

Psychological therapies

Part 1 – Cognitive Behavioural Therapy

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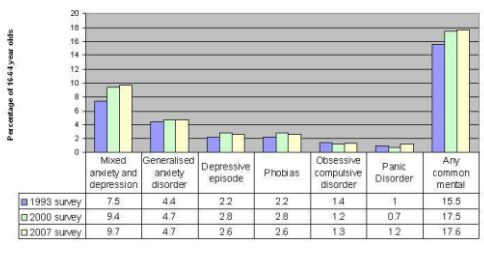
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Mental health in the UK

- Around 300 people out of 1,000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become inpatients in psychiatric hospitals

www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

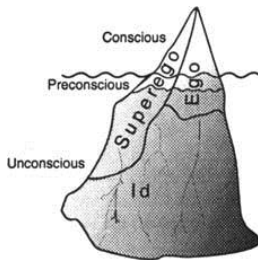
Prevalence of common mental health problems



http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

- It is estimated that the prevalence of schizophrenia at any one time is about 2 per 1000 (0.2 per cent).
- i.e. for every one person with schizophrenia there are 150 people with other types of mental health problems including 50 with depression

Psychodynamic theory



Therefore focus on uncovering unconscious conflicts e.g. through dreams and transference (relationship with therapist)

Behavioural theory

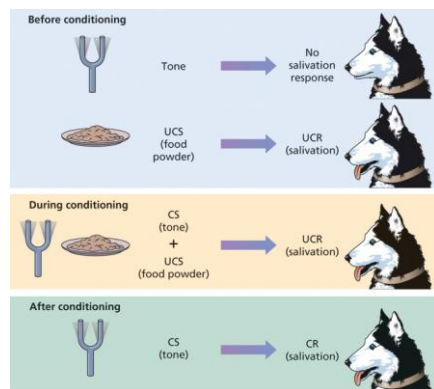
- Behavioural psychologists believe that:
 - Maladaptive behaviours are not merely symptoms of underlying problems
 - The behaviours *are* the problem
 - Problem behaviours are learned in the same ways normal behaviours are

Behavioural theory

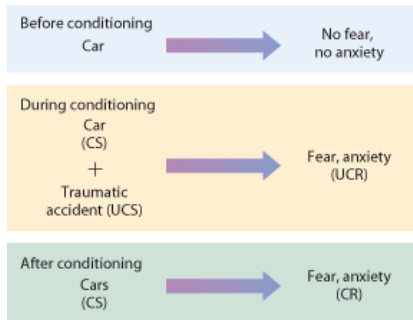
Learning theory

3 main types of learning

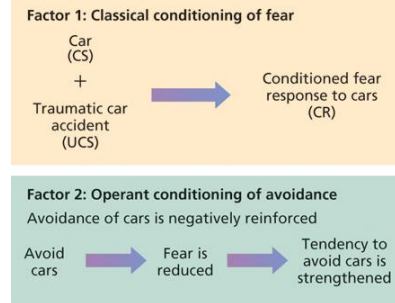
1. Classical conditioning
2. Operant conditioning
3. Social learning



Phobia Development



Two-factor theory of maintenance of classically conditioned associations e.g. fear

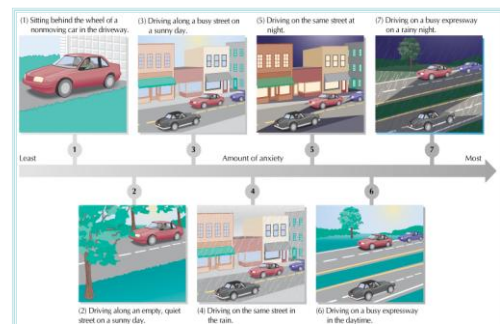


Behaviour Therapies

• Exposure Approach:

- Treat phobias through exposure to the feared CS in the absence of the UCS
- Response prevention is used to keep the operant avoidant response from occurring
- Highly effective for reducing anxiety responses
- Controversial because intense temporary anxiety is created by treatment

Graded exposure



Beck (1963) Thinking and depression

- Recorded psychotherapy sessions with 50 depressed patients.
- Identified three recurring themes in the content
 - Self – e.g. I'm useless
 - World – e.g. My life is unfulfilling
 - Future – e.g. Things will never get better
- These became known as the **depressive triad**

Negative Automatic Thoughts

- Characteristics:
 - Negative content
 - Involuntary
 - Spontaneous
 - Plausible
 - Repetitive

Beck (1963) Thinking and depression (contd)

- Beck also identified a several abnormalities in the thinking **processes** of depressed patients, e.g.
 - Arbitrary inference
 - Selective abstraction
 - Overgeneralization
 - Magnification and minimization
 - Personalizing

Negative Thinking Traps

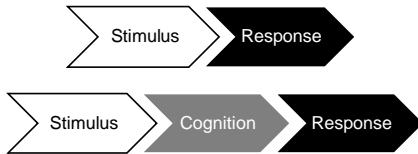
LABELLING: Place a fixed, global label on oneself without considering evidence that leads to a less disastrous conclusion
"I'm a loser"; "I'm no good."

OVERGENERALIZATION: Drawing general conclusion based on single incident
"I felt nervous with others at the party; I don't think I have what it takes to make friends."

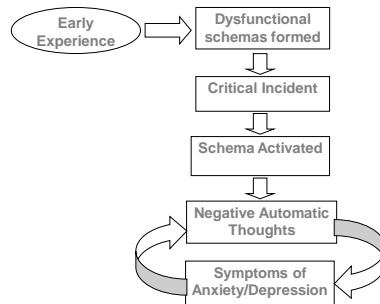
PERSONALIZATION: Inappropriately relating external events to oneself without an obvious basis for making such connections
"She didn't say hello to me because I must have done something wrong."

DICHOTOMOUS THINKING: View a situation in only two categories instead of on a continuum
"If I'm not a total success, I'm a failure"

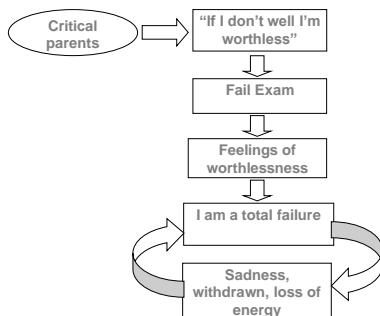
Cognitive Theory



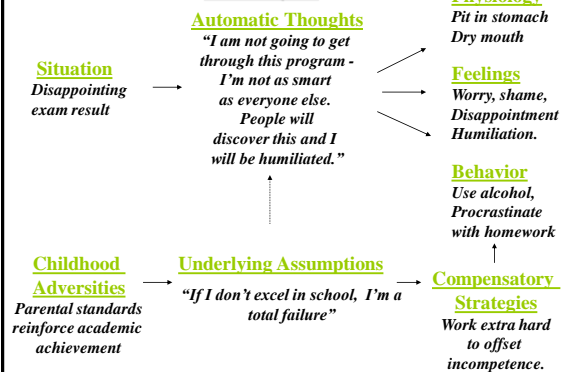
Beck's schema theory



Beck's schema theory



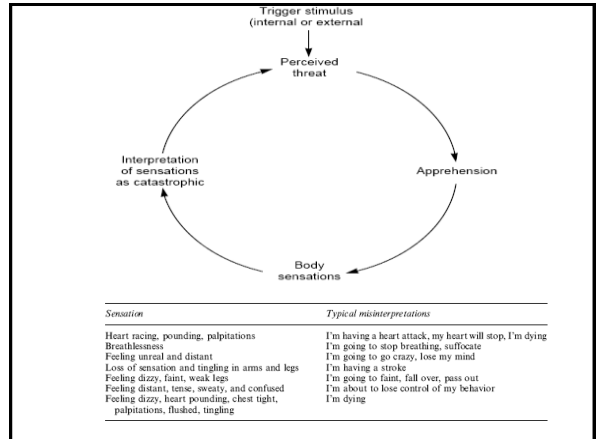
Example



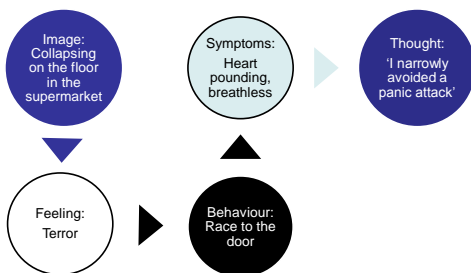
Role of cognitions in panic
(Clark et al 1988)

Presented pairs of words:

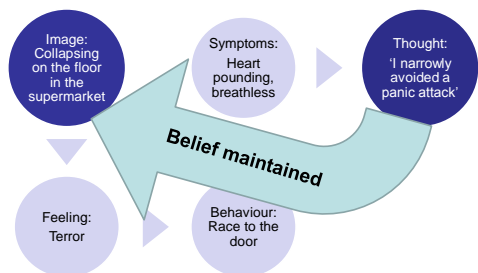
- Breathless – Suffocate
- Numbness – Stroke
- Dizziness – Fainting
- Chest tight – Heart Attack
- Unreality - Insane



Cognitive Behavioural Model



Cognitive Behavioural Model



Common Components of CBT

- Establish good therapeutic relationship
- Educate patients - model, disorder, therapy
- Assess illness objectively, set goals
- Use evidence to guide treatment decisions
- Structure treatment sessions with agenda
- Limit treatment length
- Issue and review homework to generalize learning

Behavioral Interventions

- Breathing retraining
- Relaxation
- Behavioral activation
- Interpersonal effectiveness training
- Problem-solving skills
- Exposure and response prevention
- Social skills training
- Graded task assignment

Cognitive Interventions

- Monitor automatic thoughts
- Teach imagery techniques
- Promote cognitive restructuring
- Examine alternative evidence
- Modify core beliefs
- Generate rational alternatives

Sample Thought Log

Situation	Thoughts	Emotions	Rational Response	Outcome
Going on vacation—Ask a colleague to do some work for me	She'll say no... I'm not doing a good job The boss thinks I take too much time off	Anxiety (70%) Guilt (40%) Sadness (20%) Cognitive Distortions: All/nothing Mindreading Fortune-Telling Over-generalization	I haven't taken a day off in 6 months. We work as a team, so it's also her job to track the samples.	Anxiety (10%) Guilt (0%) Relief (40%)

Course of Treatment

1. Assessment
2. Provide rationale
3. Training in self-monitoring
4. Behavioral strategies
 1. Monitor relationship between situation/action and mood.
 2. Applying new coping strategies to larger issues.
5. Identifying beliefs and biases
6. Evaluating and changing beliefs
7. Core beliefs and assumptions
8. Relapse prevention and termination

Evidence Base for CBT

	Recovery Rate
• All Anxiety Disorders	71%
• Panic disorder	75%
• Posttraumatic stress disorder	75%
• Social Phobia	76%
• Generalised anxiety disorder	69%
• Obsessive compulsive disorder	49%
• Specific Phobias	81%
• Major depressive disorder	60%

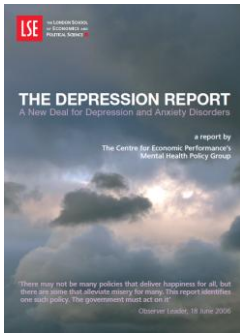
CBT vs Medication

- CBT has been shown to have significantly lower relapse rates than anti-depressant medications.
- Panic disorder: 5% vs 40%
- Social Phobia: 0% vs 33%
- OCD: 12% vs 45%
- Depression 45% vs 86%

NICE guidelines

- CBT recommended as first line treatment for:
Depression,
Social anxiety,
PTSD,
Generalised anxiety disorder,
OCD,
Bulimia,
Panic disorder and specific phobia
(see NICE at www.nice.org.uk)

The Depression report (2006)



This report is about action, based on analysis. First we give **six reasons for action:**

- there is massive distress
- such suffering is a major form of deprivation
- much of it goes untreated
- this involves huge economic costs
- treatments exist that can relieve the distress, and that pay for themselves
- NICE Guidelines should be implemented

Then we describe the **key elements of a solution:**

- ten thousand more therapists
- working in teams
- according to a seven year plan, centrally funded and commissioned

Conclusion

We start from a very bad situation. Millions of people who suffer from depression and chronic anxiety are left without help, even though therapies exist which could lift at least half out of their misery. Shame keeps their misery a secret. And the cost to the taxpayer exceeds the cost of cure.

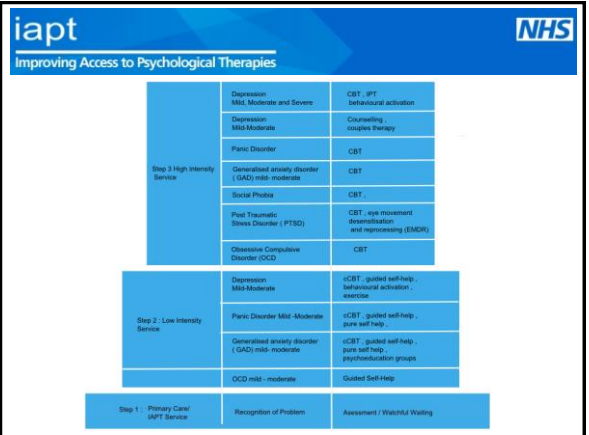
We need a New Deal for depression and anxiety – a complete revolution. We need to admit that it exists in one third of our families, that it is a major national problem, and that we are not doing even a half of what we should be doing.

The demand from each of us should be quite simple: **“implement the NICE guidelines”**. In other words, **give people with mental illness the choice of psychological therapy.**

iapt NHS

Improving Access to Psychological Therapies

- The programme began in 2006 with demonstration sites in Doncaster and Newham focusing on improving access to psychological therapies services for adults of working age.
- By 31 March 2011:
- 142 of the 151 Primary Care Trusts in England have a service from this programme in at least part of their area and just over 50 per cent of the adult population has access
- **3,660** new cognitive behavioural therapy workers have been trained
- Over **600,000** people started treatment, over **350,000** completed it, over 120,000 moved to recovery and over 23,000 came off sick pay or benefits between October 2008 and 31 March 2011



Department of Health – Feb 2011



Four year action plan aims

- By March 2015:
 - 1) completing the nationwide roll-out of IAPT services for adults of all ages who have depression or anxiety disorders, paying particular attention to ensuring appropriate access for people over 65;
 - 2) initiating a stand-alone programme to extend access to psychological therapies to children and young people, building on learning from the IAPT programme and using NICE-approved and 'best evidence'-based therapies where NICE guidelines are pending;
 - 3) broadening the benefits of talking therapies by extending them to people with physical long-term conditions or medically unexplained symptoms, which are physical symptoms caused by psychological distress; and
 - 4) expanding access to talking therapies services for people with severe mental illness.

Bonus video clips

- Prof David Clark - Describing CBT
<http://www.youtube.com/watch?v=JSO6iAFekPw>
- Example of using Operant conditioning (from 2'10" onwards) (from Big Bang Theory)
<http://www.youtube.com/watch?v=ejjZZNGfIOM>
- A good example of a CBT session (3'21")
<http://www.youtube.com/watch?v=fCZpUIEUys>