

- What is the body's response in emergencies?

- Brain
- Heart
- Lungs
- Gut
- Muscles

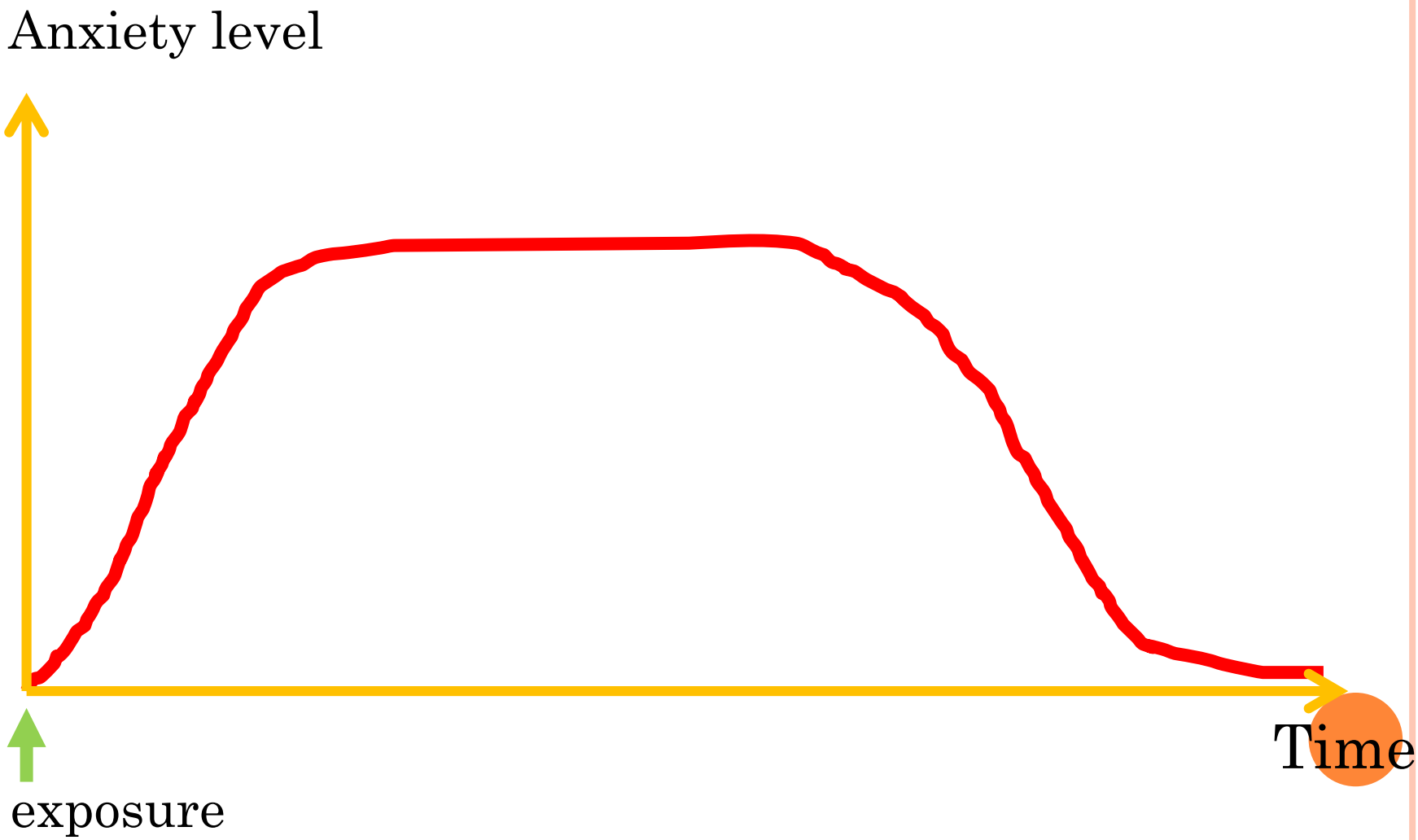
Anxiety: Tools & Techniques

- Change

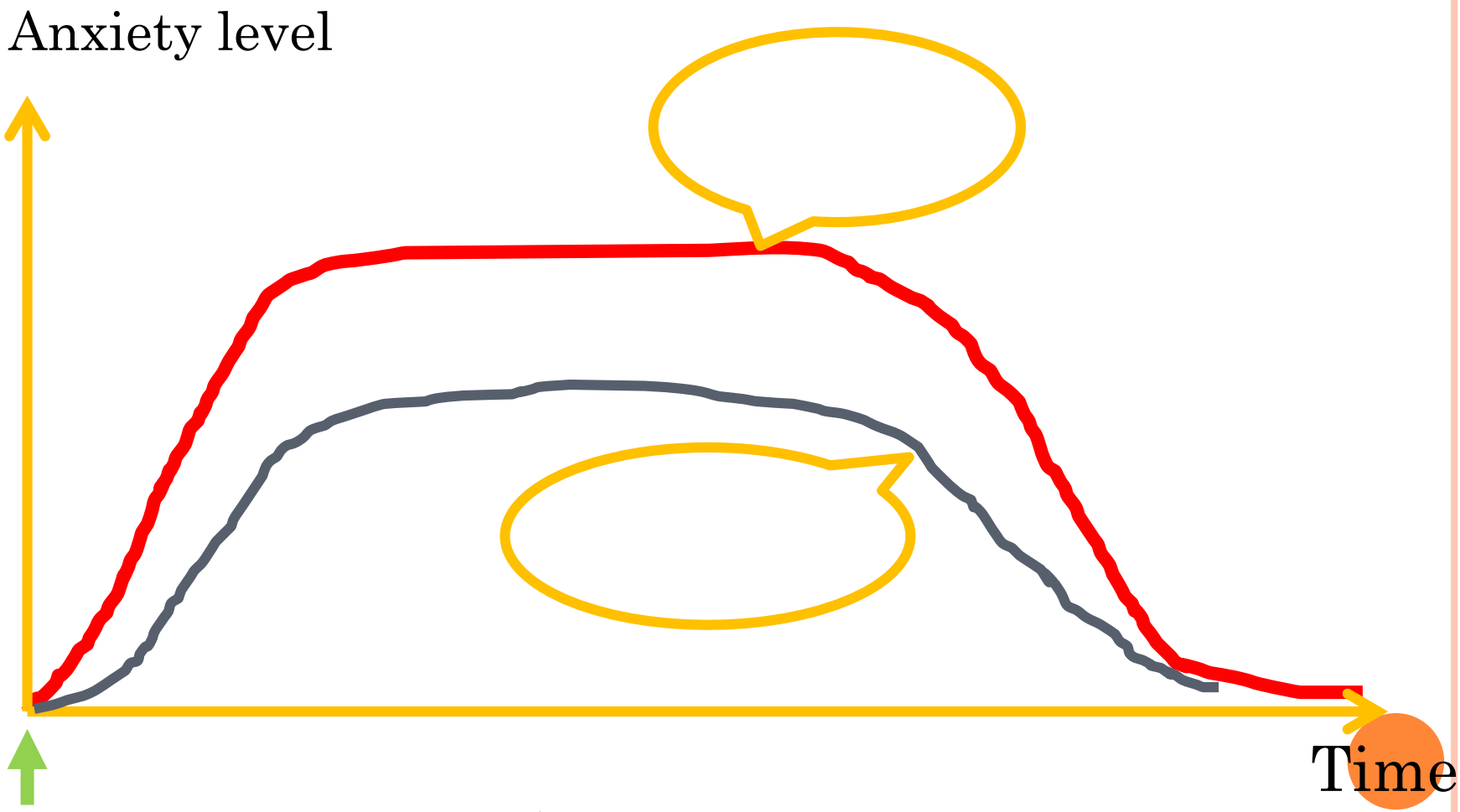
- Exposure
- Re-rating
- Behavioural experiments for cognitive change

- Homework
- Toolbox
- Relapse prevention / maintaining gains

Anxiety levels after exposure



Exposure and response prevention example



Behavioural Experiments

- Behavioural experiments
  - for cognitive change
  - aim to disconfirm the catastrophic misinterpretation
  - not the fact that the panic attack may occur

- Hyperventilation provocation
  - Test out if having the sensation tingling fingers means you're having a stroke vs S/E of over-breathing.
  - NOT to test if you will get tingling fingers

Toolbox for Anxiety

- Symptom induction
- Reading information about physiology
- Hierachy of feared situations
- Use rating sheets and formulation
- Patients written statement of what maintains anxiety
- Set homework to expose self to feared situations whilst not doing any safety behaviours; before do it, rate belief that catastrophe will occur and re-rate after

Relapse prevention

- Ensure the patient understands the formulation, how CBT works for this disorder
- Provide blank thought diary, panic diaries etc
- Create blank formulation outlines
- Write a 'toolbox' together of things that help
- Plan how, when, where etc of self help sessions
- Plan self help treatments
- Coping cards
- Involving family / friends

Formulation: Specific Disorders

- Panic Disorder
  - Group exercise
- Health Anxiety / Somatising
- Social Phobia
- OCD

Panic disorder

- What are the typical
  - Thoughts
  - Feelings
  - And behaviours that maintain panic disorder?

Panic disorder

- Enduring tendency to misinterpret bodily sensations (of anxiety) in a catastrophic manner
- Sensations are misinterpreted as signs of an immediate threat of serious physical or mental disorder
- Maintaining factors include selective attention to bodily cues and safety behaviours and avoidance

Example of panic disorder

- Miss M, 22 years old, developed Panic Disorder following her grandfather's diagnosis of angina.
- Now when goes to supermarket, school gates, or bus stop, has dry mouth, heart racing, dizziness.
- Then thinks "I'm having a heart attack".
- Anxiety reduces if can get away from the situation quickly. Copes by having someone go with her, looking for exits, drinking water, trying to control breathing.

Problem list

- Need to individualise the problem list:
- “a fear that I am going to [catastrophic misinterpretation] which stops me from [activity]”.
- E.g. “a fear that I’m going to have a heart attack that stops me going shopping”.
- Rate the problem in terms of frequency and severity now

Goal setting exercise

- Do you recall what SMART goals are?

- In pairs, role play explaining about SMART goals and agree 1-2 goals for Miss M

Goal setting

- Convert the problem list into a Goals list:
- For example:

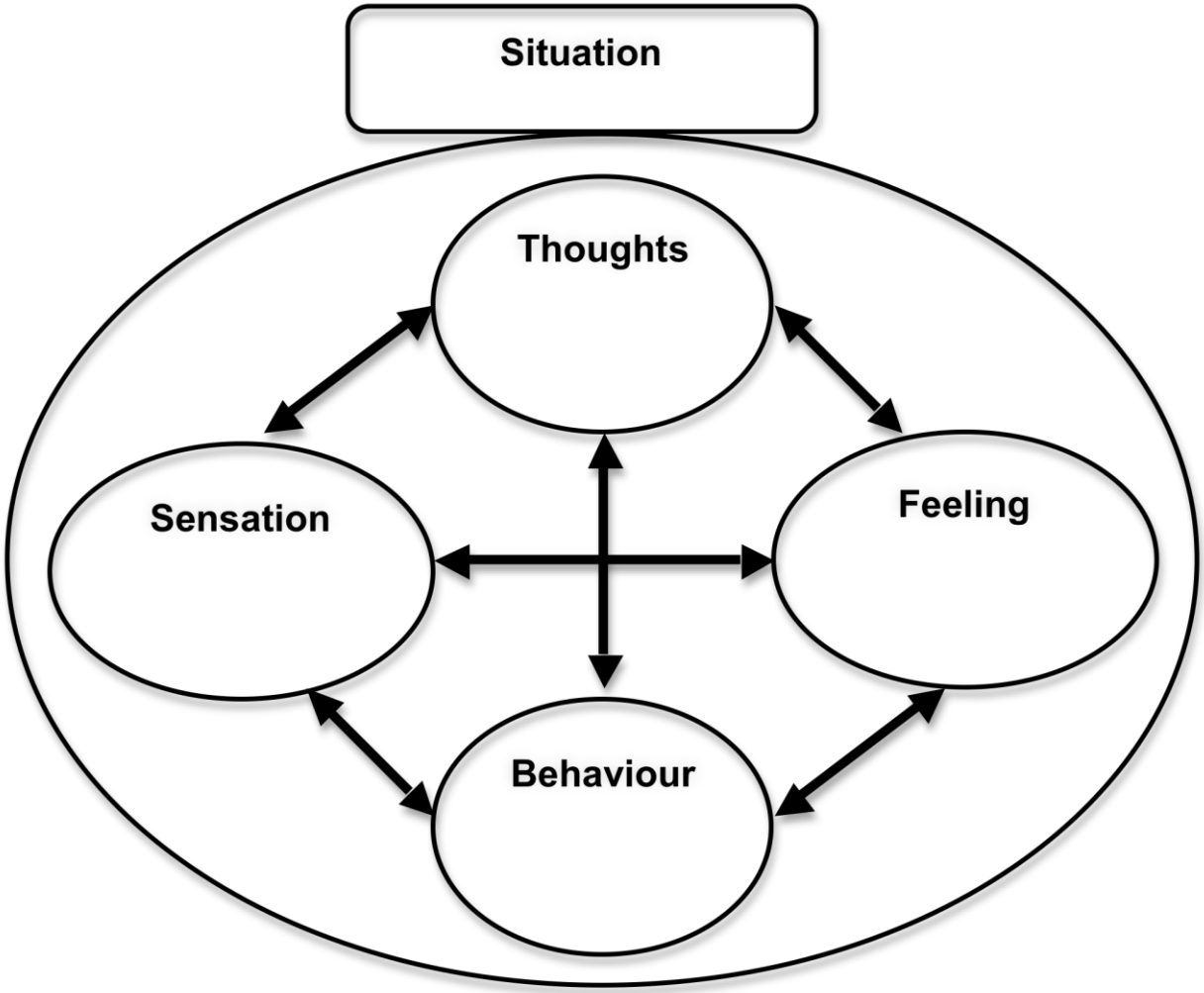
  - 1) To be able to go to the supermarket on a Saturday and do a week's shopping
  - 2) To be able to pick my children up from school

- Rate how often can do these without difficulty now

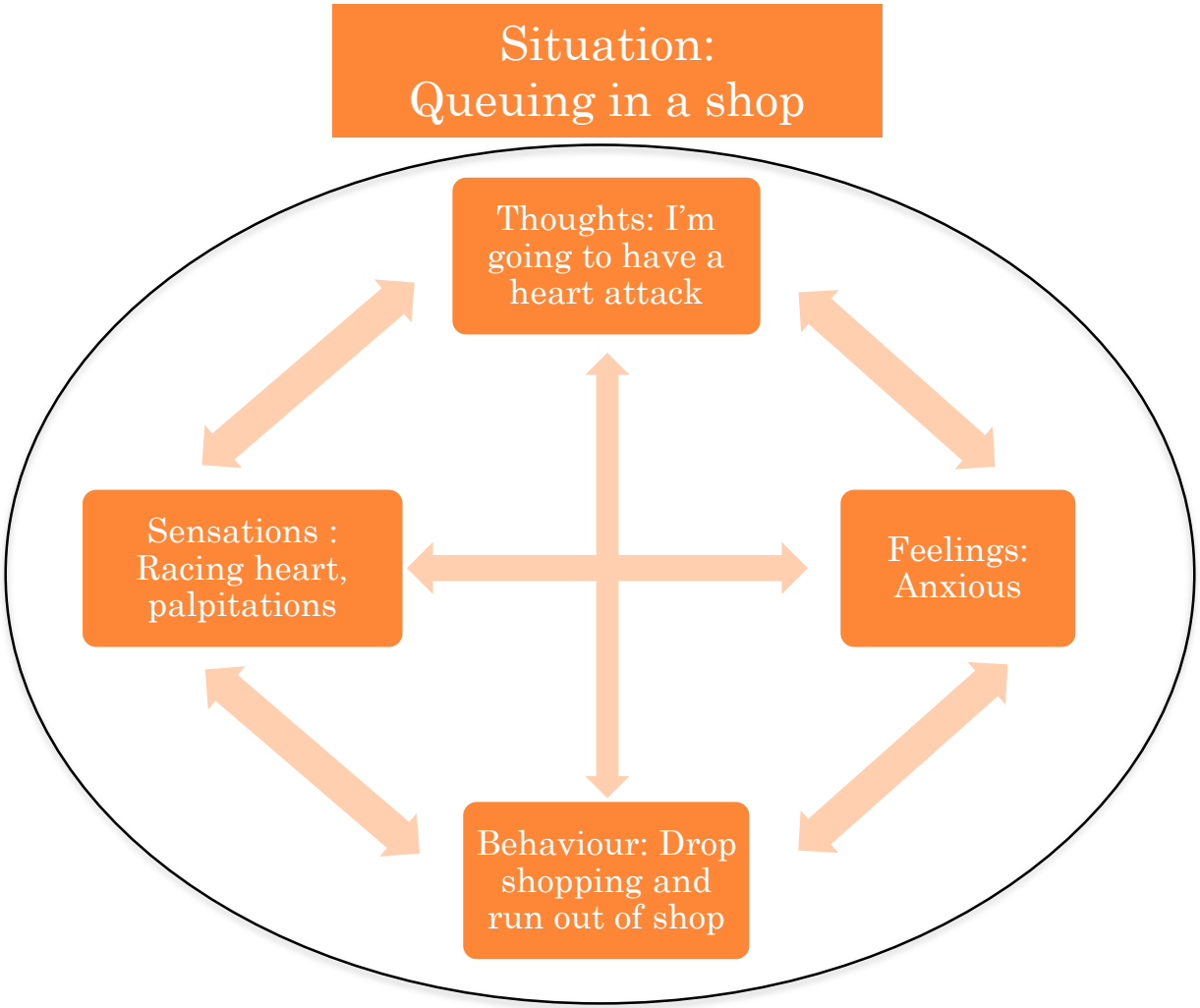
Large group exercise

- Padesky's formulation for Miss M
  - Panic attack when goes shopping
  - Thinks could have a heart attack
  - Drops her shopping and runs out without buying anything

Hot Cross Bun



Patient A - e.g. Went to visit relative



Large group exercise 2

- Miss M reports sensation of shortness of breath during panic
- You would ask her if she does anything to try to catch her breath
- You would suggest you might test out together what is the effect of what she does
- Symptom induction – group exercise

Set Miss M some homework

- How to work on change…

- Create a hierarchy of feared situations…e.g. Miss M fears supermarkets the least
- Start with the easiest (for Miss M this is supermarkets)
- How long should she spend in the supermarket?
- What should she do about safety behaviours?

Toolbox

- What would you write with the patient as a list of self help techniques for panic disorder?

Toolbox for panic disorder

- Symptom induction
- Reading information about physiology
- Hierachy of feared situations
- Use rating sheets and formulation
- Patients written statement of what maintains panic
- Set homework to expose self to feared situations whilst not doing any safety behaviours; before do it, rate belief that catastrophe will occur and re-rate after

Health Anxiety

- Automatic fearful thoughts about illness.

- In health anxiety (and others) patients may self monitor for feared symptoms.
- Ordinary body sensations may be mistaken for symptoms of illness.

- Focus on sensations (large group exercise)

Social phobia

- People with social phobia are self conscious that they will appear odd to others
- Examples of things patients believe will be very obvious to others and make them appear odd
  - Severe blushing
  - Severe sweating
  - Severe shaking
  - Abnormal speech
- These can be over-exaggerated i.e. over-rate how visible they are or how much others notice

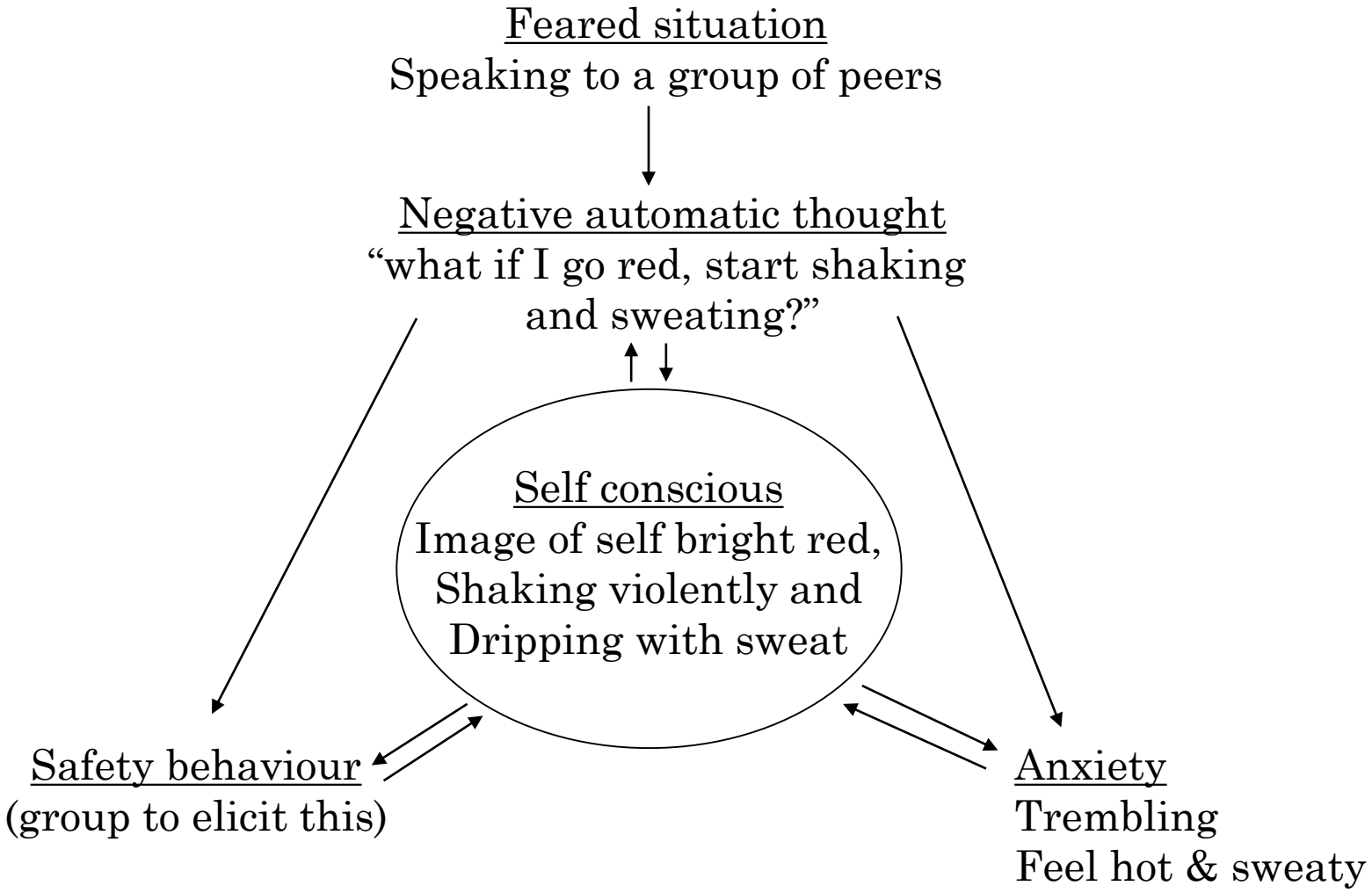
Social phobia

- Small group work:

- One half of table act as patient:
  - Generate ideas about what avoidance and safety behaviours you have developed.

- One half of table act as therapists:
  - Elicit these avoidance & safety behaviours
  - Hypothesise the consequences of the behaviour

Social phobia (Wells)



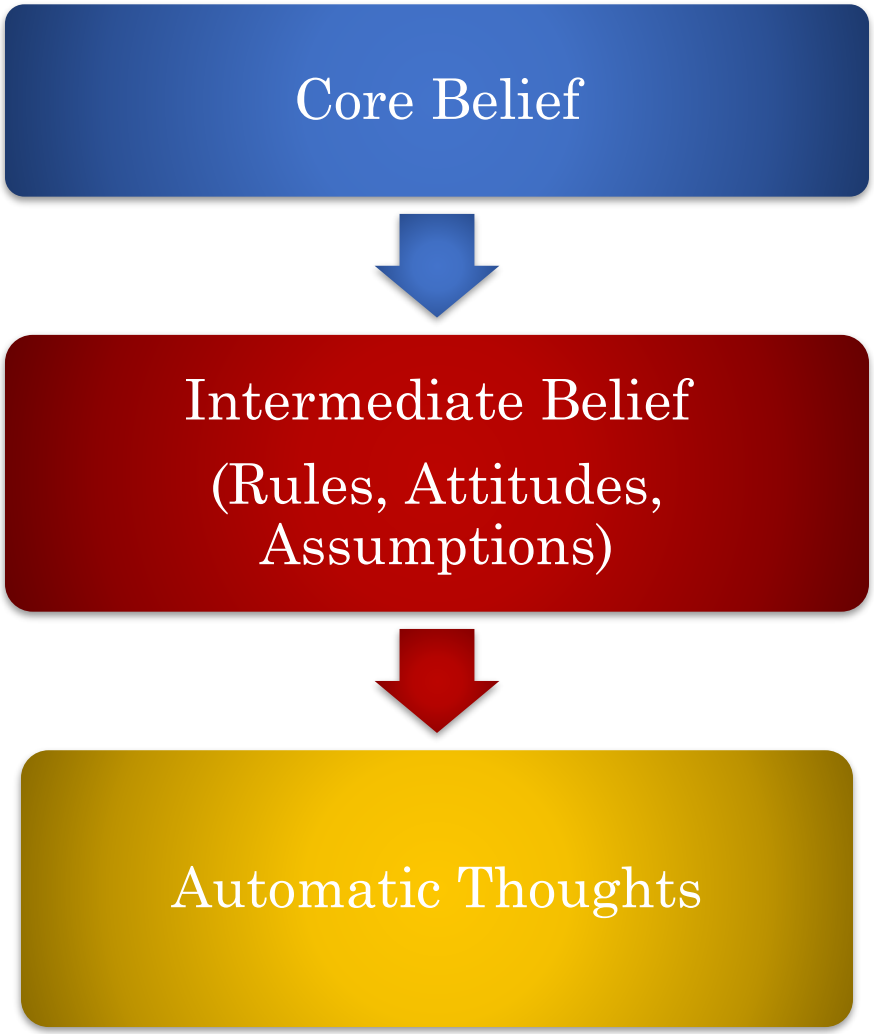
OCD - Formulation

- Compulsive rituals 'negate' anxiety

- Anxiety from automatic 'obsessional' thoughts
- Ruminations about feared outcome
- Rituals 'prevent' feared outcome
- Intermediate beliefs (assumptions) – my fault
- Core beliefs that underpin anxious rumination

- Symbolic (psychoanalytic) meaning of core belief

Automatic Thoughts



Obsessive Compulsive Disorder

- Formulation
- Identify belief(s) to be tested through behavioural experiments
- Hierachy of feared situations
- Exposure and response prevention
- Stopping any checking behaviours

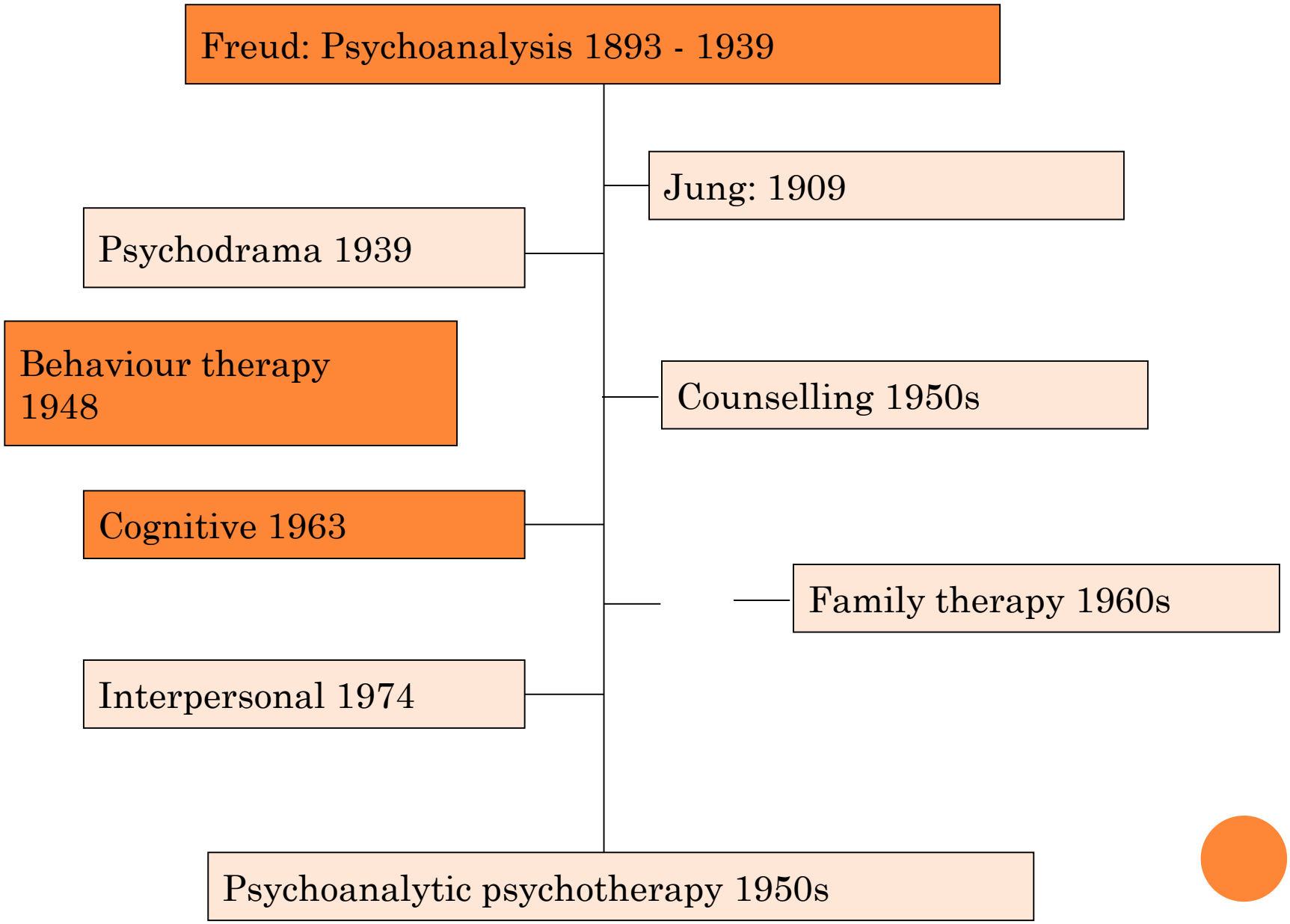
Session Four: CBT in practice?

Psychotherapy

- The branch of psychiatry concerned with psychological methods
- The treatment of mental or emotional problems by psychological means
- As opposed to biological and social interventions

Similarities between all therapies

- Explaining the aims and rationale of therapy
- Establishing a therapeutic alliance
- Monitoring and maintaining boundaries
- Sensitivity in ending


Freud: Psychoanalysis 1893 - 1939
Jung: 1909
Psychodrama 1939
Behaviour therapy 1948
Counselling 1950s
Cognitive 1963
Family therapy 1960s
Interpersonal 1974
Psychoanalytic psychotherapy 1950s

Principles of Cognitive Therapy

- Cognitive therapy…

1. Uses an evolving formulation
2. Requires a sound alliance
3. Is collaborative & uses active participation
4. Is goal oriented & uses problem solving
5. Initially emphasizes the present
6. Is educative, including relapse prevention
7. Is usually time limited
8. Sessions are structured
9. Teaches patient to identify, evaluate & respond to dysfunctional thoughts
10. Uses techniques to change thoughts, moods & behaviour

Structure for first session(s)

- Structure for first session of CBT
- As a novice therapist, it will take you longer than 1 session to cover this

- Differs from structure for subsequent sessions

Aims of First Session

1. Establishing trust & rapport
2. Socializing the patient to cognitive therapy
3. Education about their disorder
4. Normalizing the difficulties
5. Eliciting and correcting expectations
6. Gathering information
7. Developing a goal list

Structure of First Session

1. Setting agenda
2. Doing a mood check
3. Reviewing presenting problems
4. Identify problems and set goals
5. Educate about cognitive model
6. Educate about the disorder
7. Elicit expectations for therapy
8. Set homework
9. Provide a summary
10. Elicit feedback

Video of First Session

Structure of Subsequent Sessions

1. Brief update / mood check
2. Bridge from previous session
3. Set agenda
4. Review homework
5. Discussion of issues on agenda, new homework and periodic summaries
6. Final summary and feedback

Problems with Structuring

- Problems will arise
- Treat these as you would with 'symptoms'
  - Elicit and clarify the problem
  - What are the thoughts and feelings?
  - Problem solving and activity planning
- Maintain alliance
- Socialize to model

Three options

You might explain this to your patient if relevant…

When a problem is faced in CBT we might identify

1. A Negative Automatic Thought
2. A practical problem we can use *problem solving* with
3. Something the patient is doing which isn't helpful (e.g. alcohol, aggression)

CBT IN CORE TRAINING

- Mandatory psychotherapy cases in CT2/3
- 12-20 sessions ‘short case’ therapy
- Weekly supervision
- Do two SAPEs for your portfolio

(SOME OF THE) CBT EVIDENCE BASE

- Depression (Aaron T Beck)
- Panic disorder (Clark)
- Social phobia (Clark)
- OCD (Foa, Salkovskis)
- Generalised anxiety disorder (Wells)
- Post traumatic stress disorder (Ehlers & Clark)
- Bulimia (Fairburn, Cooper)
- Psychosis (Tarrier, Kuipers, Morrrison, Turkingdon etc)
- Borderline PD (Davidson)

Difficulties with the evidence

- What is being measured?
  - BDI / BAI etc.
- Does it last?
  - Follow up length?
- Does it work in general?
  - Patient selection
- Can ordinary therapists do it?
  - Evangelists, experts & novices
- Is it CBT that is having the effect?

Healthy Minds / IAPT services

- IAPT = "Improving Access to Psychological Therapies"; recent name changes
- Psychological therapies in primary care
- Self referral
- Stepped care model of treatments for depression, panic, OCD, GAD, PTSD
- Offers on-line CBT, groups and formal CBT

- IAPT politics

Stepped Care model

- See NICE Guidance - Common mental health disorders 2011

- Step 1 is identification
- Step 2 is low intensity interventions
- Step 3 is high intensity interventions

Any Questions

Summary

- Introduce the cognitive model of the mind
- Introduce some basic cognitive therapy concepts

- Use these to understand a clinical case
  - Depression
  - Anxiety

- Observation & practice of therapy

Suggested reading

Main text:

- An introduction to CBT by D Westbrook, H Kennerley and J Kirk

Other books:

- Cognitive therapy for anxiety disorders, by Adrian Wells
- Cognitive therapy basics and beyond, by Judith Beck