SPEAKER NOTES

Using Cognitive Behavior Therapy to Treat Mental Illness

Summarized by Thomas T. Thomas

Cognitive Behavior Therapy (CBT) is sometimes the recommendation of choice for our relatives with a mental illness. Speaking at the January 26 meeting, **Abby Haile, PsyD,** is a licensed clinical psychologist with a specialty in providing this variety of "talk therapy." Haile has a doctorate in clinical psychology from the Pacific Graduate School of Psychology-Stanford Consortium, postdoctoral fellowship at the University of California-San Francisco's Trauma Recovery Center, and predoctoral training with the Stanford University Department of Psychiatry, the Veterans Administration Palo Alto Health Care System, and County of San Mateo. She has experience working with all types of mental illness. She gave our group an overview of CBT with insights as well into Dialectical Behavior Therapy (DBT).

ABBY HAILE, PSYD

"Cognitive Behavior Therapy has two fathers or founders, Aaron Beck and Albert Ellis," Haile said. Dr. Ellis developed what was then known as Rational Emotive Behavior Therapy (REBT) in 1955, and Dr. Beck developed Cognitive Therapy (CT) in the 1960s. These therapies began to look at the impact of thoughts on emotion.

Traditional or Freudian therapy which most people have seen on TV is unstructured. The client on the couch talks about issues like childhood trauma and dreams. It's a long, drawn-out process with not much therapist interaction. "CBT is very different and highly structured," Haile said. "The therapist sets an agenda in collaboration with the client—'what are we going to talk about today?' The agenda may include checking on the client's mood for the week, reviewing his or her homework, and acquiring skills to manage the problems that are happening."

Evidence for the success of CBT is good. The therapy is usually evaluated in relation to a specific disorder like obsessive-compulsive disorder or psychosis.1 "CBT has been tested in randomized trials of usually about 200 patients against alternative therapies such as medication or a wait list [i.e., no therapy] and consistently shows promising results," she said. In addition, the therapist and patient establish a standard of treatment for the therapy, such as an inventory of symptoms to be addressed. Then, if there is no progress after a number of weeks, they will explore the reasons for this.

[1] Haile defined psychosis as "not being in full contact with reality"—that is, experiencing hallucinations and delusions.

At the heart of CBT is the triad of behaviors, thoughts, and emotions. Usually, it's most difficult to control our emotions; we have more control over thoughts—although not necessarily over things that pop into our minds; we have the most control over our behavior or actions. "People may be deep into difficulties of regulating their emotion or clarity of thought, but they still can choose to put one foot in front of the other," Haile said.

A cardinal principle of CBT is that our perceptions of our environment shape how we feel, rather than the situations themselves. Haile gave the situation of being at a party and having someone you know pass by without greeting you. Your perception may be that the person doesn't like you and you feel hurt, or that there's something wrong with you. A more neutral interpretation would be that the person simply didn't see you or was preoccupied by having a bad day. "We tend to have filters in the way we see the world," Haile said. "Someone who has a feeling deep down that they're defective will be constantly scanning the environment for clues to prove that." CBT helps the client look at thoughts and offers alternative perspectives.

CBT stays on the level of "what thoughts are impacting me right now?" rather than focusing on early experiences that may have caused them. Thoughts are dealt with on three levels:

- **Automatic thoughts** that "just kind of float by" but may also be causing immediate distress.
- **Intermediate beliefs** that affect a situation, such as "If I don't do this perfectly, then I'll fail."
- **Core beliefs** that affect your outlook, such as "I'm worthless," "I'm unlovable," or "I'm not important."

Treatment may involve a Thought Record to help the client find common themes among these thoughts, examine the evidence for the core beliefs, see different ways of interpreting events, and avoid focusing on negative thoughts.

To sum up, Haile said that CBT is:

- **Collaborative**—client and therapist working together.
- **Goal oriented**—setting specific goals for the treatment.
- **Short term**—picking specific things to work on over perhaps 10 to 20 sessions, not years.
- **Active**—using homework assignments to build skills and help the client become his or her own therapist.
- **Present focused**—dealing with problems affecting the client right now.
- **Self-monitoring**—helping the client monitor his or her own thoughts and symptoms.

While the intensive CBT sessions are short term, the client can go to follow-up sessions that reinforce the learning. There are also focused group sessions to maintain the client's skills.

Two client-friendly books on CBT are ***Mind Over Mood: Change How You Feel by Changing the Way You Think,*** by Daniel Greenberger and Christine Padesky (New York: The Guilford Press, 1995) and ***The Feeling Good Handbook,*** by David Burns MD (New York, Plume/Penguin Group, 1990, 1999).

Dialectical Behavior Therapy (DBT) came out of the work of Marsha Linehan at the University of Washington in the 1990s. She was treating clients with

borderline personality disorder, especially those with self-harming behaviors and suicide attempts experiencing chronic hospitalization. "She found there was such a focus on change," Haile said, "that some of the clients resisted."

The four main focuses, or domains, of DBT are:

- **Mindfulness**—being in the moment and not dwelling on the past or the future.
- **Distress tolerance**—learning specific skills for getting through stressful moments.
- **Emotion regulation**—learning to deal with emotional triggers and returning to a calm state.
- **Interpersonal effectiveness**—learning skills for interacting with people.

DBT may be offered either in a skills group which practices these four domains, or as a full team, where the client has a therapist and a therapy group, and the therapist is also part of a DBT consult team experienced with intense client populations to provide the therapist with support.

This therapy has now been generalized from borderline personality disorder to include people who struggle with intense emotional reactions or difficulty regulating their emotions—such as people with binge eating disorder—and reaching a relaxed emotional state.

The basic DBT text is Marsha Linehan's *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (New York: The Guilford Press, 1993).

How can family members support a relative who is being treated with CBT? Haile told the story of a young woman about to undergo bone marrow transplant for cancer. She had a medical crisis during a friend's visit and went to the hospital. Afterwards she experienced panic attacks whenever friends came to her house. Her husband helped her examine these thoughts using the DBT concept of the "wise mind," which assimilates the thinking mind and the emotional mind. In similar fashion, family members can help a client connect to that rational mind.

Haile noted that when a client states thoughts as questions—"How is this going to turn out?" or "Is she going to talk about me?"—that is often a clue to anxiety. The family member can then help him or her examine these thoughts.

In dealing with a client's psychosis, Haile said she doesn't challenge the delusions directly but instead tries to understand the person's perception of the world and then help him or her see other ways to view the situation.

"Moods might stick around," she said, "but emotions are fleeting things. At a moment of emotional distress, you can distance yourself by getting into the moment. For example, stop and describe the room to yourself." Clients also learn to "surf the wave" of emotion or the urge, for example, to go out and use drugs.

"CBT helps people sort out what you think, how you feel, and how you want to act," Haile said. "These are very basic things."