

An Introduction to Modern CBT

Psychological Solutions to Mental
Health Problems

Stefan G. Hofmann, Ph.D.

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About the Author

Stefan G. Hofmann, Ph.D., is Professor of Psychology at the Department of Psychology at Boston University where he directs the Psychotherapy and Emotion Research Laboratory. His main research focuses on the mechanism of treatment change, translating discoveries from neuroscience into clinical applications, emotion regulation strategies, and cultural expressions of psychopathology. His primary area of research is on cognitive behavioral therapy and anxiety disorders. His research has been supported by the National Institute of Mental Health, the National Alliance for Research on Schizophrenia and Depression, pharmaceutical companies, and other private foundations. He has written more than 200 scientific publications and nine books. He is currently an associate editor of the *Journal of Consulting and Clinical Psychology*, the former editor of *Cognitive and Behavioral Practice*, a Board member of the Academy of Cognitive Therapy, and an advisor to the DSM-V Development Process. He also works as a psychotherapist using cognitive behavioral therapy. For more information, visit <http://www.bostonanxiety.org/>.

Foreword

Cognitive therapy is an evolving field. After an initially stormy adolescent period, it has now moved into the stage of maturity. Although pharmacotherapy has proven beneficial, it may have reached its limits, making it clearer that there will likely never be a “magic pill” for every psychiatric condition. Consequently, it has become apparent that psychotherapeutic interventions are needed to effectively treat the range of mental disorders.

A number of disorder-specific cognitive therapy protocols have been developed over the years. These treatments target many different problems, including pain, sleep disorders, sexual dysfunctions, depression, anxiety, and substance use, to name only a few. Despite the various specific symptom focus of these cognitive therapy protocols, they all share features that ground them within the same conceptual framework. The basic approach of cognitive therapy, which applies to virtually all mental disorders, can be separated into three parts: first, there are external triggers that activate maladaptive beliefs that subsequently lead to automatic, maladaptive thoughts; second, there is an attentional focus on these beliefs and thoughts; and third, there are maladaptive control mechanisms. For example, in the case of panic disorder, the external trigger may be feelings of heart palpitations. The person's belief may be that the bodily symptoms are harmful and uncontrollable. In an attempt to control these feelings, the person may engage in avoidance behaviors that serve as maladaptive control mechanisms. These control mechanisms worsen the problem. As a result, the person is compelled to focus even more on the feared symptoms and engage in more avoidance behaviors that lead to the further maintenance of the problem.

A number of treatment techniques arise from the adoption of this triad in the conceptualization of mental dysfunction. For instance, the therapist can identify and evaluate maladaptive beliefs, target maladaptive control mechanisms, and address attentional focus by, for example, encouraging the person to focus his or her attention on to other, nonthreatening stimuli.

The present book has adapted these fundamental principles of cognitive therapy to a wide range of mental disorders. Although the specific treatment

techniques are very specific and tailored to a particular problem and patient, all techniques are grounded on the same basic treatment model. I believe this text will be a valuable resource for therapists in training and a handy reference tool for the practicing clinician.

*Aaron T. Beck, M.D.
Professor of Psychiatry
Department of Psychiatry
University of Pennsylvania*

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Preface

Mind over Matter: If you don't have a mind, what does it matter?

—Benjamin Franklin Impersonator, Boston, Massachusetts

Psychiatric disorders are common and cause a high degree of personal suffering and financial burden on society. Psychotropic drugs are common treatments for these problems. These medications are among the most successful products of a highly profitable industry.

Psychological treatments, and in particular cognitive behavioral therapy (CBT), are highly effective alternatives to drug treatments. CBT is a very simple, intuitive, and transparent treatment. It encompasses a family of interventions that share the same basic idea, namely that cognitions profoundly and causally influence emotions and behaviors and, thereby, contribute to the maintenance of psychiatric problems. The specific model and treatment techniques depend on the disorder that is targeted, and the techniques change as more is known about the targeted problem. This book will give an introduction to the modern CBT approach for some common psychiatric problems. Although CBT has become well known, there are still many misconceptions and “cognitive errors” (no pun intended) regarding this treatment, which is well on its way to becoming the dominant treatment for psychiatric disorders. My intention is to summarize the established empirically supported and efficacious CBT strategies, as well as modern and developing CBT approaches that still require validation from well-controlled clinical trials and laboratory tests.

The main message of this text is simple: CBT is a coherent model, but it is not one single approach. Because CBT is evolving and changing as more knowledge is accumulating, it is more accurate to view it as a maturing scientific discipline rather than as an assembly of specific treatment techniques. The reason for this is the strong commitment to the scientific enterprise and openness to translating and integrating new empirical findings about the psychopathology of a disorder into a working CBT model of the disorder.

This is an ongoing and iterative process; for example, CBT for anxiety disorders 10 years ago looked very different from CBT for such disorders today. Although the core assumption of CBT remains the same—changes in cognitions causally predict changes in psychopathology—the specific treatment techniques have certainly changed and will continue to change as basic research on psychopathology progresses.

My hope is that this book will facilitate dissemination of CBT. Studies comparing CBT and pharmacotherapy consistently demonstrate that CBT is at least as effective as pharmacotherapy, and in many instances, CBT proves even better than the most effective medications, especially when considering the long-term effects. In addition, CBT is much better tolerated, less expensive, and associated with fewer complications than pharmacotherapy. Nevertheless, pharmacotherapy remains the standard treatment for common psychiatric problems.

There are many reasons why CBT is still struggling to be the first-line treatment, or at least the first-line alternative, for a variety of psychiatric problems. Drug companies have a vested interest in promoting and selling their medication, because a great deal of money can be made by treating people with medication, and a large number of people earn a great deal of money by developing and selling drugs: researchers who develop the drugs, researchers and sales people who work for the pharmaceutical industry, and the doctors and nurses who prescribe the drugs. In contrast, CBT is considerably less lucrative. These treatments are typically developed by psychologists as part of their research projects. If the researcher is lucky, he or she may receive a grant from the National Institute of Mental Health to test the effectiveness of the treatment. However, these grants are scarce and extremely difficult to obtain. Furthermore, the funding that is provided for those trials is a far cry from the profits of the billion dollar drug industry. My hope is that this book can help to disseminate CBT to an educated public.

Pharmacological treatments are often preferred over psychological interventions due to the stigma associated with psychotherapy. Taking a pill for a problem implies that the problem is linked to a medical condition. This also shifts the presumed reason for a problem from the patient's behavior or maladaptive thinking to the biochemical imbalance and thereby relieves the patient from responsibility. Tying psychiatric problems to biochemical dysregulations is also consistent with the general medical model of human suffering and gives the appearance that the medication treats the root cause of the problem. Mental health care specialists know that this is far from the truth, as psychological models provide an equally (and sometimes more) plausible and scientifically validated explanation for psychiatric problems.

This book will provide the readers with these contemporary psychological models.

Finally, the preference for pharmacotherapy over psychological treatments appears to be related to the erroneous assumption that pharmacotherapy has a superior scientific foundation compared with psychological treatments. Psychiatric medications undergo years and sometimes decades of research to establish safety and efficacy. These tests typically begin with animal research and later examine the effects of the drug in humans. In contrast, the process of psychological treatment development is largely unknown to the public. In this book, I aim to clarify this process and to summarize the empirical basis of psychological treatment development.

This book is primarily for the students and clinicians in training, as well as the policymakers and consumers who want to learn about effective psychological treatment options. My intention was not to write yet another self-help book. Instead, my goal was to provide a one-step practical treatment guide for some of the most common and debilitating psychiatric conditions to those who wish to learn about psychological treatment alternatives for common mental disorders. The choice of disorders covered in this text was arbitrary and many important disorders were not included, such as eating disorders, personality disorders, and psychotic disorders. Moreover, I have not compiled an exhaustive review of the CBT literature, but rather, provide the reader with snapshots of some established and developing CBT models and approaches. The book is intended to present a coherent introduction that is practically oriented and that captures some of the established as well as newer, evolving techniques of CBT. Personally, I will use this text when training and supervising clinicians and as a way to refresh my own knowledge of CBT for a particular disorder. I hope you, the reader, will do the same.

Stefan G. Hofmann, Ph.D.
Boston, Massachusetts