

CBT for Anxiety & Depression

DR NIMISHA KUMAR

ASSOCIATE PROFESSOR, DEPT. OF CLINICAL PSYCHOLOGY

SGT UNIVERSITY, GURUGRAM, HARYANA

INDIA

'Common' Mental Health Disorders

- ▶ Common mental disorders refer to two main diagnostic categories: depressive disorders and anxiety disorders.
- ▶ These disorders are highly prevalent in the population (hence why they are considered 'common'),
- ▶ impact on the mood or feelings of affected persons; and lead to considerable loss in health and functioning.
- ▶ symptoms range in terms of their severity (from mild to severe) and duration (from months to years).
- ▶ These disorders are diagnosable health conditions, and are distinct from feelings of sadness, stress or fear that anyone can experience from time to time in their lives.

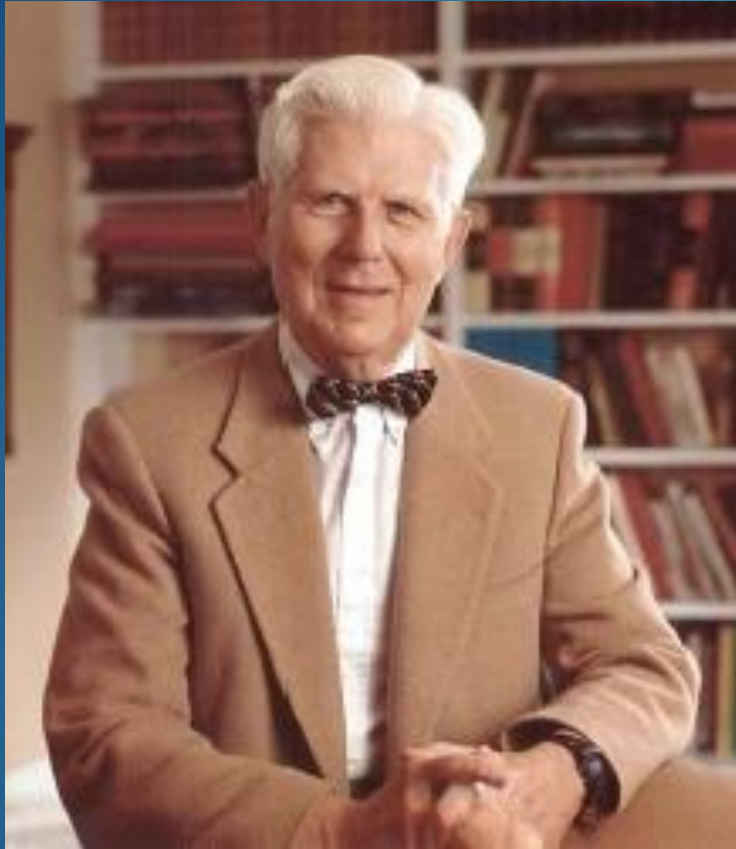
Prevalence

- ▶ Globally, the total number of people with depression was estimated to exceed 300 million in 2015. Nearly that number again suffers from a range of anxiety disorders.
- ▶ Many people experience both conditions simultaneously (comorbidity).
- ▶ The consequences of these disorders in terms of lost health are huge.
- ▶ Depression is ranked by WHO as the single largest contributor to global disability (7.5% of all years lived with disability in 2015);
- ▶ Depression is also the major contributor to suicide deaths, which number close to 800 000 per year.
- ▶ anxiety disorders are ranked 6th (3.4%).

Mental Health and Illness

- ▶ Lies on a continuum – Clinical to non-clinical
- ▶ Best explained by a Bio-Psycho-Social model.
- ▶ Is a precursor to a Good quality of life.
- ▶ Has huge financial implications for individuals and society.
- ▶ Evidence-based treatment is either pharmacological or psychological or a combination.
- ▶ Despite development and progress, still considerable stigma around mental illness.
- ▶ Focus on physical manifestation of mental illness in primary care / General medical practice.

Beck's Cognitive Therapy (CT)



Aaron T. Beck

- **Father of Cognitive Therapy**
- Beck argues that cognitive distortions and maladaptive schemas create and maintain depression and other psychological maladies.

Old Woman...OR...Young Girl ?



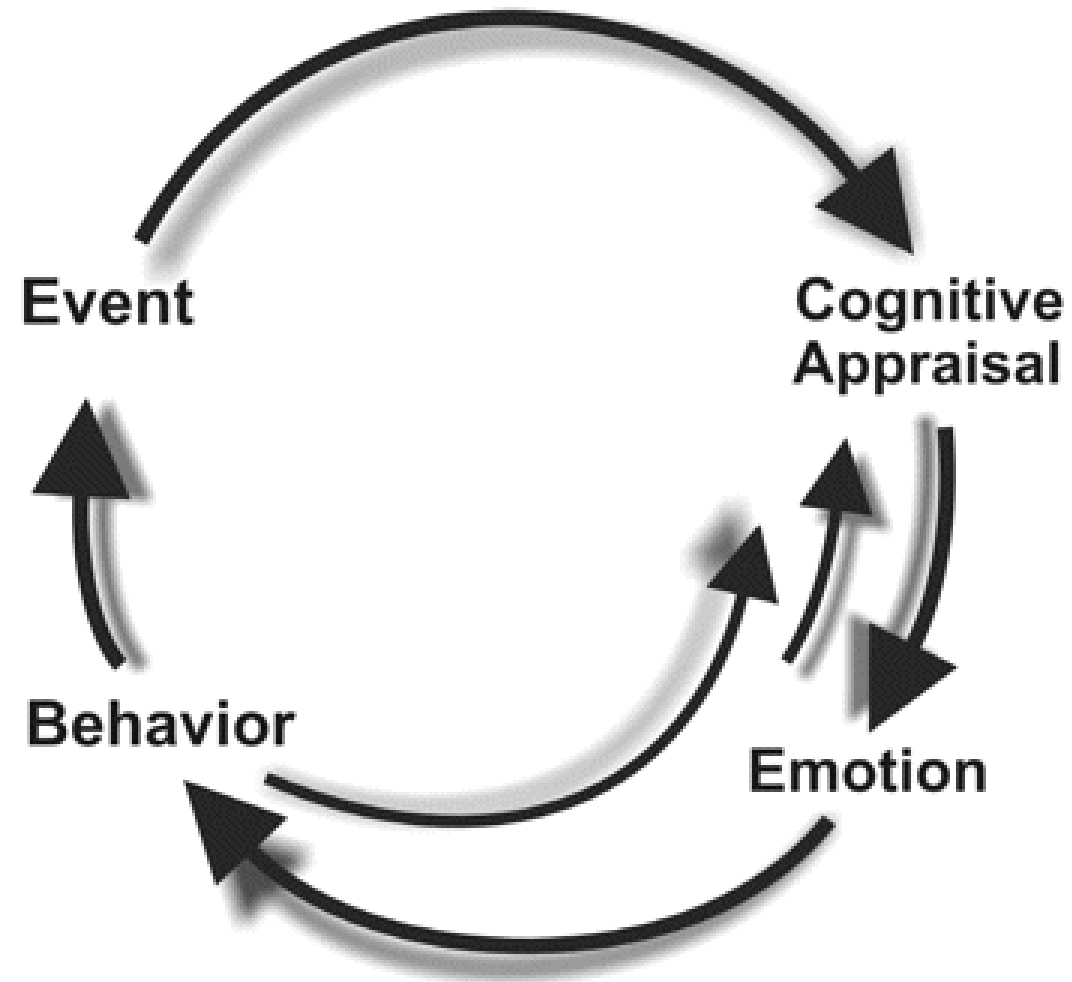
Do we all see the same thing?
...Why not?

'Perception is an active
construction of the mind
rather than just a valid
representation of objective
reality'

What is Cognitive-Behavioural Therapy (CBT)?

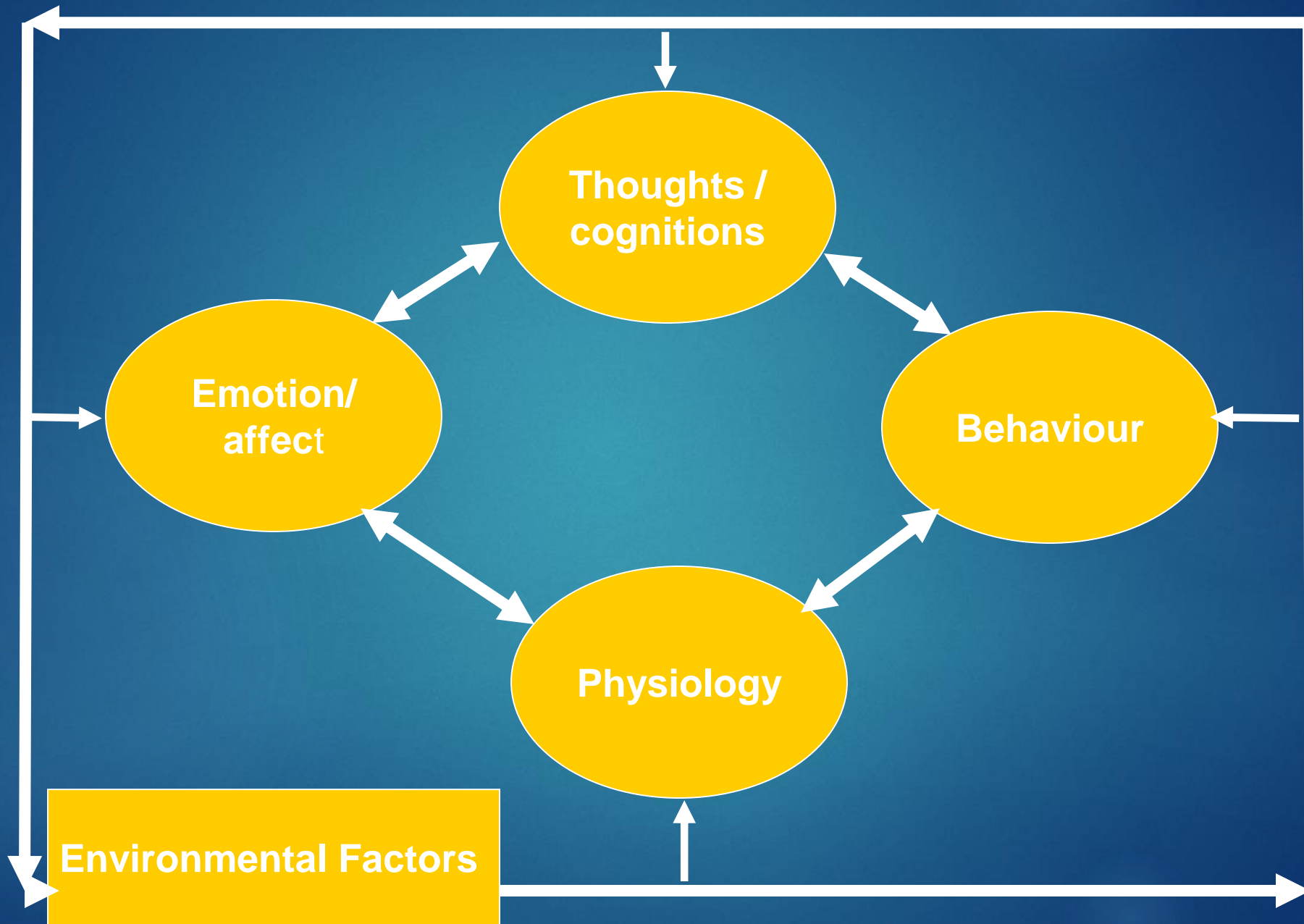
- ▶ Although the basic techniques and tenets of the approach are fairly straightforward, there are a diversity of specific treatments that can be categorized more or less as falling under the CBT umbrella, including cognitive therapy, problem-solving therapy, dialectical behavior therapy, meta-cognitive therapy, rational-emotive behavior therapy, cognitive processing therapy, mindfulness-based cognitive therapy, cognitivebehavioral analysis system of psychotherapy, and schema-focused therapy
- ▶ Utilizes a directive, action-oriented approach, that teaches a person to explore, identify, and analyze dysfunctional patterns of thinking and behaving.
- ▶ Once these counterproductive patterns are identified, the therapist instructs the client how to challenge and restructure their thinking and behaviour.
- ▶ Emotional relief and behavioural change are natural outcomes.

Figure 1. Basic Cognitive Behavior Model



Source: From Wright JH, Basco MR, Thase ME: Learning Cognitive-Behavior Therapy: An Illustrated Guide. Washington, DC, American Psychiatric Publishing, 2006, p 5

Padesky & Mooney 5 Systems Model



General Thought patterns in Anxiety and Depression

Depression (Blackburn & Eunson, 1989; Nezu et al., 1989)

- ▶ Negative view of self, world, and future
- ▶ Impaired problem solving skills
- ▶ Longer to retrieve positive memories / information.
- ▶ More readily access negative memories
- ▶ Leads to reduced activity and other unhelpful behaviors
- ▶ Depressive spiral

Anxiety (Beck & Emery, 1985)

- ▶ Increased attention and perception of danger/threat stimulus
- ▶ Decreased perception of personal ability to deal with danger
- ▶ Results in avoidant behaviors, self medicating, and reassurance seeking
- ▶ Selective scanning of environment / self-focus

Anxiety Disorders

- ▶ Anxiety occurs as a symptom in many emotional illnesses, including depression, bipolar disorder & adjustment reaction. It is also part of normal life.
- ▶ The term 'Anxiety Disorder', however, refers to a spectrum of psychiatric problems in which anxiety or avoidance of anxiety-provoking situations are key components.
- ▶ According to the **DSM-5**, **anxiety disorders** are in three categories - **1. Anxiety Disorders** (separation anxiety disorder, selective mutism, specific phobia, social phobia, panic disorder, agoraphobia, and generalized anxiety disorder).
- ▶ **2. Obsessive-Compulsive Disorders** (obsessive-compulsive disorder, body dysmorphic disorder, hoarding disorder, trichotillomania, and excoriation disorder).
- ▶ **3. Trauma and Stressor-Related Disorders** (reactive attachment disorder, disinhibited social engagement disorder, PTSD, acute stress disorder, and adjustment disorder).

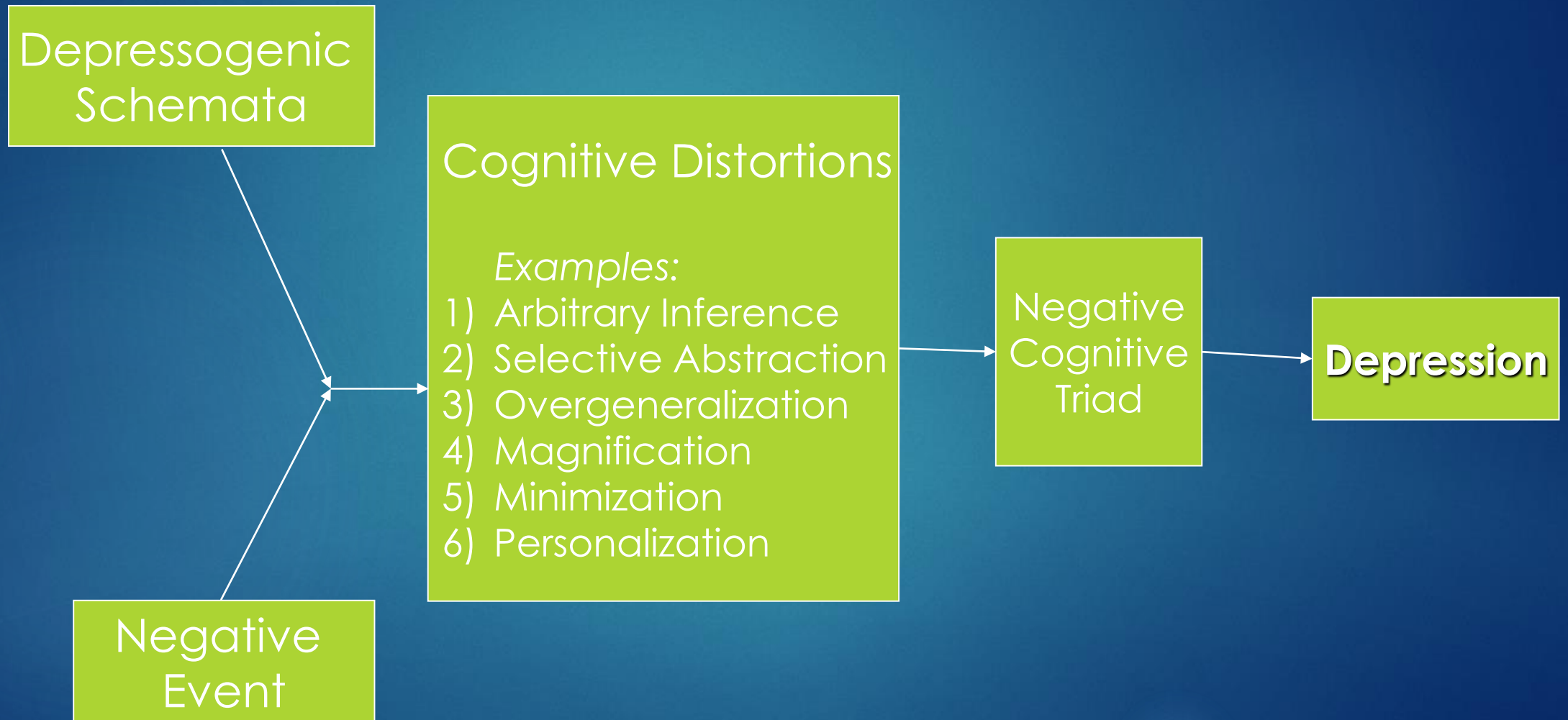
CBT model for Anxiety

Anxiety is typically characterized by:

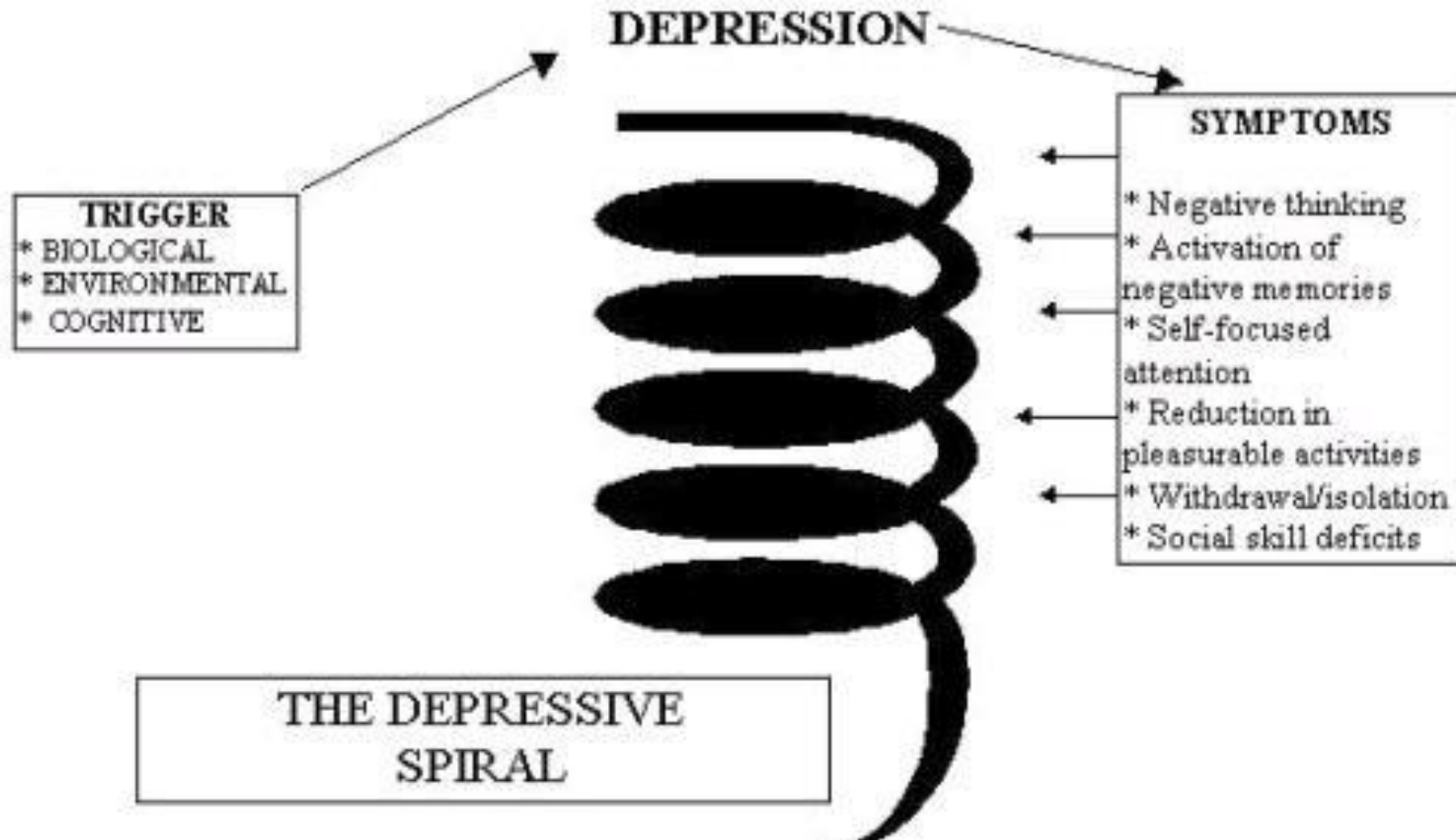
- A biological and psychological vulnerability to threat perception.
- Tendency to over-estimate danger (catastrophisation).
- Tendency to under-estimate one's ability to cope.
- Tendency to discount rescue resources.
- Selective scanning of the environment and self for sources of threat.
- Use of avoidance and safety behaviours.
- An overanxious person no longer learns from experience, because Cycle of Experiential Learning has become blocked.

CBT tries to unblock the vicious cycles = Experiential Relearning.

Beck's Cognitive Theory of Depression



Maintenance of Depression



Cognitive Interventions

- ▶ Psycho-education
- ▶ Socialisation into the cognitive model
- ▶ Validity testing of current thoughts and beliefs
- ▶ Covert desensitization (for anxiety)
- ▶ Cognitive rehearsal
- ▶ Thought Investigation/Guided discovery
- ▶ Thought challenging
- ▶ Socratic Dialogue and Guided Discovery

Behavioral Interventions

- ▶ Modeling/Role-playing
- ▶ ERP
- ▶ Rapid Eye Movement Desensitization
- ▶ Relaxation strategies
- ▶ Systematic desensitization
- ▶ Avoidance/escape
- ▶ Skill training/behavior modification
- ▶ Behavior activation
- ▶ Homework (e.g., tracking, testing)

INCLUSION CRITERIA

- ▶ Patient willingness to disclose information and readiness / motivation to solve problems.
- ▶ Patient assuming responsibility for his or her problems.
- ▶ Patient's willingness to consider the cognitive model and work collaboratively with the therapist.
- ▶ Absence of a gross / clinically significant cognitive impairment.
- ▶ Patient's co-operation with homework tasks, etc.
- ▶ Absence of any conditions that require immediate hospitalization or intense psychiatric treatment.
- ▶ Patient readiness to adopt a self-help approach.

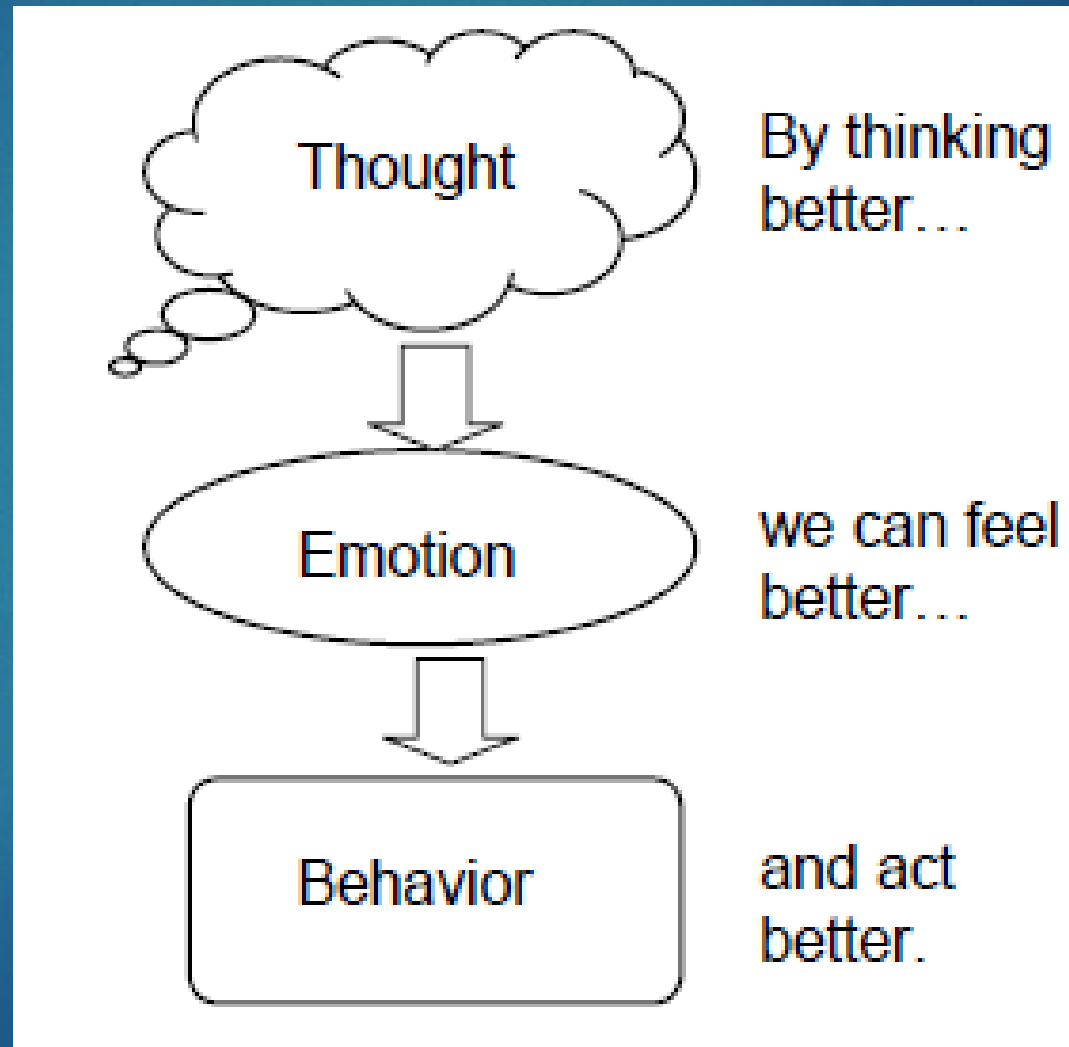
THE PROCESS OF CBT

- ▶ SCREENING INTERVIEW
- ▶ ASSESSMENT & INFORMATION GATHERING
- ▶ EDUCATION & SOCIALIZATION INTO THE COGNITIVE MODEL
- ▶ DEVELOPING AN IDIOSYNCRATIC CONCEPTUALIZATION FOR THE CLIENT
- ▶ SETTING OF PROBLEMS & TARGETS / DECIDING NUMBER OF SESSIONS
- ▶ ACQUISITION & APPLICATION OF CBT TECHNIQUES
- ▶ REVIEW OF PROGRESS : MID-THERAPY & END-THERAPY
- ▶ RELAPSE PREVENTION & TERMINATION
- ▶ FOLLOW-UP SESSIONS

CBT Attitude

- ▶ Analytical - deconstruct problems and address using research supported techniques
- ▶ Collaborative- encourage clients to be partners
- ▶ Empirical – hypothesis testing
- ▶ Socratic– teach clients to problem solve
- ▶ Pragmatic – Find out what works for the client and go with it!

Summary of Cognitive Therapy



Why CBT?

- ▶ The short-term, structured nature of the treatment made it particularly amenable to empirical investigation, and it has accumulated an impressive research base. Currently, there are over 325 published outcome studies on cognitive-behavioural interventions (Butler et. Al., 2006)
- ▶ It has been successfully applied to the treatment of a wide range of psychiatric disorders such as depression, anxiety disorders, substance abuse, psychosis, chronic pain and eating disorders.
- ▶ Surveys of therapists indicate the CBT is fast becoming the majority orientation of practicing psychologists. Partly because of its commonsense and clear principles.
- ▶ Has found its way into treatment guidelines of most psychiatric disorders and is a important part of the curriculum for training mental health professionals.

Why CBT?

- ▶ CBT has become one of the most often practiced treatments for depression and it has been found to be equivalent or superior to ADM.
- ▶ **Acceptable**
 - ▶ Recent meta-analysis indicates that psychotherapy is preferred 3:1 to pharmacotherapy for depression (McHugh et al., 2013, J Clin Psychiatry)
- ▶ **Efficacious and Cost-Effective**
 - ▶ CBT is more cost-effective than pharmacotherapy over follow-up periods) (Dobson et al. 2009; Hollon et al. 200x)
- ▶ **Long-term Maintenance of Gains**
 - ▶ CBT has a strong enduring effect over time (Cuijpers et al., 2013, BMJ open)

Criticisms and Challenges

- ▶ the approach is too mechanistic and fails to address the concerns of the “whole” patient.
- ▶ the specific cognitive components of CBT often fail to outperform “stripped-down” versions of the treatment that contain only the more basic behavioral strategies.
- ▶ CBT has lacked a strong link to cognitive psychology and neuroscience, or at least until very recently.
- ▶ CBT proponents have been slow to experimentally investigate the putative mechanisms of action of CBT, which when tested have often failed to conform to the predictions set forth by the model.
- ▶ It is a “Western approach” , not suited to collectivistic cultures and where ‘eclectic’ and traditional healing still rules.
- ▶ Challenges related to training, supervision and practice issues in Eastern cultures.

Newer CBT Approaches & Modalities

- ▶ Based on the criticisms concerning traditional CBT, many prominent researchers and clinicians had begun to propose modified approaches that are based on the latest research on psychotherapy and psychopathology. These include the “third wave” approaches such as DBT, ACT, MBCT.
- ▶ Brief CBT / Single session CBT modalities
- ▶ Common processes across disorders – Trans-diagnostic CBT
- ▶ Group modalities
- ▶ Internet-based and App-based versions
- ▶ more attention is being paid to basic research on psychopathology, and this is leading to modifications in traditional CBT approaches
- ▶ Culturally adapted CBT – being researched in Asia.

Questions?

