



COGNITIVE BEHAVIOR THERAPY (CBT) & DIALECTICAL BEHAVIOR THERAPY (DBT)

Kim Bullock, MD

Clinical Associate Professor,

Director of Neurobehavioral Clinic

Director of Virtual Reality Therapy Lab

Department of Psychiatry and Behavioral Sciences - Stanford University School of Medicine

Certified in subspecialty of Behavioral Neurology & Neuropsychiatry by United Council for Neurologic Subspecialties

PSYCHOTHERAPY

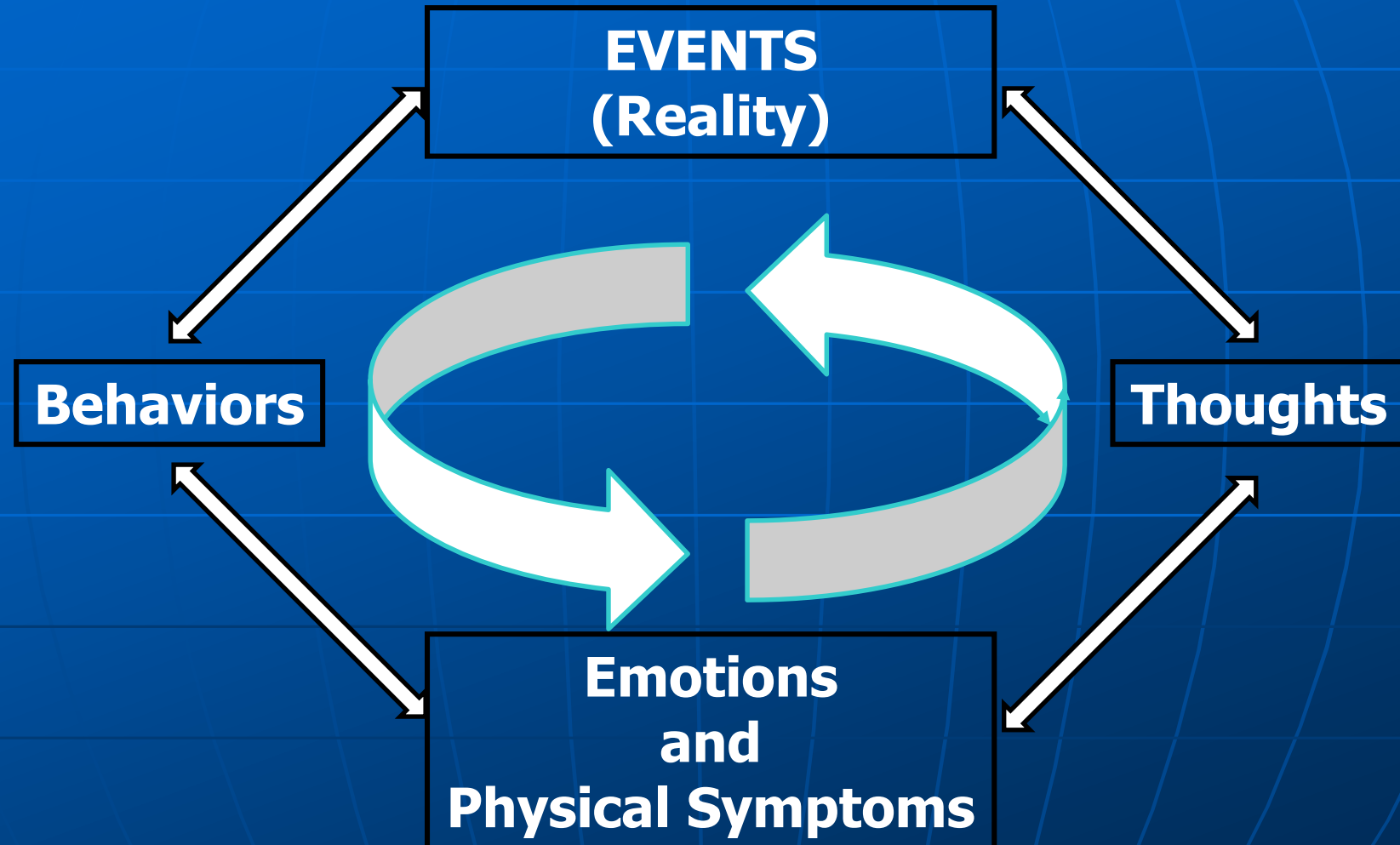
Psychotherapy for psychiatric disorders

Disorder	Types of effective psychotherapy*
Bipolar disorder	As an adjunct to pharmacotherapy: cognitive-behavioral therapy, individual and family psychoeducation
Borderline personality disorder	Cognitive-behavioral therapy, dialectical-behavioral therapy, and psychodynamic therapy
Bulimia nervosa	Cognitive-behavioral therapy and interpersonal therapy
Generalized anxiety disorder	Cognitive-behavioral therapy
Major depressive disorder	Cognitive-behavioral therapy, behavioral activation therapy, interpersonal psychotherapy, brief psychodynamic psychotherapy, mindfulness-based cognitive therapy, and if there is marital discord, marital therapy
Obsessive compulsive disorder	Cognitive-behavioral therapy
Panic disorder	Cognitive-behavioral therapy
Phobic disorders	Behavioral therapy
Posttraumatic stress disorder	Cognitive-behavioral therapy
Schizophrenia	As an adjunct to pharmacotherapy: behavioral therapy, social skills training, and psychoeducation
Substance use disorder	Cognitive-behavioral therapy and motivational interviewing

Definition:

An interpersonal treatment based on psychological principles. It is individualized to the patient, seeking to help him or her with a psychiatric disorder, problem, or adverse circumstance. There are many types of psychotherapy with varying methods and levels of empirical support. The choice of the most appropriate type of psychotherapy is in part based upon the patient's specific problem or diagnosis, patient and provider preference, available resources, and evidenced based rational.

CBT Paradigm



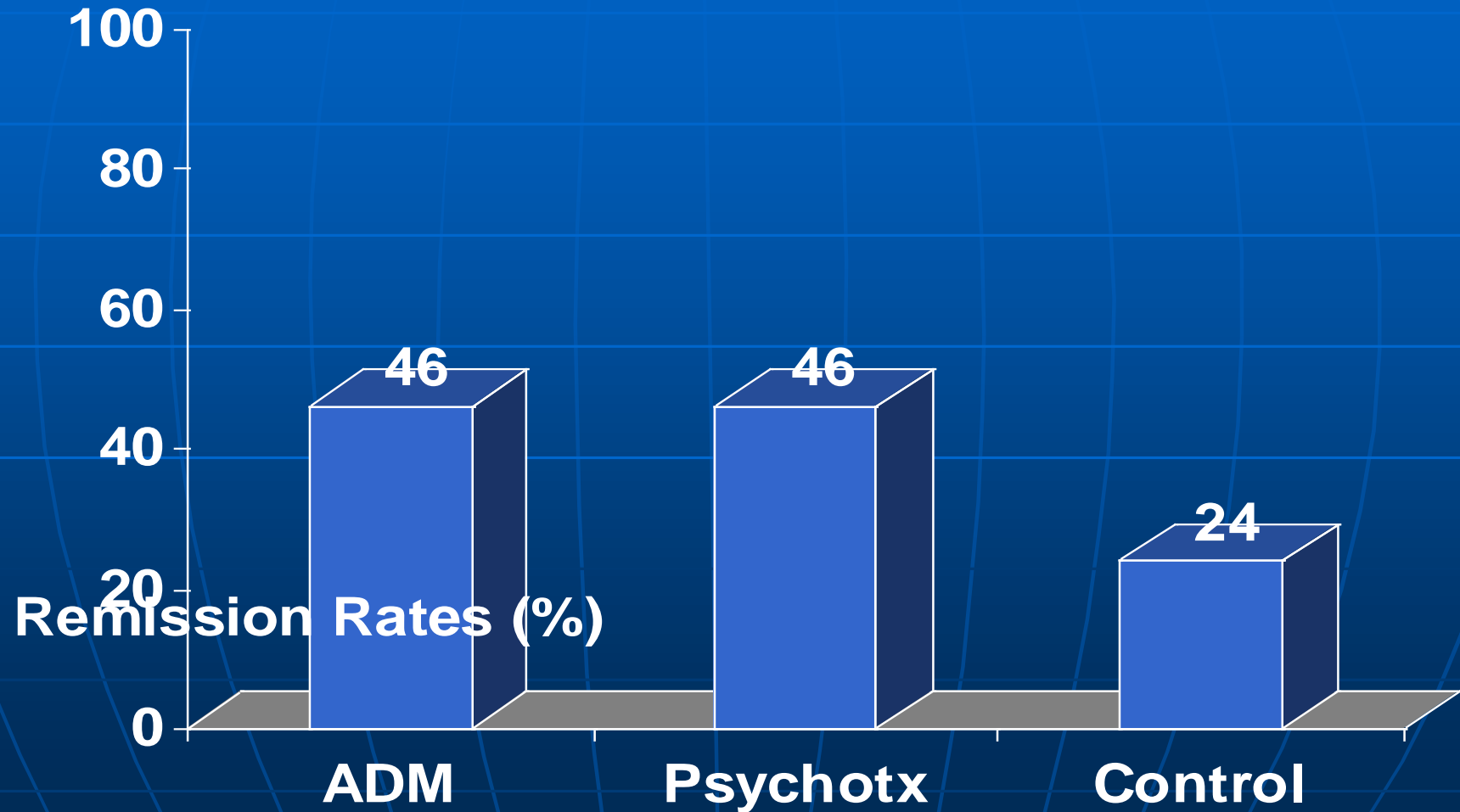
COGNITIVE BEHAVIOR THERAPY (CBT)

Cognitive and behavioral therapies — Cognitive and behavioral therapies can be used individually or in combination as a program of interventions.

- CBT often includes education, relaxation exercises, coping skills training, stress management, or assertiveness training.
- In cognitive therapy, the therapist often helps the patient identify and correct maladaptive beliefs, judgmental, overly negative, or inaccurate thinking.
- Behavioral therapy uses behavioral exercises or real experiences to facilitate symptom reduction and improved functioning. This may occur through learning, through decreased reactivity from repeated exposure to a stimulus, or through other mechanisms.
- Individuals for whom cognitive behavioral therapy works best are generally highly motivated and value a problem-solving approach, because therapy requires that the patient learns the skills of self-observation.
- Patients requires homework between sessions, to learn cognitive and behavioral skills and practice them within and outside of the therapy setting.
- Cognitive behavioral therapy is an evidence-based treatment for psychiatric disorders including depression, generalized anxiety disorder, post-traumatic stress disorder, panic disorder, eating disorders, and obsessive compulsive disorder, as well as several medical conditions (eg, insomnia, smoking, low back pain). These are only some of the representative topics given that CBT is utilized in a large number of psychiatric and medical conditions.

“Is CBT as good as
Medications?”

Meta-Analysis Comparing CBT, Medication and Controls on Remission in Major Depression



Acute Phase Psychotherapy-Pharmacotherapy Comparisons

- CBT and medication have shown equal efficacy with outpatients
- With few exceptions, this has been true among those with moderate to severe symptoms as well as mild symptom severity

Conclusions: Acute Phase *Combined CBT + Medications* for MDD

Evidence that combined pharmacotherapy and psychotherapy is superior to monotherapy is mixed.

Small sample sizes have complicated efforts to draw conclusions with confidence

Evidence in favor of COMB seen in samples with greater severity, chronicity

“CBT is too much work why not just use medications?”



Reducing Relapse-Recurrence in MDD

- CBT has more enduring effects compared with psychopharm when both are discontinued
- Where examined enduring effects of acute phase CBT are comparable to continuing medication

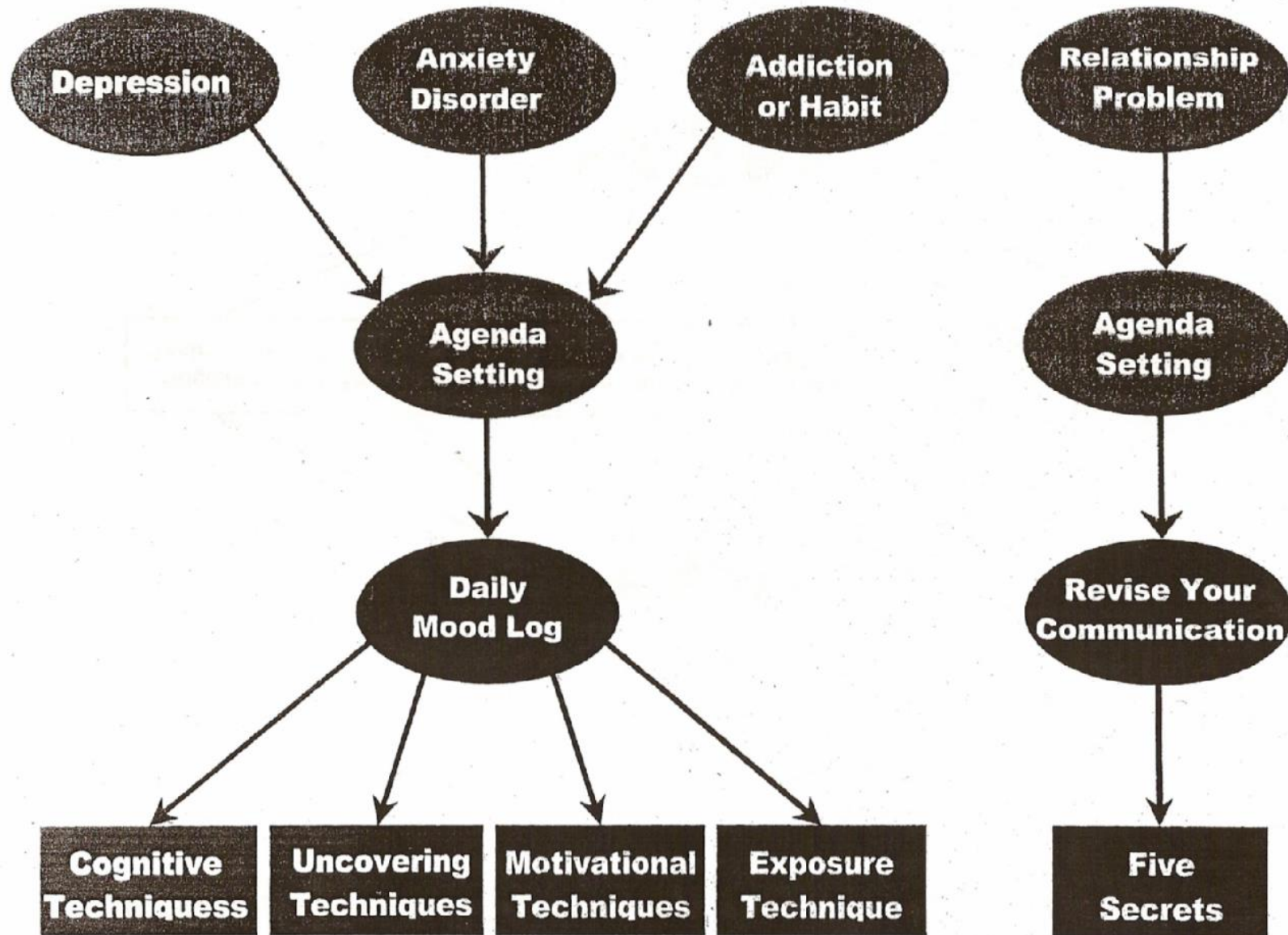
RELAPSE PREVENTION

- Adding CT to MED or following medication sequentially in continuation is associated with reduced relapse-recurrence in MDD
- Continuation CT for MDD is associated with lower relapse-recurrence compared to active and nonactive control conditions

Anxiety Disorders

- In general, CBT=MED in acute phase anxiety
- Evidence for acute phase advantage of COMB is mixed depending on anxiety disorder
- COMB shows long-term disadvantage compared with CBT in several studies

“WHAT DO YOU DO IN
CBT?”

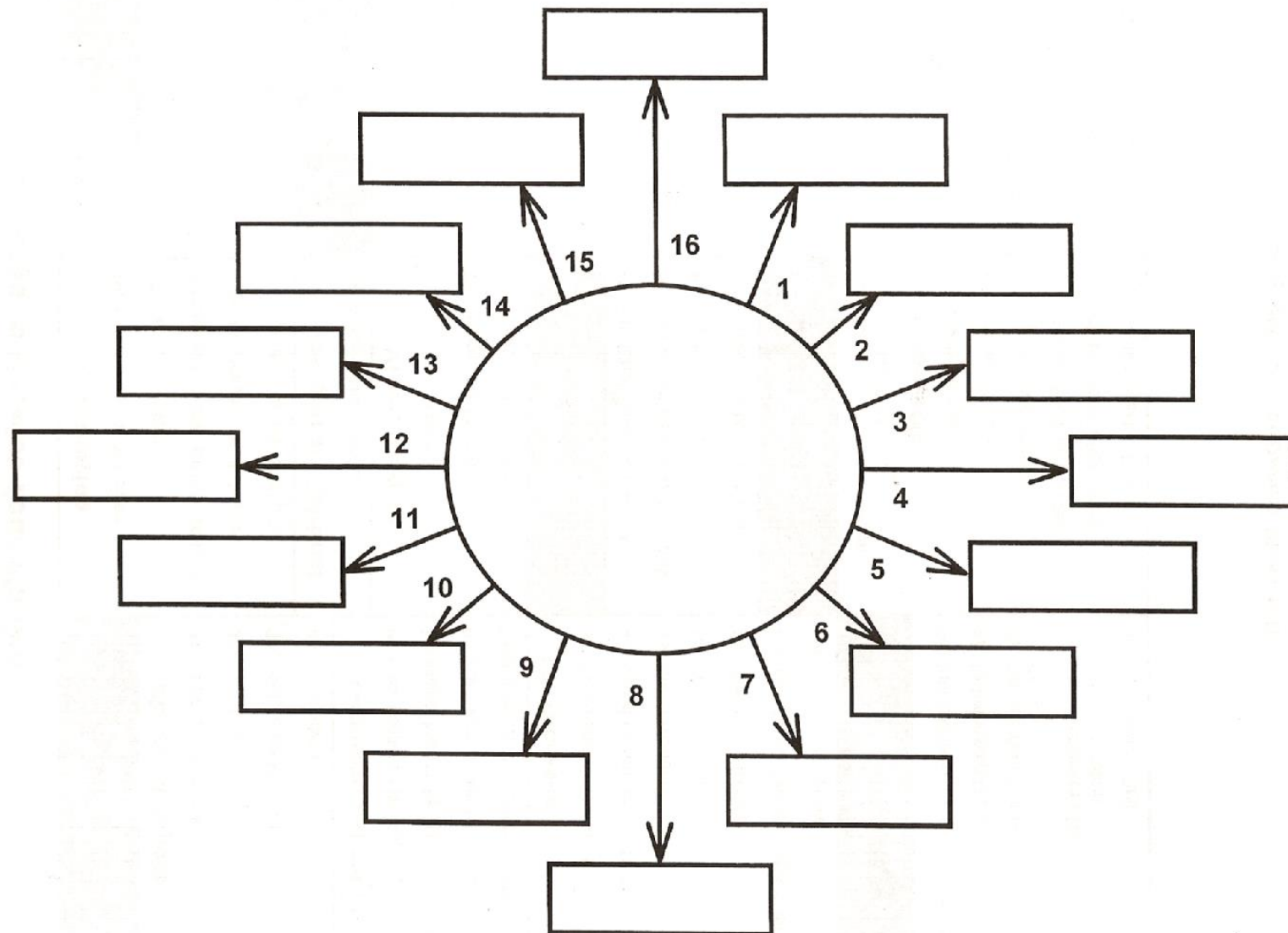


CBT uses many techniques

50 Ways to Untwist Your Thinking*

Basic Techniques	
1. Empathy (page 223)	When you're feeling upset, you need someone to listen and see the world through your eyes without trying to cheer you up, change you, help you, or give you advice.
2. Agenda Setting (page 226)	<p>Agenda Setting is the most basic and important technique of all. However, many therapists fail to grasp its importance. Nearly all therapeutic failure results from Agenda Setting errors. Furthermore, setting the agenda properly can reverse nearly all therapeutic failure.</p> <p>Agenda Setting begins with two steps: Specificity and Motivation. First, you have to define a specific problem you want help with. It has to be specific as to person, place, and time. For specificity, ask yourself, "What is the specific problem I want help with? What time of day did that problem happen? Where was I? Who was I interacting with? What was going on?"</p> <p>Second, you have to be motivated to roll up your sleeves and work on it now, rather than just talking about it endlessly. For motivation, ask yourself, "What would it be worth to me to solve this problem? How hard would I be willing to work on the solution?"</p>
3. Identify the Distortions (page 230)	<p>Use the Checklist of Cognitive Distortions to identify the distortions in each Negative Thought.</p> <p>Ask yourself, "What are the distortions in this thought?"</p>
4. Straightforward Technique (page 236)	<p>Substitute a more positive and realistic thought for each of your Negative Thoughts.</p> <p>Ask yourself, "Is this Negative Thought really true? Do I really believe it? Is there another way to look at the situation?"</p>
Compassion-Based Techniques	
5. Double Standard Technique (page 245)	<p>Instead of putting yourself down, talk to yourself in the same compassionate way you might talk to a dear friend who was upset.</p> <p>Ask yourself, "Would I say such harsh things to a friend with a similar problem? If not, why not? What would I say to him or her?"</p>

Recovery Circle*



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Daily Activity Schedule

Daily Activity Schedule *

Instructions: Record what you do each hour. In parentheses, record how satisfying each activity was between 0 and 5.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 - 8:00 AM							
8:00 - 9:00 AM							
9:00 - 10:00 AM							
10:00 - 11:00 AM							
11:00 - Noon							
Noon - 1:00 PM							
1:00 - 2:00 PM							
2:00 - 3:00 PM							
3:00 - 4:00 PM							
4:00 - 5:00 PM							
5:00 - 6:00 PM							
6:00 - 7:00 PM							
7:00 - 8:00 PM							
8:00 - 9:00 PM							
9:00 - 10:00 PM							
10:00 - 11:00 PM							

THOUGHT RECORD

SITUATION (Event, memory, attempt to do something, etc.)	BEHAVIOR(S)	EMOTIONS	THOUGHTS	COPING RESPONSES

San Francisco Bay Area Center for Cognitive Therapy

Five Secrets of Effective Communication*

E = Empathy

1. **The Disarming Technique (DT).** Find some truth in what the other person is saying, even if it seems totally unreasonable or unfair.
2. **Empathy.** Put yourself in the other person's shoes and try to see the world through his or her eyes.
 - **Thought Empathy (TE).** Paraphrase the other person's words.
 - **Feeling Empathy (FE).** Acknowledge how the other person is probably feeling, based on what she or he said.
3. **Inquiry (IN).** Ask gentle, probing questions to learn more about what the other person is thinking and feeling.

A = Assertiveness

4. **"I Feel" Statements (IF).** Express your own ideas and feelings in a direct, tactful manner. Use "I feel" statements, such as "I feel upset," rather than "you" statements, such as "You're wrong!" or "You're making me furious!"

R = Respect

5. **Stroking (ST).** Convey an attitude of respect, even if though may feel frustrated or angry with the other person. Find something genuinely positive to say to the other person, even in the heat of battle.

Revise Your Communication Style *

Step One -- Write down *exactly* what the other person said. Be brief

Step Two -- Write down *exactly* what you said next. Be brief:

Step Three -- Was your response an example of good or bad communication? Why? (See the chart on the reverse.) Will your response make the problem better or worse? Why?

Step Four -- Substitute a more effective response. Use the "Five Secrets of Effective Communication" on the reverse. If your revised response is still ineffective, try again.

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continue on reverse

Part VI

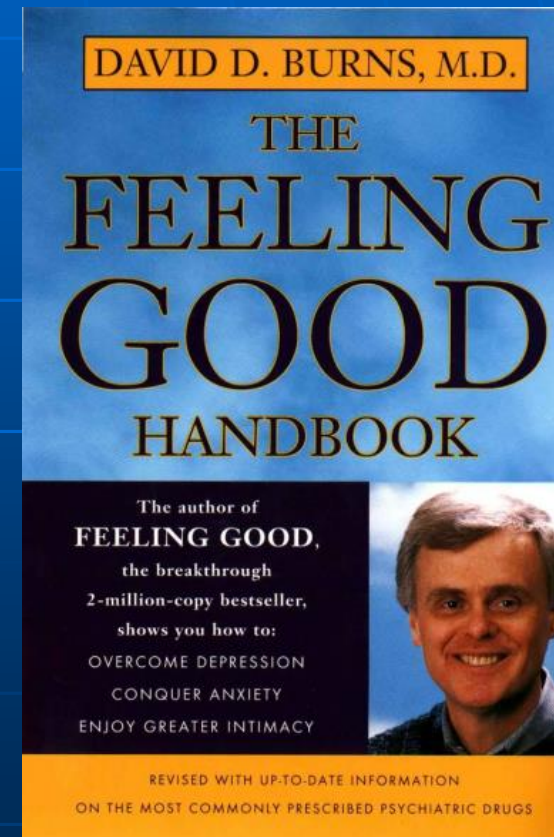
Relapse Prevention*

By David D. Burns, M.D.

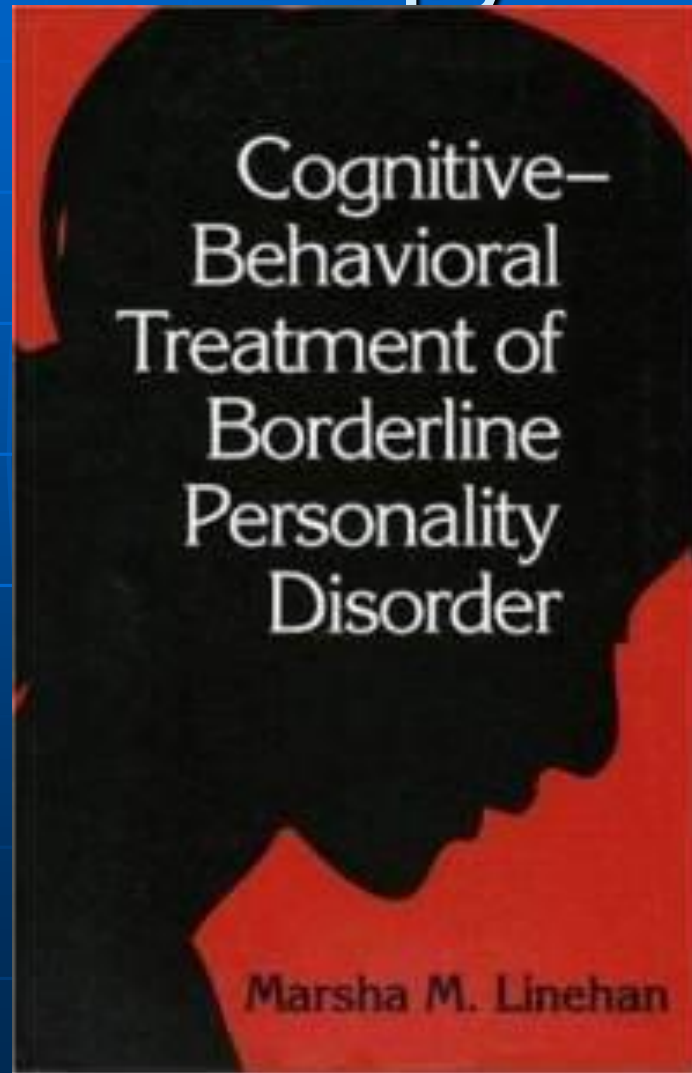
* This booklet is copyright © by David D. Burns, M.D., 2000. Permission to reproduce any portion must be provided in writing by Dr. Burns.

“WHERE CAN I GET
CBT?”

- Association of Cognitive and Behavior Therapy – WWW.ABCT.ORG
- San Francisco Bay Area Center for Cognitive Therapy - sfbacct.com
- WWW.NAMISANTACLARA.ORG/FINDINGTHERAPY
- WWW.FEELINGGOODINSTITUTE.COM
- Bibliotherapy:



“What is Dialectical Behavior Therapy?”



Dialectical behavior therapy (DBT) IS.....

- A THIRD GENERATION CBT
- A blend of CBT and Zen Buddhist and feminist philosophy
- A type of psychotherapy conducted in the context of mental health practice for patients with severe problems in emotional regulation, most commonly patients with borderline personality disorder
- DBT includes skills training, mindful practice, and close monitoring of and intervention in crises that may develop.
- Sessions are typically more than once a week and supplemented with contacts between sessions as needed.

Dialectical Behavior Therapy

- Dialectical Behavior Therapy (DBT) is an evidenced based cognitive-behavioral treatment developed by psychologist Dr. Marsha Linehan over the last 25 years. It was originally developed and shown to be effective in RCT's for treating suicidal patients with borderline personality disorder. [1-3]
- Multiple controlled trials indicate that DBT is effective in treating patients who present with varied symptoms and behaviors associated with mood disorders, eating disorders, self-injury,^[4] sexual abuse survivors^[5] , childhood trauma, post-traumatic disorder, and chemical dependency.^[6]

Dialectical Behavior Therapy in a Nutshell

1. DBT combines standard cognitive-behavioral techniques and reality-testing for enhanced emotion regulation.
2. DBT teaches distress tolerance using concepts such as acceptance, integrating opposites, and mindfulness of present moment borrowed from Buddhist tradition.
3. Increased autonomy is encouraged by teaching assertiveness with interpersonal effectiveness techniques.

DBT

- ✓ ... targets affective instability.
- ✓ ... is a third wave form of CBT.
- ✓ ... a transdiagnostic treatment.
- ✓ ... highly operationalized and standardized.
- ✓ ... currently readily available and disseminated.

DBT

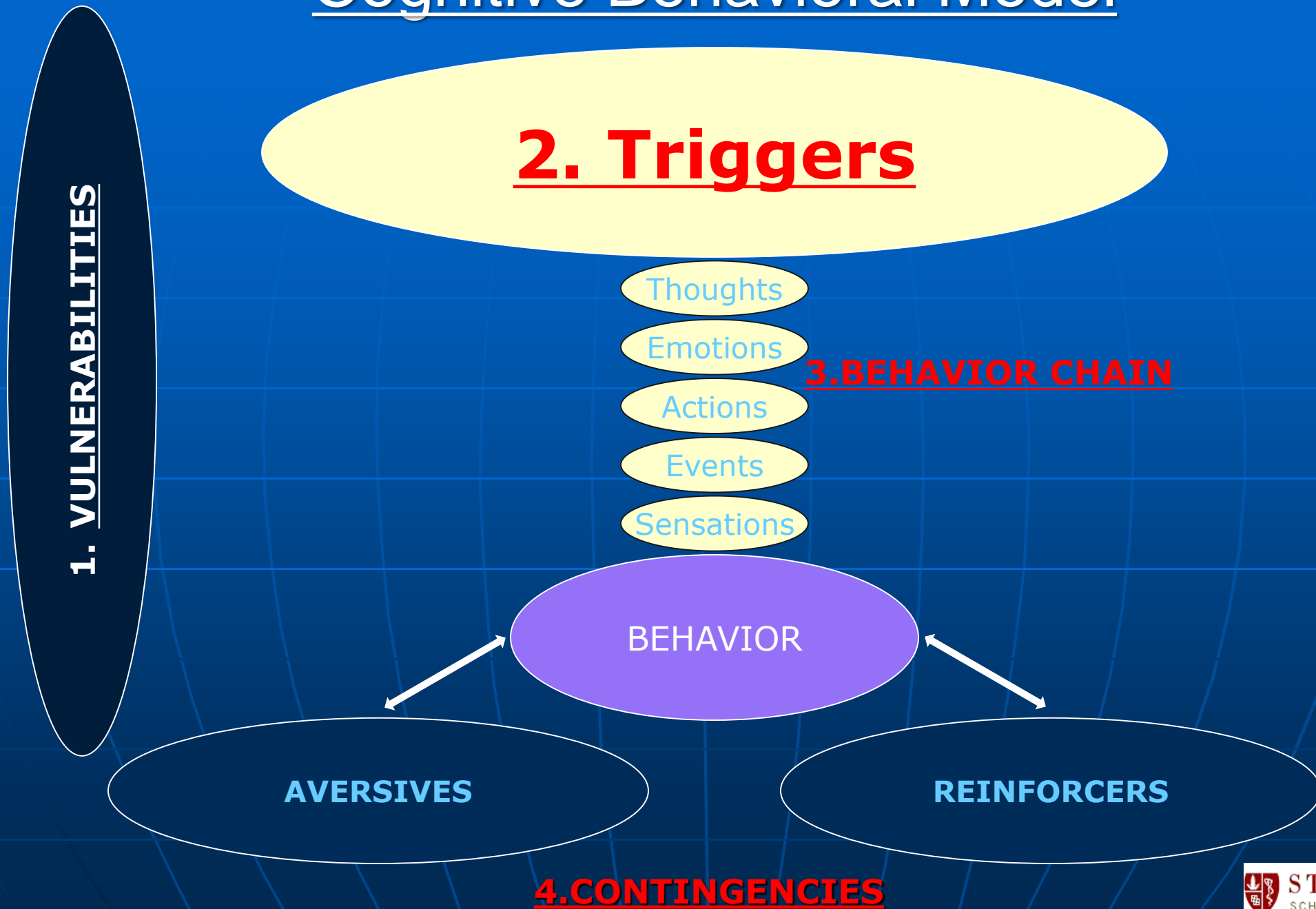
-resulted in fMRI documented decreases in **amygdala activation** which correlated with improvements in emotion regulation skills as measured on the Difficulty in Emotion Regulation Scale (DERS)¹

¹Goodman M¹, Carpenter D², Tang CY², Goldstein KE³, Avedon J⁴, Fernandez N⁴, Mascitelli KA⁴, Blair NJ⁴, New AS⁵, Triebwasser J⁶, Siever LJ⁷, Hazlett EA⁵*Dialectical behavior therapy alters emotion regulation and amygdala activity in patients with borderline personality disorder.*

Journal of Psychiatric Research 2014 Oct;57:108-16.

Cognitive Behavioral Model

2. Triggers



Behavioral Targeting

DECREASE:

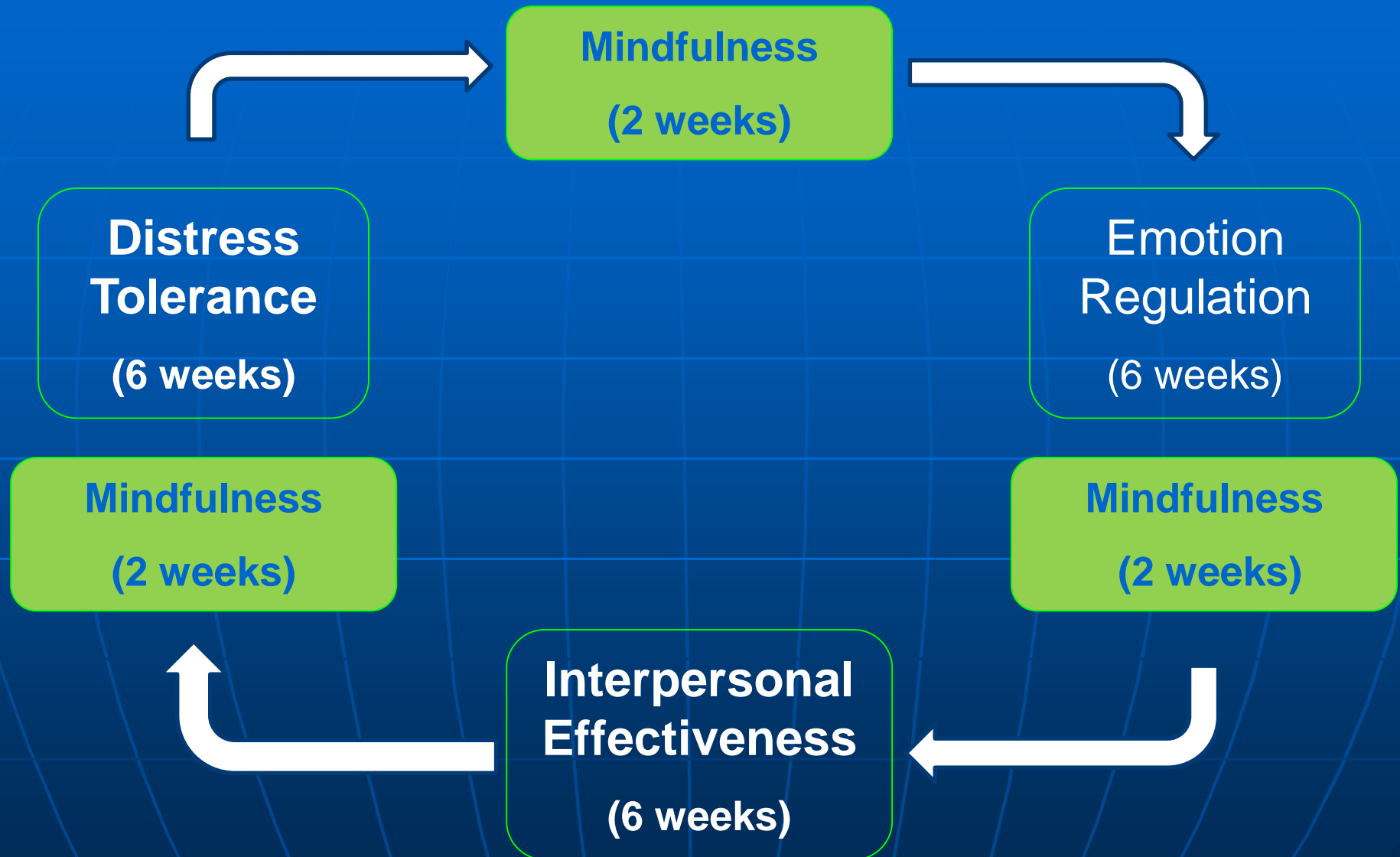
1. Life Interfering Behaviors
2. Therapy Interfering Behaviors
3. Quality of Life Interfering Behaviors



INCREASE:

1. Quality of Life Enhancing/ DBT Skills

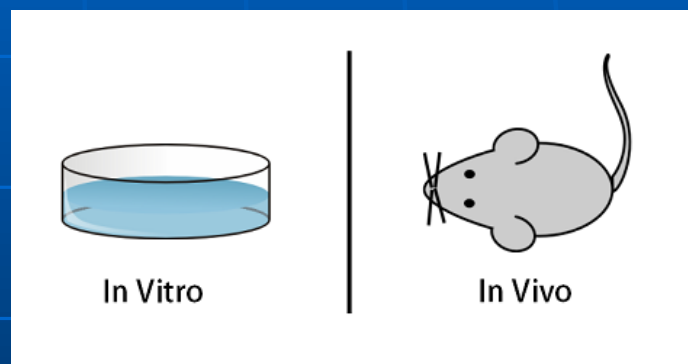
SKILLS TRAINING GROUPS



APA 2014

SKILLS TRAINING

- Skills Acquisition: **Group**
- Skills Application: in-vitro- **Individual Therapy**
- in- vivo- **Phone Coaching**



- Therapy for the Therapist- **Consultation Team to avoid burnout and insure adherence in therapist**

SKILLS:

			M	T	W	T	F	S	S
Core Mind	What Skills	Wise Mind Observe: just notice (urge surfing) Describe: put words on Participate: enter into the experience							
	How Skills	One mindfully: in the moment Non-judgmentally: just the facts (Don't judge judging, separate facts from interpretations) Effectively: focus on what works							
	3 goals of interpersonal effectiveness	Prioritize among interpersonal goals Consider options for intensity: Priorities, capabilities, timeliness, homework, authority, rights, relationship, reciprocity, goals, respect Saying "no" & observing limits Objectives effectiveness: DEAR MAN (Describe, Express, Assert, Reinforce, Mindfully, Acting confident, Negotiating) Relationship Effectiveness: GIVE (Gentle, Interested, Validating, Easy manner) Self-respect Effectiveness: FAST (Fair, no Apologies, Stick to values, Truthful)							
Emotion Regulation	PLEASE Master	Model of emotions Function of emotion Take care of Physical illness Balanced Eating Avoid alcohol / mood altering drugs Balanced Sleeping Balanced Exercise Build Mastery Increase positive emotions/events* Experience my emotion as a wave (Let it come & go, just observe, don't amplify or suppress) Acting opposite to Emotion: Fear=approach, guilt=apologize/ignore, sad=get active, anger=avoid, gentleness & empathy Practice loving my emotions (step back, experience, accept, don't judge)							
	TIP Your Body Chemistry	Change body Temperature Intense exercise Progressive relaxation							
	Distract Skills Wise Mind ACCEPTS	Activities Contribution Comparison / Count blessings Opposite Emotions (acting opposite) Pushing away Thoughts (think about something more pleasant) Sensations Self-soothe with 5 senses							
Distress Tolerance	IMPROVE the Moment	Imagery Meaning Prayer Relaxation One thing in the moment Vacation Encouragement Pros / cons Observe the breath Half-smile Radical acceptance, willingness, turning the mind,							

WHERE TO FIND DBT....

- Association of Cognitive and Behavior Therapy – WWW.ABCT.ORG
- WWW.NAMISANTACLARA.ORG/FINDINGTHERAPY
- WWW.BehavioralTech.org

DBT Providers in: PENINSULA

Stanford University DBT Program	Palo Alto		Adult Intake 650-498-9111 Adolescent Intake 650-723-5511		Adult Teen	<ul style="list-style-type: none">• Adult• Teen MFG• Bipolar Conversion Dis• Eating Disorder• Graduate Group• Friends & Family• Functional Neurological Disorder/• Somatic Symptoms	Yes
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Thank You

kbullock@stanford.edu