## Cognitive Therapy for Depression: From Action to Insight and Back Again

Steven D. Hollon, Ph.D. Vanderbilt University

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# Always Open Your Talk with Pictures of Puppies

## Zoey Garber Hollon

13 going on 3
Exuberance
personified
Extrovert extraordinaire

BABCP Glasgow: ACL surgery: No unauthorized jumping up on furniture for 8 weeks July 2018

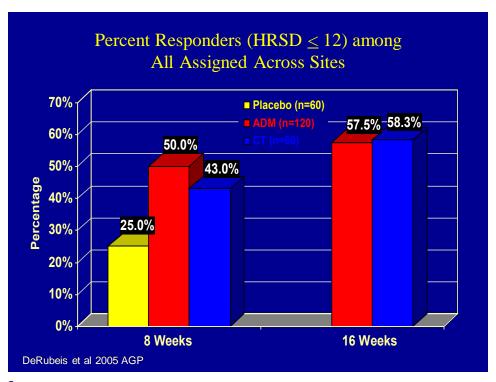
Hemotoma in Left Ear Snagged it running through woods and needed surgery August 2019

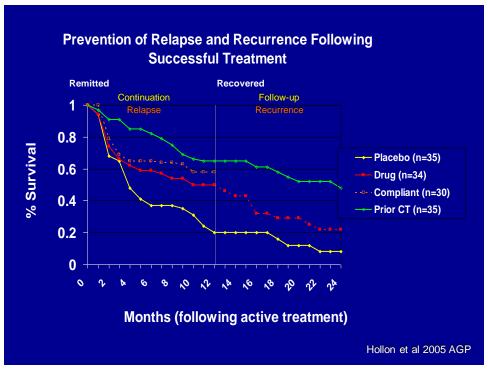


Stomach Surgery: Ate a Baseball No unauthorized jumping up on furniture for 8 weeks January 2019

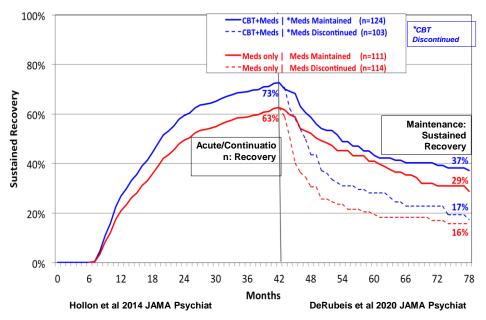
Tendonitus: 6 weeks of leash restraint No unauthorized jumping up on furniture April 2019

Fight with another dog wound on hip closed with staples leash restriction August 2019



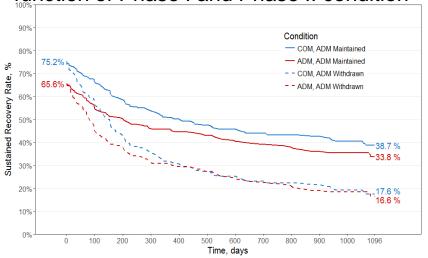


#### Sustained Recovery as a Function of Treatment Condition

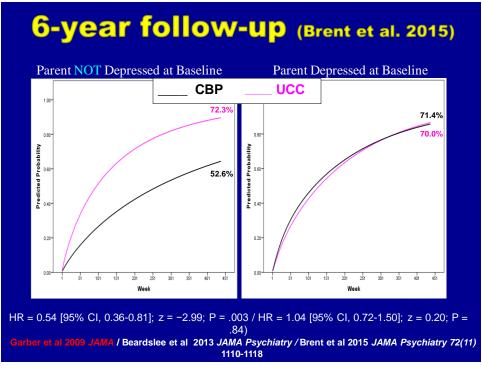


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# Estimated Sustained Recovery as a function of Phase I and Phase II condition



DeRubeis et al 2020 JAMA Psychiat



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## **Basic Principles**

- Cognitive Theory of Disorder (ABCs)
- Beliefs Matter More than Motivations
- · Beliefs and Behaviors can be Changed
- Emphasis on "Here and Now"
- Emphasis on Rapid Symptom Change
- Preference for Concrete Examples
- Reliance on "Socratic" Questioning
- Inductive Approach Preferred
- Empirical Approach to Test Beliefs

# I never scored a goal I didn't shoot – Wayne Gretsky

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# I never scored a goal I didn't shoot – Wayne Gretsky

#### Response initiation deficit:

It is not that people who are depressed cannot do it is that they do not try

# No one can make you feel inferior without your consent

Eleanor Roosevelt

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# No one can make you feel inferior without your consent

#### **Eleanor Roosevelt**

#### Two definitions of the term "feel":

- 1) an affective experience (happy sad anxious angry)
- 2) a loosely held belief hard to defend (hot cognition)

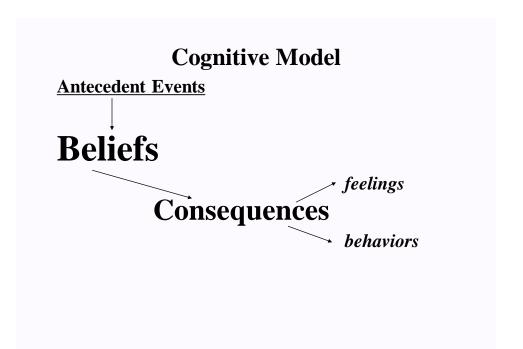
You can't always get what you want, but if you try sometimes, you may find, you get what you need – Jagger & Richards

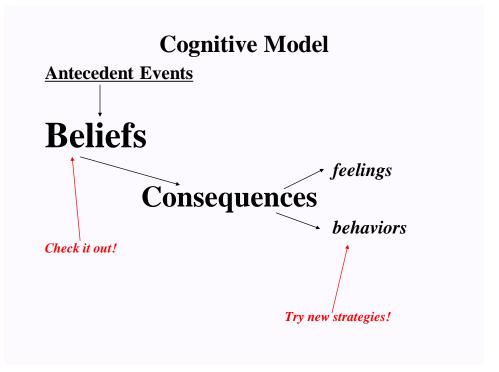
Wants vs Needs

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# If you are going through hell – keep going

Winston Churchill





## 1970's Cognitive Therapy

## Working with uncomplicated depressions (Axis I only)

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### Structure of Individual Sessions

- Brief Update and Check on Mood
- Bridge from Previous Session
- Setting the Agenda
- Review of Homework
- Discussion of Issues on the Agenda
  - Discuss issues of interest on agenda
  - Assign homework relevant to each issue
  - Capsule summary of issue after each
- Final Summary and Feedback

## Stages of Treatment

- Providing a Rationale
- Training in Self-Monitoring
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## Providing a Rationale

- Socialize Client to Therapy
- Listen to Client's Concerns
- Introduce Cognitive Model
  - Lay out alternative rationales (Theory A / Theory B)
    - Inquire about client's explanation (stable trait)
    - Provide alternative rationale (bad strategy)
  - Explore evidential base
    - Self-fulfilling prophecy (beliefs drive behaviors)
    - Inverted "U" (arousal and performance)
- Show How Therapy Works (circle diagram)
- Assign Homework
- Summary and Feedback

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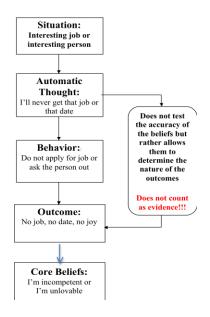
#### **Sample Alternative Rationale**

Theory A	Theory B		
Flawed Character	Flawed Beliefs/Behaviors		
(Bad Person)	(Bad Strategies)		
Father made me compete with brother for attention and he won	Father made me compete with brother for attention and he won		
I'm not good enough – not competent	I tried too hard and tripped over my own feet		
Lost my job through no fault of own	Lost my job through no fault of my own		
Three years later still no teaching job	Every time I try to apply I get overwhelmed by the magnitude of the task so I never even start		
I must be incompetent			
I have to change my basic character if I want to have any chance of getting what I want out of life	I need to <i>change my behavioral strategies</i> break the task into steps and <i>test my beliefs</i> take it one step at a time and see if that works better if I can that means that I am not incompetent		

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#### **Self-fulfilling Prophecy**

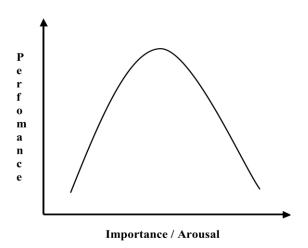


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#### Performance Under Stress

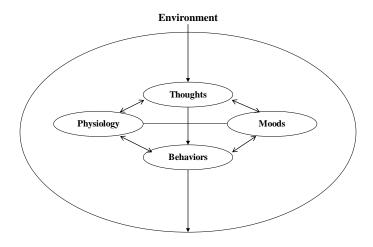
(Yerkes-Dodson Law)



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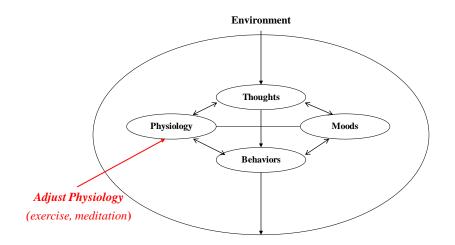
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Adapted from Greenberger & Padesky (1995)

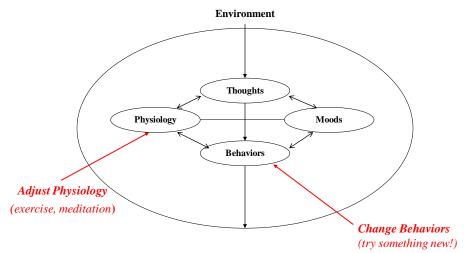
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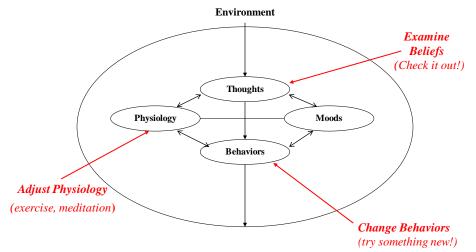
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## Training in Self-Monitoring

- Rationale for Self-monitoring
- Specific Training in Self-monitoring
- Setting up Homework as "No Lose"
  - Anticipate what might get in the way
  - If forget to do just fill in later
  - If it can't be done see what makes it tough
- Reviewing Self-monitoring with Client
  - Encourage client to "walk you through"
  - Look for places to intervene behaviorally
  - Look for places to examine role of beliefs

#### Weekly Activity Schedule

Note: Grade activities M for Mastery and P for Pleasure

	M	Т	$\mathbf{w}$	Th	F	St	S
9-10	did dishes 40	-	-	-	-	-	sleep
10-11	went to book-store 45 P	-	-	-	-	-	sleep
11-12	fill gas, read paper 45	-	-	-	-	-	read paper 25
12-1	looked at mail, real estate ads 45	-	-	-	-	-	read magazine 30
1-2	went to work 40	-	-	-	-	-	read magazine, eat 30
2-3	cut end row 45	-	-	-	-	-	watch tube 30
3-4	painted end rows 50 P	-	-	-	-	-	watch tube 30
4-5	installed grill plates 60 P	-	-	-	-	-	watch tube, eat 30
5-6	installed grill plates and mike 60 P	-	-	-	-	-	watch tube 30
6-7	come home 50	-	-	-	-	-	watch tube, read 30
7-8	eat dinner, talk to J 45	-	-	-	-	-	took bath 30-45
8-12	watch tube 45 made molds 60 P	ı	-	-	-	-	read magazine, bed 35

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## **Behavioral Activation Strategies**

- Basics of Behavioral Activation
  - The more depressed the more behavioral
  - Use behaviors to test beliefs (experiments)
  - Keep it simple and concrete (compliance)
  - Act first and motivation will follow
- Activity Scheduling (complete / selective)
- Graded Task Assignment ("chunking")
- "Success" Therapy (concrete complete)
- Mastery and Pleasure (different strokes)
- Problem-solving Therapy (brainstorm / prioritize)

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2/5	Not getting filing and lots of other stuff done	Anxious – sad – angry 85%	A failure again, I can never get my work done, I' m no good 85%	I have gotten filing and other work done in the past, but usually in smaller bites not all at once 80%	1. 45% 2. Anxious – sad – angry 50%
2/7	Sitting and idly looking thru some old books – 6:30 am	Anxious 75%	Feeling guilty because I'm not doing work, I'm going to slip back into funk if I am not careful 70%	After twelve hours of high energy work yesterday (phone work, filing, building, letter, therapy, driving) I think it is ok to relax from 5:30am to 6:30am the following day 95%	1. 10% 2. Joyful, exuberant 95%
	*******	*******	*******	******	*********
1/29	I can't handle it anymore – too much in the past to undo –misuse	Depressed 80%	No options – either direct job in my specialty or nothing at all 90%	The present does not predict the future 20%	1. 95% 2. Depressed 95%
	of time				

- (1) What is the evidence that the automatic thought is true? What is the evidence that it is not true?
- (2) Are there alternative explanations for that event, or alternative ways to view the situation?
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- (4) What would I tell a good friend in the same situation?

Possible Distortions: All-or-none Thinking; Overgeneralizing; Discounting the Positives; Jumping to Conclusions; Mind-reading; Fortune-telling; Magnifying/Minimizing; Emotional Reasoning; Making "Should" Statements; Labelling; Inappropriate Blaming

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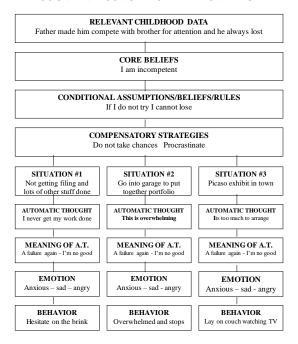
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#### COGNITIVE CONCEPTUALIZATION DIAGRAM



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## 

The most variable races I ve reallied in therapy are	
a balance life situations	
bwhen in doubt - do - exercise/behaviors	
cThink it through - step back	
2. The most valuable techniques $\mathbf{I}'$ ve learned in therapy at	re:
aThought Records	
bFear forms	
ctake a break – evaluate the situations	
3. My most important goals for the next year are:	
atravel	
bclasses- for the fun of it	_
cschool	
4. The events and situations that might trigger a relapse ar	e:
adeath or sickness	
bif I try to take too much on	
cfailure	
5. The signs that signal that my mood is starting to slip are	:
asad	
bmind starts racing	
canxiety level	
6. If I notice my mood starting to slip, I will help myself by	:
ado something myself	
b reach out to someone	
ccall therapist	
7. In to maintain my gains, I' ll do the following regularly:	
ado exercise	
bread and practice my skills learned through therapy	
c. therapy through others	

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# 1990's Cognitive Therapy (Schema-focused)

# Working with complicated depressions (Axis II and chronic)

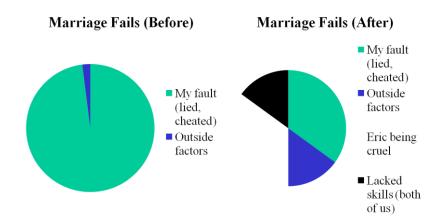
#### **Sample Alternative Rationale**

Theory A Theory B Flawed Character Flawed Beliefs/Behaviors (Bad Person) (Bad Strategies) father turned on me after mother father turned on me after mother died, treated me like I' m died, treated me like I' m worthless...a bad person worthless...a bad person I'm damaged, my character became I came to believe that I' m bad, worthless flawed If I let anyone get close to me, they will see how worthless and Can't trust people, can't trust myself. bad I am and reject me afraid of intimacy Because I believe I am bad and worthless, I do things that screw I always hurt the people I'm close to up relationships, not because I don't want them to work and not (because I' m a bad person) because I'm cruel, but because I'm trying to protect myself from being rejected (maybe also angry) I have to change my basic character if I need to change my behavioral strategies...maybe take some I want to have any chance of getting chances and test my beliefs...it may not be that I' m truly bad, what I want out of life just that I believe that I am and that I screw things up trying to

protect myself from a rejection that may never come

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## Responsibility Pie (Reattribution)



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	After a huge fight E made out a chore list on his computer at work and I fought him ferociously on every point	Extremely angry Resentful (100%)	There is no way in hell I' m doing what he wants (90%)  He's not pulling one over on me and I' m not giving in like I always do (90%)  He is a real jerk  Its not just this list that I' m mad about – he's made me do things that cause me to be	This was his way of compromising, he wanted to meet me half-way and he wanted me to do the same (85%)  He was doing the right thing, I was doing the wrong thing (85%)  I was wrong – the other example, overreacted a bit, but at least I wasn't irrational like I was here	Emotion (0%)  Automatic thoughts (49%)

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<u>Possible Distortions</u>: All-or-none Thinking; Overgeneralizing; Discounting the Positives; Jumping to Conclusions; Mind-reading; Fortune-telling; Magnifying/Minimizing; Emotional Reasoning; Making "Should" Statements; Labeling; Inappropriate Blaming

51

#### THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" and as soon as possible jot down the thought or mental image in the Automatic Thoughts column. Then consider how realistic those thoughts are.

Date	Situation Where were you - and what was going on - when you got upset?	Emotions What emotions did you feel (sad, anxious, angry, etc.)? Rate intensity (0-100%).	Automatic Thoughts What thoughts and/or images went through your mind? Rate your belief in each (0-100%).	Alternative Responses Use the questions at the bottom to compose responses to the automatic thoughts.  Rate your belief in each (0-100%). Also, consult the list of possible distortions.	Outcome Rerate belief in your automatic thoughts (0-100%) and in the intensity of your emotions (0-100%).
11/9	Soccer game – friend P asked me if I had been staying out late because I looked tired	Embarrassed (90%)	She thinks I am wild and out-of-control; she thinks that because I'm single I'm out drinking and sleeping around every night (90%)  She thinks she is morally superior to me (90%)	I have no evidence that this is so. She said I looked tired; that is all (80%)  After I joked around w/her about it, she told me that she didn't mean that imply those things (70%)	60%

- (1) What is the evidence that the automatic thought is true? What is the evidence that it is not true?
- (2) Are there alternative explanations for that event, or alternative ways to view the situation?
  (3) What are the implications if the thought is true? What's most upsetting about it? What's most realistic? What can I do about it?
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11/9	Soccer game – friend P asked me if I had been staying out late because I looked tired	Embarrassed √ (90%)  (Anger?) ←	She thinks I am wild and out-of-control; she thinks that because I'm single I'm out drinking and sleeping around every night (90%)  She thinks she is morally superior to me (90%)	I have no evidence that this is so. She said I looked tired; that is all (80%)  After I joked around w/her about it, she told me that she didn't mean that imply those things (70%)	60%

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#### THOUGHT RECORD

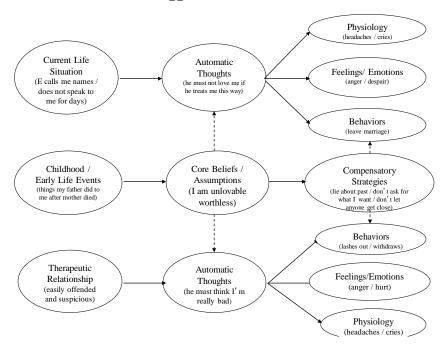
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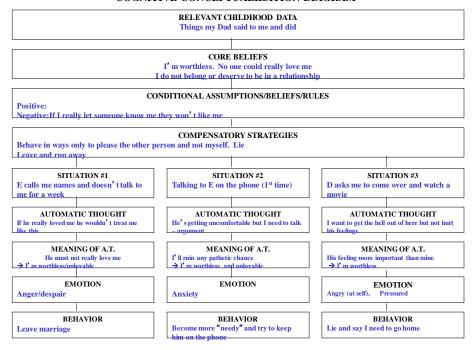
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#### Three-Legged Stool (516 CPT2)



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#### COGNITIVE CONCEPTUALIZATION DIAGRAM



#### CORE BELIEF WORKSHEET

Old core belief: My life is meaningless How much do you believe the old core belief right now? (0-100) \_\_90 \*What's the most you've believed it this week? (0-100) <u>100</u> \*What's the least you've believed it this week? (0-100) <u>70</u> New core belief: \_I am worthwhile\_ How much do you believe the new core belief right now? (0-100) \_\_60 Evidence that contradicts old belief Evidence that supports old belief with reframe (alt explanation) and supports new one I don't have my degree (yet) – this is reframe) I have made great strides over the last few months I'm in therapy I haven 't traveled enough I am successful at my new job I am still exercising I'm not working hard enough on my book (but I am I am not dependent on anyone working) I have made new friends I have made strong bonds with several of the children I can't maintain a romantic relationship (but I'm who have been in my classroom over the years doing better) (given the children a gift – love of learning) I'm not doing enough to help others (but I am doing a lot for the kids in my classroom) Adapted from J.S. Beck (1995)

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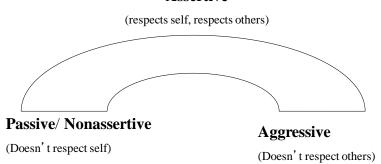
## The Fear Form (Short Version) (Still faster than a speeding Xanax)

1. What is the worst that can happen?
He will laugh at me and embarrass me in front of others
Calm12345678910 Very Anxious
2. What's the best that can happen?
He will accept and we will have a great time
3. What is the most likely to happen?
He will turn me down but be nice about it
4. Even if the worst happens, what could I do to cope?
Let him know that I understand if he does not want to go out withme but that he did not have to be rude when he turned me down
5. What are some steps I could take to influence the situation?  _Role play with therapist in advance and ask him in private
Calm12345678910 Very Anxious

First Rating \_10\_ minus Second Rating \_5\_ = \_\_5\_ Anxiety Reduction

#### **Assertion Training**

#### **Assertive**



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#### **Assertive Communication**

Describe: (when you...)

**Express:** (I feel...because I think it means...)

Ask: (what I would like is for you to...)

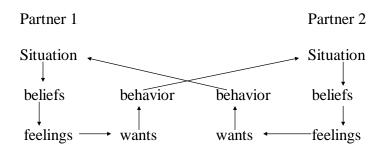
Reinforce: (and if you do, I will...)

# A woman without a man is like a fish without a bicycle

#### Gloria Steinem

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#### **Cognitive Couples Communication**



- All you see is your partner's behavior (not what they think and feel)
- Don't jump to conclusions about why they are doing what they are doing (check it out!)
- Come up with new strategies when something doesn't work (don't keep doing more of the same)
- Compromise when you want different things (e.g., take turns)

#### And Close Your Talks with Pictures of Babies

Keys to the Kingdom: Its not what you know its who you work with and what they can teach you about life along the way (liebe und arbeit)



Toboggan theory of life

Get the damn thing pointed down the hill and you can figure out how to steer on the way down and how to stop when you get to the bottom

No Matter How Hard the Task Just Keep Hanging in There

63

## World's Greatest Mentor

World class scientist



In Memory

World class clinician

#### **Recommended Readings**

Beck, J.S. (2011). Cognitive therapy: Basics and beyond (2nd ed.). New York: Guilford Press.

Beck, J.S. (2011). Cognitive therapy for challenging problems: What to do when the basics don 't work  $(2^{nd}ed.)$ . New York: Guilford Press.

Beck, A. T., Freeman, A., Davis, D. D., & Associates (2015). Cognitive therapy of personality disorders (3<sup>rd</sup> ed.). New York: Guilford Press.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press. {revision underway}

Beck, A.T., Wright, F.D., Newman, C.F., & Liese, B.S. (1993). Cognitive therapy of substance abuse. New York: Guilford Press.

Clark, D. A., & Beck, A.T. (2010). Cognitive therapy of anxiety disorders: Science and practice. New York: Guilford Press.

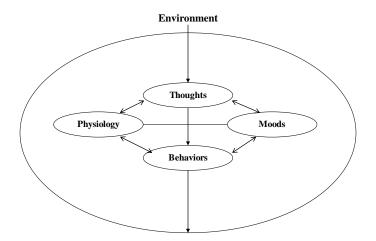
Layden, M.A., Newman, C.F., Freeman, A., & Morse, S.B. (1993). Cognitive therapy of borderline personality disorder. Needham Heights, MA: Allyn & Bacon.

Burns, D.D. (1980). Feeling good: The new mood therapy. New York: William Morrow

Greenberger, D., & Padesky, C. A. (2015). Mind over mood: Change how you feel by changing the way you think  $(2^{nd} ed.)$ . New York: Guilford Press. (Self-help workbook)

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## **Cognitive Model Revisited**



Adapted from Greenberger & Padesky (1995)

#### Weekly Activity Schedule

Note: Grade activities M for Mastery and P for Pleasure

	М	т	w	Th	F	St	s
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-12							

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#### THOUGHT RECORD

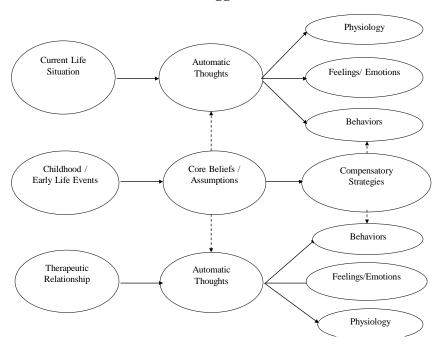
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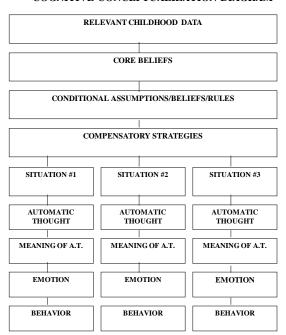
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**Three-Legged Stool** 



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#### COGNITIVE CONCEPTUALIZATION DIAGRAM



#### CORE BELIEF WORKSHEET

v much do you believe the old core belief rig		(0-100)
*What's the most you've believed it this week? (0-100)		
*What's the least you've believed it	(0-100)	
w core belief:		
w much do you believe the new core belief r	ight now? (0-10	00)
dence that contradicts old belief d supports new one		e that supports old be ame (alt explanation
	Adapted from	m J.S. Beck (1995)
<b>.</b>		D.
Relapse 1	Prevention	ı Plan
Relapse l  1. The most valuable ideas I' ve learned in thera		ı Plan
a b		ı Plan
a b		n Plan
a	therapy are:	ı Plan
a	therapy are:	ı Plan
a	therapy are:	ı Plan
a	therapy are:	ı Plan
a. b. c.  2. The most valuable techniques I' ve learned in a. b. c.  3. My most important goals for the next year ar	therapy are:	ı Plan
a	therapy are:	ı Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. My most important goals for the next year ar a. b. b. 2. b. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	therapy are:	ı Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. 3. My most important goals for the next year ar a. b. c. 2. 4. The events and situations that might trigger a a. 2. 4. The events and situations that might trigger a a. 2. 4. The events and situations that might trigger a a. 2. 4. The events and situations that might trigger a a. 2. 4. The events and situations that might trigger a a. 2. 4. The events and situations that might trigger a a. 2. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	therapy are: e: a relapse are:	ı Plan
a	therapy are: e: a relapse are:	ı Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. 3. My most important goals for the next year ar a. b. c. 2. 4. The events and situations that might trigger a a. b. c. c. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	therapy are: e: a relapse are:	ı Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. 3. My most important goals for the next year ar a. b. c. 2. 4. The events and situations that might trigger a a. b. c. 2. 5. The signs that signal that my mood is starting	therapy are: e: a relapse are:	ı Plan
a. b. c.  2. The most valuable techniques I' ve learned in a. b. c.  3. My most important goals for the next year ar a. b. c.  4. The events and situations that might trigger a a. b. c.  5. The signs that signal that my mood is starting a. b. b. c.	therapy are: e: a relapse are:	ı Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. 3. My most important goals for the next year ar a. b. c. 2. 4. The events and situations that might trigger a a. b. c. 2. 5. The signs that signal that my mood is starting	therapy are: e: a relapse are:	n Plan
a. b. c. 2. The most valuable techniques I' ve learned in a. b. c. 2. 3. My most important goals for the next year ar a. b. c. 2. 4. The events and situations that might trigger a a. b. c. 2. 5. The signs that signal that my mood is starting a. b. c. 2. 6. If I notice my mood starting to slip, I will help a. 2. 2. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	therapy are: e: a relapse are:	n Plan
a. b. c	therapy are: e: a relapse are:	ı Plan

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5. What are some steps I could take to influence the situation?
Calm12345678910 Very Anxious
First Rating minus Second Rating = Anxiety Reductio