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CBT for Adults: A Practical Guide for Clinicians

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To Laura, Neal and Hugh

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Case examples

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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.

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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
Institute of Psychiatry, King's College London

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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

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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.

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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,

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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

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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 a cognitive analytical therapy and systemic therapy are explored.

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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

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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

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