Cognitive Therapy: Working with MI and SA Consumers with Chronic Medical Problems

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Cognitive Behavior Therapy

- What is CBT?
- Cognitive Therapy is based on the cognitive model - people’s emotions and behaviors are influenced by their perception of situations (not necessarily the situation itself).
  - Roller Coaster example: Four youth in line for a roller coaster
  - The ride on the same roller coaster will likely be experienced very differently by the four youth. They may be anxious, thrilled, upset, or blasé in response to the event dependent upon their prior perception.
Our perceptions about situations influence our emotions and behavior.
Cognitive Model Diagram

Core Beliefs
"I am vulnerable, I am helpless"
"Other people judge me"

Situation
Therapist and Bill discuss his missing appointments and not completing homework.

Situation is perceived through the lens of Core Beliefs

Automatic Thoughts
"My therapist thinks I'm a loser. How dare he/she judge me!"

Reaction
Emotional: Anger     Physiological: Clenches fists     Behavioral: Becomes withdrawn, misses appointments
Basic Principles of CBT

1. Cognitive Therapy is... based on the formulation of the patient and presenting problem in cognitive terms.
2. Requires a sound therapeutic alliance
3. Emphasizes collaboration and active participation.
4. Goal-oriented and problem-focused
5. Designed to be educative
6. Time-limited
7. Structured
8. Teaches patient to identify, evaluate, and response to dysfunctional beliefs
9. Uses a variety of strategies to change thoughts, mood, and behaviors
Essential Components - Cognitive Case Conceptualization

- Assessment of Core Beliefs - Core beliefs are central beliefs that are seen as absolute truths about the self.

- Conditional Assumptions - intermediate beliefs that are influenced by the core belief in an attempt to mediate the outcome.

- Compensatory Strategies – behavioral strategies that the individual develops to cope with painful Core Beliefs

- Automatic Thoughts
How does CBT Help?

- Reduces excessive emotional reactions and self-defeating behavior by modifying faulty or erroneous thinking and maladaptive beliefs.

Cognitive therapy approach is:
1. Collaborative (builds trust)
2. Active
3. Based upon open-ended questioning
4. Highly structured and focused.
How does CBT Help? continued

- CBT utilizes both cognitive and behavioral therapeutic techniques to address maladaptive thinking and behaviors that affect an individual’s behavioral/physical health condition.

- Strategies include, but are not limited to: Role-play, Role-reversal, Modeling, Downward Arrow, Relaxation Training, Activity Scheduling, Systematic Desensitization, Thought recording, Reframing, Imagery, Coping cards, etc.
CBT for Behavioral Health Issues
The empirical status of cognitive-behavioral therapy: A review of meta-analyses

<table>
<thead>
<tr>
<th>CT highly effective</th>
<th>CT improved symptoms</th>
<th>CT/adjunct to pharmacotherapy</th>
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| • Adult and Adolescent Depression,  
  • Generalized Anxiety Disorder,  
  • Panic Disorder with or without Agoraphobia,  
  • Social Phobia,  
  • PTSD  
  • Childhood Depressive and Anxiety Disorders  
  • Addictive Disorders | • Bulimia Nervosa | • Schizophrenia |

CT = Cognitive Therapy
The empirical status of cognitive-behavioral therapy: A review of meta-analyses - continued

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<th>CT Moderate Effect</th>
<th>CT Equally Effective</th>
<th>CT Other</th>
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<tr>
<td>• Marital Distress</td>
<td>• To Behavior Therapy for Depression</td>
<td>• Few studies exist, however, CT plus hormone therapy most effective</td>
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<td>• Anger</td>
<td>• Trauma-focused CBT and EMDR equally effective for PTSD</td>
<td>treatment for reducing recidivism among sex offenders.</td>
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<td>• Childhood Somatic Disorders</td>
<td>• Comparable to anti-depressants for adult Depression</td>
<td>• CT is superior to Supportive/Non-Directive Therapy</td>
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<td>• several Chronic Pain variables (i.e.,</td>
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<td>pain expression behavior, activity level,</td>
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<td>social role functioning and cognitive</td>
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<td>coping and appraisal)</td>
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CBT for Physical Health issues?
CBT in Treatment of Diabetes

- An individual with diabetes is at twice the risk of depression in comparison with the general population. Depression affects 15-30% at any given time.

- Depression can lead to poor self-management of diabetes – decrease in activity level, decline in compliance with testing blood sugar and administering insulin. Interventions directed toward reducing depression and improving self-management of diabetes.
Self-statements - Diabetes

- Negative - “Another bad blood glucose reading. Why can’t I ever keep my blood sugar under control? I’m a failure!” (magnification, overgeneralization, and all-or-nothing thinking) = decrease in self-esteem and motivation

- More realistic and constructive - “Boy, that was a high blood glucose reading. I wonder what caused it. Was it that orange juice I had with breakfast?”
Clinical Trial: Cognitive Behavior Therapy Reduces Risk of Second Heart Attack

- Published in Archives of Internal Medicine, January 2011, 8 year follow-up data
- 362 research participants, randomized control group 170 (standard med care), vs. 20 sessions of CBT over 12 months for Stress Mgt n=192.
- CBT 12% fatality, 35.9% non-fatal cardiovascular event, 21.4% non fatal heart attack.
- Control 15% fatality, 45.4% non-fatal cardiovascular event, 30% non-fatal heart attack.
Meta-Analysis: CBT vs. Patient Education for Cancer Survivors

International Journal Psychiatry in Medicine, 2006

<table>
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<th>Outcome Variable</th>
<th>Effect Size</th>
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Green = p<.01
* = p<.001
Effects of CBT Severe fatigue: Cancer survivors

Fatigue Severity

- Pre-Tx
- Post-Tx

CBT
Wait List
Effects of CBT Severe fatigue: Cancer survivors

Functional Impairment

![Graph showing the comparison of CBT and Wait List groups before and after treatment. The CBT group shows a decrease in functional impairment from Pre-tx to Post-tx, whereas the Wait List group remains relatively stable.]
Effects of CBT Severe fatigue: Cancer survivors

Psychological Distress

Pre-tx | Post-tx
---|---

CBT

Wait List
CBT Model: Insomnia

Cognition: “I can’t stand this. I’ll die if I don’t get some sleep”

Perception or misperception of insomnia

Sleep-Interfering Behaviors: Caffeine, Alcohol, technology, TV, naps, etc.

Confirmation bias and selective attention, hypervigilance for arousal

Cognitive and Physiological: arousal, depressed, anxiety, pain, expect nightmares.
Cycle of Chronic Pain

- Vicious Cycle of Pain – Person with Pain avoids doing things that provoke their symptoms. Reduction in activity leads to secondary stiffness and weakness, causing worsening of the symptom (pain) that the individual is trying to avoid. Focus on realistic evaluation of pain, dysfunctional thoughts pertaining to pain, core beliefs related to condition, relaxation, and other behavioral strategies.

- Inability to function leads to a loss of role and self-esteem with the progressive intrusion of other problems such as financial hardship and strained relationships. Medication may cause side-effects (or increase addiction risk), pain may prevent sleep, and all these difficulties may exacerbate anxiety or depression which worsens the situation yet further.
Pain-related Beliefs

- Beliefs about Pain – “My pain is untreatable, I cannot control my pain, it is horrible/unbearable, my life is full of pain, I shouldn’t have to deal with this, the pain has taken over my life.”

- Beliefs about Self – “My pain makes me a weak person (less than a man), No one cares about me (or my pain), My body is old and defective.”

- Beliefs about World – “My doctors do no care about my pain, No one understands, People are disappointed in me.”
Case Example – CBT for Pain

- Mick Jaguar, 47 year old male with severe back pain and Major Depressive Disorder, Recurrent, Severe. Currently on short-term disability from employment and at risk of losing his job.

- Presenting Problem – Severe lower back pain for 13 months, pain is intermittent, and “radiating” most prominent after lifting (anything), Pain is typically rated an 8-9 on a pain severity scale from 0=no pain, 10=worst pain possible). Takes Vicodin for pain relief.

- History – Has worked at the same company in construction for 15 years.

- Relationships – marital relationship has declined, increase in financial concerns, decrease intimacy.

- Significant events – No significant accidents or incident that may have caused pain. Had back surgery 17 months ago, reports pain has continued.
Case Example – CBT/Pain continued

- Typical Problems at Present:
  - No longer attends church with his wife (reports that it is painful to sit in church)
  - Financial concerns, inability to work
  - Reports intimacy issues, not feeling like he is “man of the house.”

- Typical Automatic Thoughts:
  - I don’t want anyone feeling sorry for me – results in depressed mood – social withdrawal (increase in tension/pain)
  - My boss doesn’t care about me – results in anger – argues with boss about leave – avoids work
  - This pain is ruining my life – depressed – isolates – cries
  - I am not who my wife married – depressed – isolates – cries.

- Intermediate Beliefs (Rules/Attitudes/Conditional Assumptions):
  - I should not talk about my pain and I must keep up with the other guys at work.
  - Life should be fair – The surgery should have taken care of this.
  - If people find out about how bad the pain is, they will pity me.

- Core Beliefs
  - I am a failure
  - People will reject/abandon me (I am unlovable)
Case Example – CBT/Pain continued

- Therapists goals:
  - Teach pain management skills (i.e. deep breathing, muscle relaxation, guided imagery; identify, evaluate, and modify thoughts and beliefs about pain.
  - Teach Mick how to cope with pain and depression through activity scheduling and pacing as well as cognitive restructuring (pertaining to role at work, relationships with wife/boss)
  - Learn how to set realistic work goals. Explore what extent physical condition may interfere with work. Coordinate with Primary Care to identify reasonable goals.
  - Assertiveness skills training/communication skills to seek reasonable accommodations at work. Also how to communicate pain.
  - Improve self-esteem.
Treating the Whole Person –
When someone has numerous conditions…
CBT for Behavioral and Chronic Medical Conditions

Mental Health Issues can exacerbate medical conditions – feeling hopeless about diagnosis tends to increase likelihood of hopelessness about other aspects of life.

Same types of Interventions
For mental health issues are adapted
To impact physical Health symptoms.
Improve outlook on Life, empowerment Regarding ability
To cope. Improve self-care, medication compliance, sleep, better problem solving, improve relationships.
CBT Strategies: CBT is CBT

- Cognitive strategies may include:
  - Core beliefs contribute to patterns of interpreting events, leading to increased depression, anxiety, and exacerbation of physical symptoms.
  - Identify distorted thoughts and problematic behaviors regarding various medical and mental health concerns. Thoughts increase affective sx.
  - Therapeutic alliance – can encourage motivation, hope, trust. Genuine and Empathic.
CBT Strategies- continued:

- Imagery
  - Disturbing images, like thoughts can lead to increased distress (patient with angina has image of clutching chest in pain, image of standing at the edge of a black hole).
  - Neutral or improved images to replace disturbing images (image improved health and functioning . . )
CBT Strategies – continued :

- Behavioral
  - Activity Scheduling – develop a daily plan to include appts, nutrition, physical health (yoga, walking), taking medications/treatments. Monitor adherence to the plan.
  - Relaxation training – reducing physical tension and promoting relaxation and calm.
  - Skills Training/Problem-Solving – Assertiveness skills – Communicating with physician or treatment team, explaining needs to family. (modeling, role-play, etc)
Questions, Comments, Feedback

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