

CBT for Adults: A Practical Guide for Clinicians

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Lynne Drummond
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Lynne M. Drummond

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To Laura, Neal and Hugh

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Contents

List of tables, boxes, figures and case examples	ix
Foreword	xiii
Preface	xv
Structure of the book	xvii
List of abbreviations	xx
1 Introduction	1
2 Assessment	8
3 Rules of reinforcement and practical examples	30
4 Social skills training	43
5 Relationship, communication and sexual skills training	53
6 Phobic and social anxiety	73
7 Treatment of obsessive–compulsive disorders	93
8 Depression	113
9 Generalised anxiety disorder and panic	135
10 Body dysmorphic disorder and the somatic symptom and related disorders	155
11 Eating disorders	171
12 Addictive behaviour	188
13 Schizophrenia and the psychoses	205
14 Personality disorder	219
15 CBT in combination with other therapy	232
Glossary	244
Index	253

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[More Information](#)

Tables, boxes, figures and case examples

<i>Tables</i>	
2.1	Factors affecting sexual dysfunction 13
3.1	Types of positive and negative reinforcements 31
5.1	Four stages of human sexual arousal 60
5.2	Additional techniques for specific sexual problems 67
6.1	Types and characteristics of phobic disorder and social anxiety 74
6.2	Example of therapist-aided exposure in the clinic 83
7.1	OCD and phobias 96
7.2	Mike’s hierarchy of fears 100
7.3	Using cognitive approaches for OCD 109
8.1	Anne’s diary at the start of therapy 117
8.2	Anne’s diary after 6 months of therapy 118
8.3	Common thinking errors 120
8.4	Freda’s diary for NATs 122
8.5	Modified cognitive diary 122
9.1	Possible symptoms of anxiety 136
9.2	Trish’s diary 148
10.1	Chief concerns in people presenting with BDD 156
11.1	BMI categories for adults (over 16 years) 172
11.2	Diet plan for Lucia 178
11.3	Pros and cons of growing up for Lucia 180
11.4	Daily eating plan for Hilary 183
11.5	Thought diary for Hilary 183
14.1	Domains and schema from Young & Brown’s Schema Questionnaire 222

TABLES, BOXES, FIGURES AND CASE EXAMPLES

Boxes

2.1	Ten questions instrumental in obtaining accurate psychiatric diagnosis – the ‘Dad’s car fad’ mnemonic	10
2.2	BASIC ID history-taking	14
2.3	A CBT formulation	16
2.4	Patient education and treatment planning	18
2.5	Information given to patient about anxiety	19

Figures

2.1	Relationship between antecedents, beliefs, behaviour and consequences	11
2.2	Relationship between antecedents, behaviour and consequences (beliefs unknown)	11
2.3	Relationship between different types of symptoms and therapeutic strategies	12
2.4	Application of ABC model for June	13
2.5	Diagram of formulation for severe blood and injury phobia	17
2.6	Nine-point scale for anxiety	18
5.1	Female sexual response	61
5.2	Male sexual response	61
6.1	Escape reinforces escape and avoidance behaviour	75
6.2	Habituation	76
6.3	Reduction in anxiety rewards escape behaviour	78
6.4	Vicious circle regarding George’s anxiety	90
7.1	Eleanor’s diagram	98
8.1	Balance of mastery and pleasure	115
9.1	Yerkes–Dodson law	135
9.2	Vicious cycle of anxiety and panic for Frank	150
9.3	Jamie’s formulation for panic attacks	151
10.1	Safety behaviours in BDD maintain the beliefs	157
10.2	Cognitive model for a man with BDD concerned with the size of his penis	158
10.3	Cognitive–behavioural model for Ryan’s concerns regarding his nose	162
10.4	Vicious cycle of anxiety in health anxiety	164
10.5	Vicious cycle of Ash’s symptoms	165

 TABLES, BOXES, FIGURES AND CASE EXAMPLES

10.6	Example of downward arrow technique to find Ash's underlying assumption	167
11.1	Some of the maintaining thoughts for Lucia's anorexia	180
12.1	Antecedents and consequences of Neil's drinking	195
12.2	The vicious cycle of drinking behaviour	195
13.1	CBT model for hallucinations	208
13.2	Possible model of brain function in schizophrenia	210
13.3	George's cue card	212
14.1	Hierarchy of thoughts and beliefs	220
14.2	Model of thoughts behind Paula's outburst	223
14.3	Model of borderline personality disorder.	227

Case examples

2.1	Incontinence treated with CBT	11, 32
3.1	Treating illegal sexual practices	33
3.2	Inappropriate positive reinforcement	36
3.3	Treatment of alcohol misuse	37
3.4	Treatment of facial tics using habit reversal	39
3.5	Repetitive throat-clearing treated by mass practice	41
4.1	Individual social skills training	45
4.2	Assertiveness training using role play, role reversal and homework practice	48
4.3	Anger management using role play	49
5.1	Behavioural exchange marital therapy	54
5.2	Communication skills training	57
5.3	Treatment of low sexual drive	62
5.4	Vaginismus	68
5.5	Treatment of retarded ejaculation	69
6.1	Treatment of agoraphobia with graduated exposure	77
6.2	Flight phobia	80
6.3	Severe blood and injury phobia	82
6.4	Dog phobia	84
6.5	Fear of eating and drinking in public	86
6.6	Cognitive techniques for social phobia	89
7.1	Extreme fear of contamination, I	97
7.2	Extreme fear of contamination, II	98

TABLES, BOXES, FIGURES AND CASE EXAMPLES

7.3	Prolonged exposure therapy for obsessive ruminations	101
7.4	OCD and hoarding problems	103
7.5	Hoarding	105
8.1	Mastery and pleasure and behavioural activation	116
8.2	Negative automatic thoughts	119
8.3	Challenging NATs	121, 123, 124
8.4	Normalisation	125
8.5	Recurrent depressive episodes	126
8.6	ACT and mindfulness in chronic low-level depression	127
8.7	Guided mourning and cognitive reattribution	131
9.1	Poor lifestyle leading to generalised anxiety	138
9.2	Anxiety-management training	144
9.3	Treatment of generalised anxiety disorder	147
9.4	Panic and fear of cardiac arrest	150
9.5	Hyperventilation and panic attacks	150
10.1	BDD concerning face	158
10.2	Deeply entrenched BDD	161
10.3	Maintaining factors in health anxiety	164, 165
11.1	Use of behavioural interventions to promote a healthier lifestyle	173
11.2	Treating anorexia nervosa	176
11.3	Bulimia nervosa	181
12.1	A long history of heavy drinking	191, 194
12.2	Uncontrollable gambling problem	199
13.1	Psychoeducation in auditory hallucinations	209, 211
13.2	Treatment of social withdrawal and depression	213
14.1	Schema-focused CBT for repeated self-harm and aggressive behaviour	221, 223
15.1	Multi-drug therapy for profound OCD	234
15.2	Severe PTSD	239

Foreword

In recent years effective cognitive-behavioural therapies have become widely used. They can help many individuals to overcome a broad range of problems in order to live normal lives. As there are few easy guides to such therapies for would-be therapists, this new book is most welcome. Clinicians wishing to apply behavioural and cognitive procedures can learn more from how-to-do-it guidance than from theoretical disquisitions. In this easy-to-read book therapists can find a wide variety of case histories of therapy in sufficient detail to use similar methods in their own work. The book contains many examples of careful treatment applications that will allow practitioners to skilfully meet the needs of their own patients. An important advance concerns self-help for anxiety disorders. Self-exposure can be so successful that, as this book notes, in most individuals with anxiety disorder clinician-accompanied exposure is unnecessary. The therapist's main task is to encourage the patient to work out and complete suitable exposure targets and to monitor progress towards their achievement. Lynne Drummond gives clear guidance on this topic.

Also mentioned is a National Institute of Mental Health (NIMH) multicentre controlled study of the treatment of depression. In that study interpersonal therapy was at least as effective as cognitive therapy. The cognitive part of cognitive therapy may be redundant, the core element to the various successful brief psychotherapies for depression being task-oriented problem-solving. However, cognitive therapy on its own can, too, be therapeutic.

Other relatively recent knowledge concerns medication combined with exposure in some individuals with anxiety disorders. In a large controlled study of agoraphobia with panic in London and Toronto, high doses of benzodiazepines interfered with exposure in the long term and should therefore be avoided. In contrast, in additional work, antidepressants did not interfere with exposure and indeed could enhance it when depression complicated the phobia/panic or obsessive-compulsive problem. Moreover, a variety of antidepressant drugs can be used in such cases as no particular class is yet known to be specific to any given anxiety syndrome.

FOREWORD

It is encouraging that clinicians can quickly learn to guide patients to complete behavioural and cognitive treatments for a large number of clinical problems that help many people improve within a few weeks, and in more difficult cases within a few months. This volume by Dr Drummond is an excellent guide for clinicians who want to learn how to do this.

*Emeritus Professor Isaac M. Marks
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Preface

This book is designed for clinicians as a practical guide to treating adults with psychological and psychiatric disorders using cognitive and behavioural interventions. I firmly believe that clinicians learn best from patients, and so I have included illustrative case history material throughout. The book is similar in format to an earlier book I co-authored with Richard Stern, *The Practice of Behavioural and Cognitive Psychotherapy*, published in 1991. Indeed, a few of the case histories originally appeared in the earlier book but are still relevant and I am extremely grateful to Richard Stern and Cambridge University Press for allowing me to reuse them here.

The whole subject of cognitive-behavioural psychotherapy has developed significantly since that first volume. In 1991, the ‘cognitive revolution’ was taking hold and cognitive therapy was being hailed as a panacea for a whole range of psychiatric and psychological conditions. Sadly and inevitably, it did not live up to all the claims that were then being made. More recently the role of cognitive interventions has been identified in a number of conditions, including depression and anxiety disorders. Cognitive therapy is a useful and often necessary adjunct for the treatment of other conditions, including body dysmorphic disorder, health anxiety, hypochondriasis and social anxiety. The development of the so-called ‘third generation’ or ‘third wave’ therapies has seen a move back to behavioural treatments with less emphasis on the cognitive elements. All these more recent interventions are described but with a note of caution that there is still a relative lack of good-quality, robust research on many of these.

The aim of this book is to be a practical guide to interventions using clinical examples. It is not full of theory. A theoretical overview is presented in each chapter and is developed as different approaches are discussed. This is designed to ensure a clinician understands why different techniques may be applied to different patients. Key references are presented so that anyone who is interested in looking into this further can easily do so, and I have also listed books for further reading.

No one should ever think any book will equip them to be able to apply all the therapies. Anyone embarking on these treatments is best advised to

PREFACE

obtain supervision from a fully accredited cognitive-behavioural therapy (CBT) supervisor. Some of the simpler techniques, however (such as ‘cleaning up a patient’s lifestyle’ in Chapter 9), could be applied with little or no supervision. Hopefully, I will give readers new therapeutic ideas and encourage them to develop further skills.

I hope you enjoy this book and find it useful. My hope is that it will have a place in your office used for clinical work with patients and will be referred to when making clinical decisions about care.

L.M.D.

Structure of the book

The order of the chapters is based on the introduction of the various theories and techniques to be used. It is intended that the more straightforward theories and techniques are presented first, before moving on to more complex paradigms and methods. In other words, after exploring assessment for CBT, the book starts with behavioural treatments such as exposure-based therapies and then examines reinforcement and skill acquisition. Subsequent chapters introduce cognitive theory and practice and also start to look at the third wave treatments. Later chapters in the book cover more complex applications of CBT in conditions including personality disorder and psychoses. Finally, the possibility of integrating CBT with other treatments is discussed before starting to look at what the future may hold for CBT.

Chapter 1

This chapter starts by looking at the history of CBT. Starting at the beginning of the 20th century with the behaviourist movement, it follows the development of pragmatic treatments based on observation of clinical situations and the behaviour of the individual rather than on theory. Indeed, usually the theories were developed to describe the clinical findings rather than *vice versa*. Exposure-based treatments, reinforcement schedules and skills training are mentioned. The theories and treatments that comprise the so-called cognitive revolution are examined and the reversion back to more behavioural methods is explored. Finally, the chapter considers where CBT has come in the past 50 years and postulates some of what the future may hold.

Chapter 2

This chapter examines the pivotal importance of measurement and its role in CBT. Being a pragmatic approach to psychological and psychiatric distress and disorders, the idea that each patient was their own ‘single-case’ experiment was the hallmark of CBT. Although there are strong theoretical concepts which underpin CBT treatments, the use of the single-case design,

STRUCTURE OF THE BOOK

whereby improvement or deterioration is objectively measured, shaped the development of treatments. Indeed, sometimes it was observations about the effect of different interventions which led to the theory rather than the traditional approach of theory leading to treatments. It is thus vital that anyone embarking on CBT has a firm understanding of an approach to measurement that is both reliable and valid.

Chapters 3, 4 and 5

These chapters focus mainly on the role of reinforcement and how it can be used effectively in skill acquisition. The different types of reinforcers are described and the potential role they may have in the treatment as well as the genesis of psychological and behavioural disorders. The way that complex skills can be divided into their component behaviours and taught using reinforcement is then discussed in the application in social skills, relationship, communications and sexual skills training. The recently developed treatment of integrative couple therapy is also briefly mentioned.

Chapters 6 and 7

The next two chapters examine the role of exposure treatments and their role in the management of phobic anxiety and OCD. They are deliberately at the start of the book as they describe one of the most straightforward treatment paradigms in CBT, which is still the good standard treatment for these conditions.

Chapters 8 and 9

Chapter 8 introduces the basic theories of cognitive therapy expanded on in Chapter 9. These chapters demonstrate the practical application of cognitive interventions in depression and generalised anxiety and how these treatments are combined with some of the behavioural treatments already discussed. The concept of CBT involving both cognitive and behavioural components is then further developed in the succeeding chapters.

In addition, some of the so-called third generation treatments involving mindfulness are introduced and described.

Chapters 10 and 11

The importance of combining firm behavioural principles and treatment in combination with cognitive interventions is emphasised in these chapters which look at health anxiety and body dysmorphic and eating disorders.

Chapter 12

The principles and application of motivational interviewing are discussed in detail. Treating addictions using complex integration of cognitive reattribution combined with behavioural coping skills is described. Relapse

prevention strategies are important for all conditions but are particularly vital when dealing with addictive behaviour. These are tackled fully in this chapter.

Chapter 13

The application of CBT in the treatment of psychoses is studied. Effective medication and early treatment has meant many more people with psychoses are potentially amenable to CBT. However, it is still necessary to proceed slowly and with care in applying these techniques to people with severe, enduring psychotic disorders. There is demonstration of how CBT techniques can be used to engage the patient in therapy and to start to examine some of the thoughts underpinning the symptoms of psychoses.

Chapter 14

This chapter describes the development of the CBT model to derive schema-based CBT for people with personality disorders.

The third generation treatment of dialectical behaviour therapy is then explored along with its application in people with borderline personality disorder. There is a discussion about the shortfalls in current research in these methods.

Chapter 15

Cognitive-behavioural therapy is usually not delivered in isolation but in combination with other therapies. This chapter examines which combinations are helpful and which can be a hindrance to progress. The most frequent combination is CBT and psychopharmacological interventions and these are explored in detail. The combination of different types of psychological treatment is then discussed, starting with eye movement desensitisation and reprocessing in combination with CBT. The potential negative effect that delivering two models of psychotherapy can have will also be examined. Finally, more 'hybrid' models of therapy such as a cognitive analytical therapy and systemic therapy are explored.

Abbreviations

ACT	acceptance and commitment therapy
A&E	accident and emergency
BDD	body dysmorphic disorder
BDI	Beck Depression Inventory
BMI	body mass index
BPD	borderline personality disorder
CAT	cognitive analytical therapy
CBT	cognitive-behavioural therapy
DBT	dialectical behaviour therapy
DIRT	danger ideation reduction therapy
ECT	electroconvulsive therapy
EDNOS	eating disorders not otherwise specified
EMDR	eye movement desensitisation and reprocessing
ERP	graded exposure and self-imposed response prevention
FAP	functional analytic psychotherapy
GP	general practitioner
IAPT	Improving Access to Psychological Therapies
ICT	integrative couple therapy
MBCT	mindfulness-based cognitive therapy
NAT	negative automatic thought
NHS	National Health Service
NICE	National Institute for Health and Care Excellence (until May 2013 the National Institute for Health and Clinical Excellence)
NIMH	National Institute of Mental Health

ABBREVIATIONS

OCD	obsessive–compulsive disorder
PTSD	post-traumatic stress disorder
RCT	randomised controlled trial
REBT	rational emotive behavioural therapy
SLOF	Specific Level of Functioning Assessment
SNRI	serotonin-noradrenaline reuptake inhibitor
SRI	serotonin reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
YBOCS	Yale–Brown Obsessive Compulsive Scale