CBT to Augment Psychopharmacology

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Disclosures

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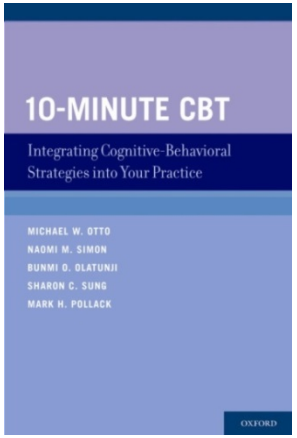
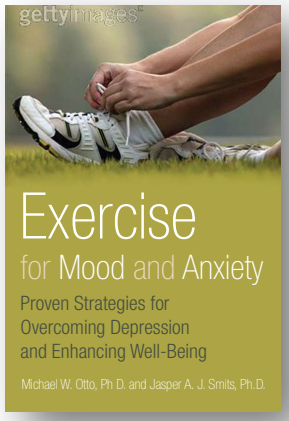
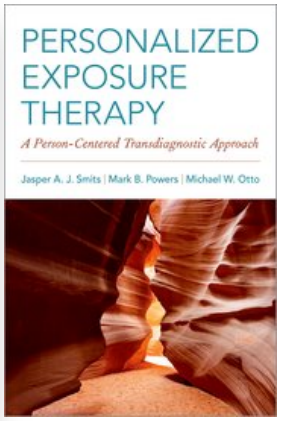
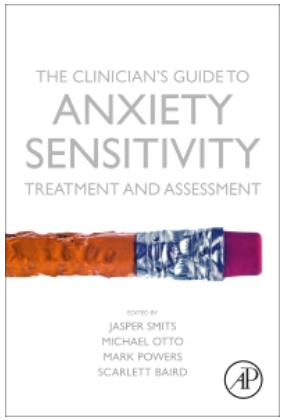
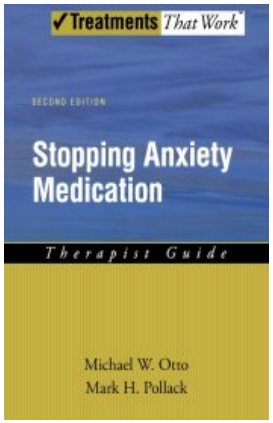
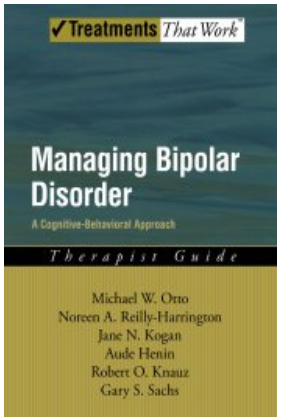


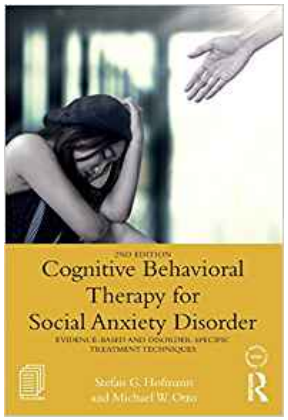












The Approach Today

Adding a Few New Strategies to Your Practice

- An obsession with efficiency
- Attention to emotional regulation/emotional intolerance
- Focus on additions to Current Practice
  - A few core principles for change
  - A few core strategies, complete with metaphors

What I am not talking about

Moderate Exercise is a terrific augmentation strategy. Exercise:

- Improves mood
- Treats depression
- Treats anxiety and anxiety disorders
- Improves cognition
- Enhances sleep

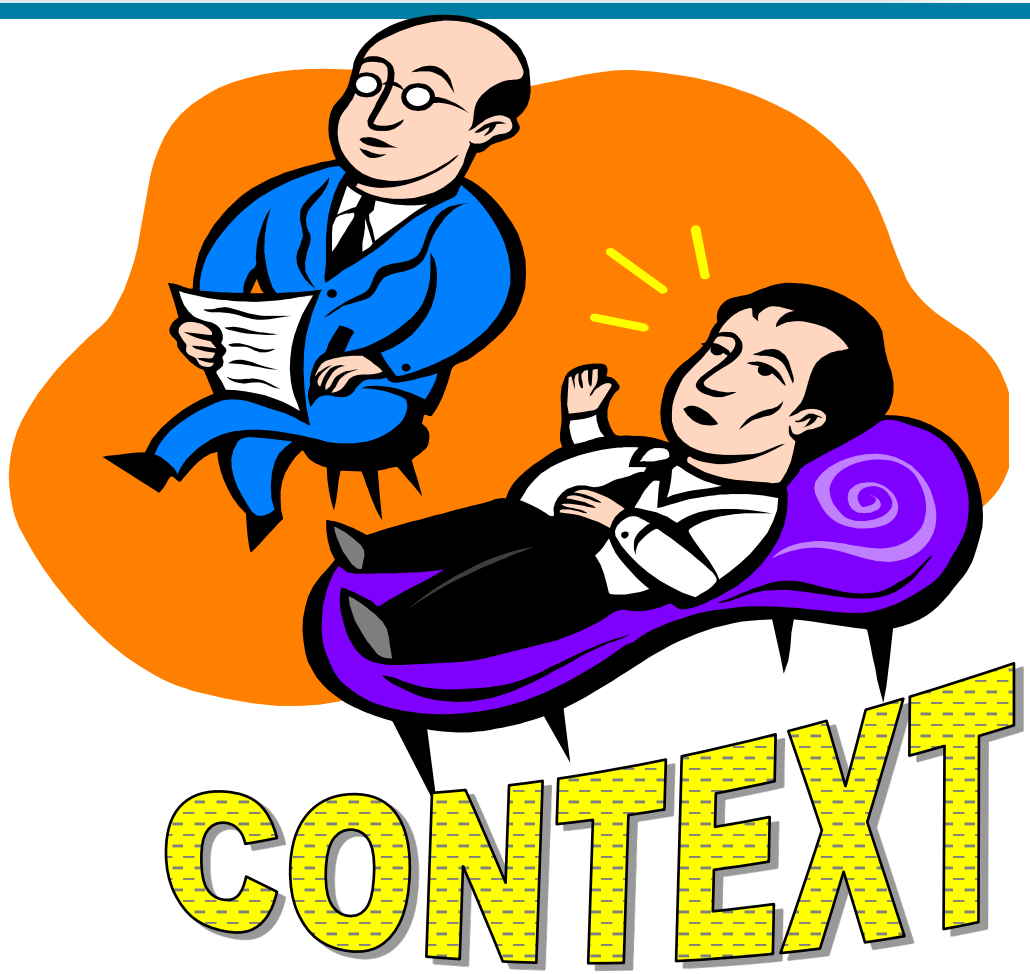
- In short, prescribing exercise is a wonderful way to achieve a range of beneficial outcomes...with the side effect of living longer

The good news... combination treatment works!

- Sequential Treatment
  - A great strategy for medication non-responders (failing medication does not predict failure in CBT, depending on the disorder)
- Combination treatment
  - Enhances outcome for anxiety disorders (panic, GAD)
  - Enhances outcome for chronically, more-severely depressed patients and bipolar disorder
  - Enhances maintenance of treatment gains (with medication discontinuation if desired)
  - Enhances medication adherence

Four Organizing Concepts

- We learn maladaptive responses over time
- Learning new responses to old cues is part of how therapy helps people
- New learning has to jump the gap between the session and the relevant moments in our patients' lives (new learning has to compete successfully with old learning)


CONTEXT

Treatment Session

- A weekly, 50-minute session accounts for less than 1% of a patient's waking lives
- How do we get the 1% to have an influence over the 99%

CORE SLIDE 1

A Few Standard Strategies to Jump the Gap

- Co-therapist on the case
- Patient workbook (hear it, see it, read it)
- Programmed home practice (homework)
- Practice in relevant contexts in session
  - Role playing
  - High emotion
- Practice across contexts
  - Relapse Prevention - Over-rehearsal
- Vivid and/or emotional examples

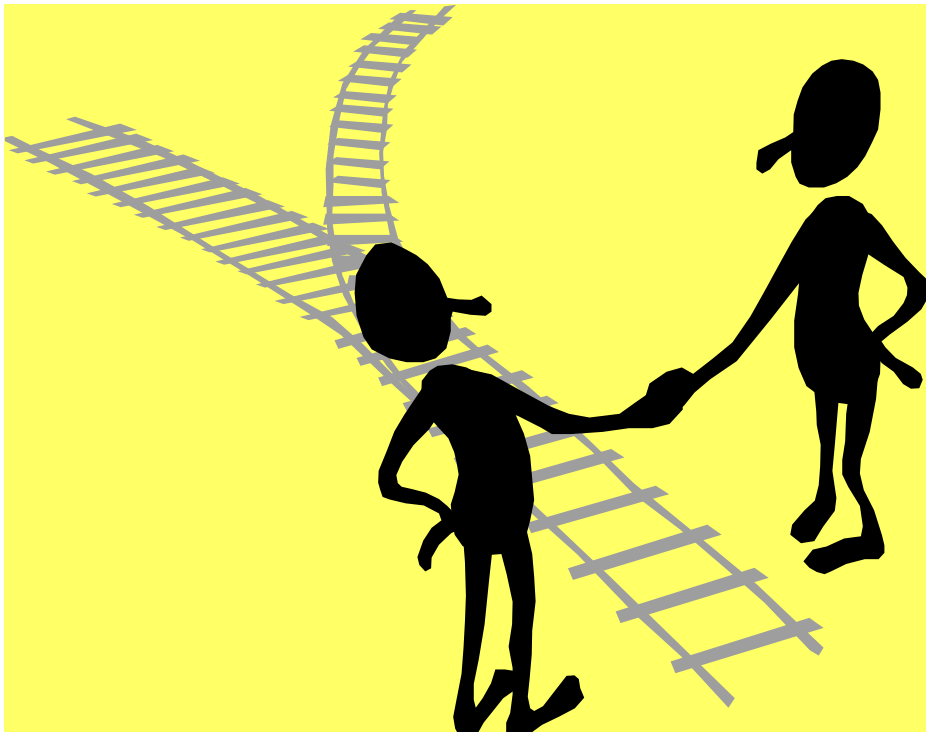
Otto (2000). *Cognitive and Behavioral Practice, 7*, 166-172.

Addressing Medication Context Effects

CBT can works well within contexts, and across programmed changes in context:

- Need to attend to attribution of treatment effects (add CBT during stable doses)
- If medication use changes, CBT may need to be reapplied
- Use a renewal course of CBT across medication discontinuation

Co-therapist on the Case



Session 1 - Establishing a Cotherapist on the Case

To help the patient be an active co-therapist in treatment, provide a:

- Model of the disorder (break the cascade of thoughts and emotions into elements)
- Model of the change process
- Information on the role of the patient

End of Treatment

- Patient has skills to act as his or her own therapist
- Patient focuses on well-being
- Therapist contact fades

CORE SLIDE 2

10 Minute CBT: Cognitive Interventions

- Goal: Help patients take a step back from treating thoughts as truth. Learn to treat thoughts as guesses about the world.
- Classic Tools: Information, Socratic questioning, self-monitoring, behavioral experiments
- Styles of the Masters: Beck, Ellis, Meichenbaum
- 10 Minute CBT:
  - CEO Thinking (mindfulness)
  - Marveling
  - Echoing
  - Metaphors

- What is the evidence that the automatic thought is true? Not true?
- Is there an alternative explanation?
- What is the worst that could happen? Would I live through it?
- What's the best that could happen?
- What's the most realistic outcome?

- What is the effect of my believing the automatic thought?
- What is the cognitive error?
- If a friend was in this situation and had this thought, what would I tell him/her?

10 Minute CBT: Cognitive Interventions

- Anxiety (what if...)
  - Over-estimating the probability of negative outcomes
  - Assuming the consequence will be unmanageable
- Depression (look at me...)
  - The comparator (depression about depression)
  - Negative view of self, world, future
- Sleep (if I don't get to sleep now, tomorrow will be a disaster…)
  - Cost of low sleep

CORE SLIDE 3
10 Minute CBT: Exposure Interventions

- Goal: Step by step relearning of safety and comfort around feared situations (or feelings)
- Classic Tools: In vivo, imaginal, interoceptive
- Cognitive vs. Non-cognitive perspectives
- 10 Minute CBT:
  - Information
  - Emotional Acceptance (what are you doing in response to your anxiety)
  - Exposure Self-Care (what will I feel, how will I coach myself)
  - Goal for the situation
  - Safety behaviors

CORE SLIDE 4

10 Minute CBT: Activity Interventions

- Goal: Return patients to rewarding and enjoyable activity
- Classic Tools: Monitor and Assign (values work)
- 10 Minute CBT:
  - Troubleshooting
  - The “feel” of getting better
  - Exercise

Behavioral Activation (BA) Treatment

- A nice reminder that “doing” in therapy is important (value of an app)
- Primary treatment strategies
  - Self-monitoring of daily activities and mood
  - Week-by-week scheduling of activities that bring patients a sense of pleasure or mastery
  - Identifying and reducing avoidance behaviors that increase depressive symptoms.

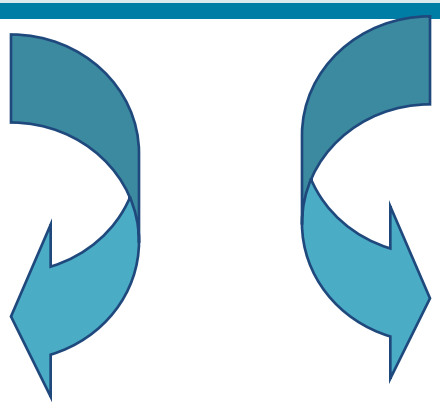
CORE SLIDE 5

Emotional Intolerance

- Predicts all sorts of maladaptive behavior
  - Exercise avoidance
  - Emotional eating
  - Smoking for coping motives, early lapse
  - Drinking for coping motives
  - Dropout of drug treatment
  - Lack of persistence toward goals (when negative affect is present)
  - Disability from dyspnea

- Elevated in most disorders
- Anxiety Sensitivity Index is a great measure
- A range of ways to treat:
  - Exposure
  - Mindfulness

Dizziness



Panic Cycle

Uh oh!

What if:

- This gets worse?
  - I lose control?
- This is a stroke?

I have to control this!

Relative Comfort

- Notice the sensation
- Do nothing to control it.
- Relax WITH the sensation

Common Interoceptive Exposure Procedures

- Headrolling – 30 seconds - dizziness, disorientation
- Hyperventilation – 1 minute - produces dizziness lightheadedness, numbness, tingling, hot flushes, visual distortion
- Stair running – a few flights – produces breathlessness, a pounding heart, heavy legs, trembling
- Full body tension – 1 minute – produces trembling, heavy muscles, numbness
- Chair spinning – several times around – produces strong dizziness, disorientation
- Mirror (or hand) staring – 1 minute – produces derealization

A few core citations

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