

## Why I'm Not a Cognitive Therapist

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## Many Schools of Therapy—Which One Should I Choose?

- Psychoanalytic
- Psychodynamic
- Jungian
- Rogerian
- Adlerian
- Reichian
- Cognitive
- Behavioral
- Transpersonal
- Expressive / supportive
- Logotherapy
- Hypnotherapy
- Psychodrama
- DBT
- ACT
- EMDR
- TFT
- Motivational Interviewing
- Neurolinguistic Programming
- Gestalt
- Humanistic
- Family Therapy
- REBT
- Existential
- Biofeedback
- Etc etc etc

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## Problems with Schools of Therapy

- Compete like cults
- Unproven theories of causality
- Unjustified claims of effectiveness
- Non-specific treatment effects
- Therapeutic reductionism

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## Problem #1—Schools of Therapy Compete Like Cults

- Characteristics of cults
  - Grandiose, narcissistic leader / guru
  - Followers are required to believe things that are untrue
  - Promote treatment rituals claimed to have incredible healing powers
  - Potentially harmful effects on followers

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## Problem #2—Unproven Theories of Causality

- All schools of therapy have strong theories about the causes of
  - Depression
  - Anxiety disorders
  - Relationship problems
  - Habits and addictions

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## Problem #2—Unproven Theories of Causality

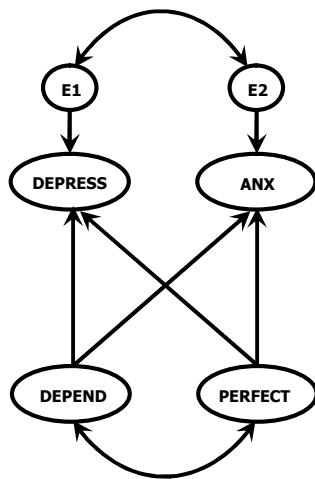
- Cognitive Therapists believe that
  - Self-Defeating Beliefs (SDBs) trigger depression and anxiety
    - Perfectionism (Achievement Addiction)
    - Dependency (Love Addiction)
  - Changes in SDBs lead to clinical improvement

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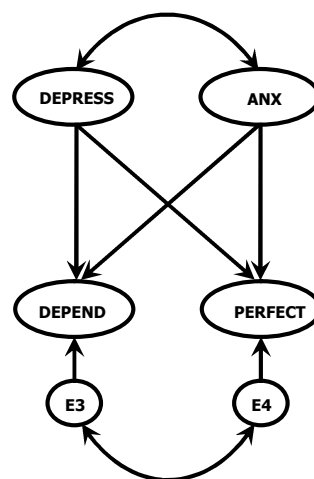
## Do Self-Defeating Beliefs (SDBs) Cause Depression?

- Several hundred outpatients studied
  - at initial evaluation and 12 weeks later
- Are SDBs correlated with depression and anxiety?
- Are there any causal links?
  - Requires Structural Equation Modeling (SEM)

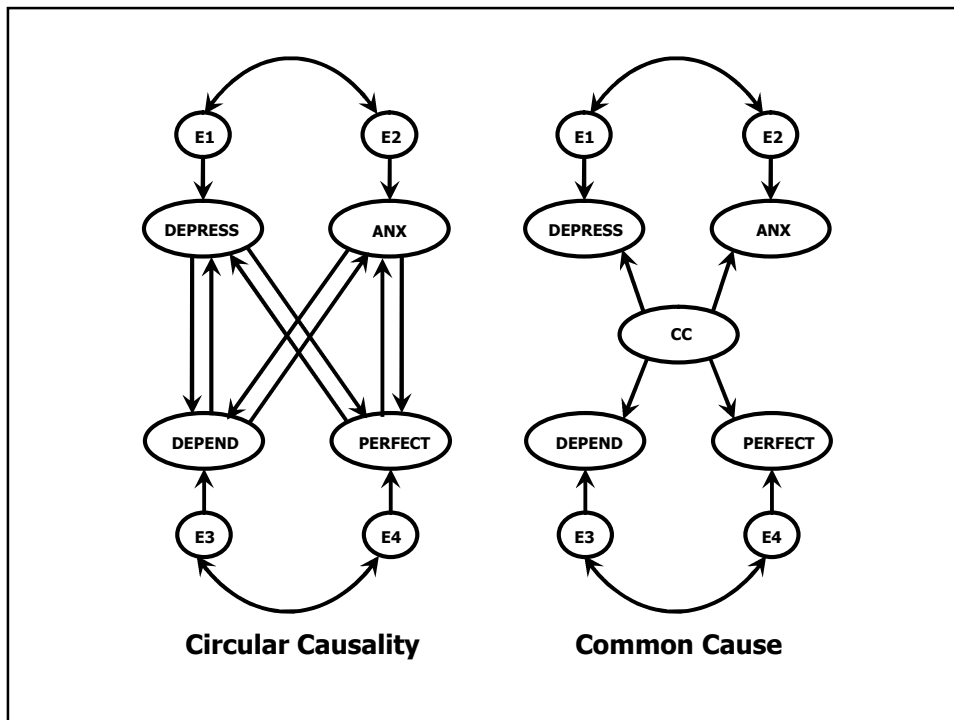
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Cognitive Mediation



Mood Activation



### Self-Defeating Beliefs (SDBs) and Depression

- Depression and SDBs were positively correlated at both time points
- Changes in SDBs were correlated with changes in depression

## Self-Defeating Beliefs and Depression

- The first three models were rejected
  - No evidence for Cognitive Mediation
  - No evidence for Mood Activation
  - No evidence for Circular Causality

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## Self-Defeating Beliefs and Depression

- SDBs and depression appeared to have an unobserved common cause
  - Burns & Spangler, 2001, *Journal of Consulting and Clinical Psychology*

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## Unproven Theories of Causality— Interpersonal Therapy

- Interpersonal therapists believe
  - Relationship problems cause depression
  - Treating relationship problems relieves depression
- Are these claims valid?

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## Interpersonal Therapy

- Depression and relationship satisfaction correlated at intake and at the 12-week evaluation (-.42)
  - More depressed individuals reported lower relationship satisfaction
  - Individuals with more troubled relationships were more depressed

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## Causal Modeling Revealed

- Depression had a negative causal effect on relationship satisfaction
- Relationship problems had a positive causal effect on depression
- BUT the causal effects were so tiny as to be clinically and theoretically insignificant

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## Interpersonal Therapy

- Relationship problems did NOT appear to be a significant cause of depression
- Depression did NOT appear to be a significant cause of troubled relationships
  - Burns, Sayers, & Moras, 1994. *Journal of Consulting and Clinical Psychology*

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## What Causes Relationship Problems?

- Maybe Women are from Venus and Men are from Mars

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## What Causes Relationship Problems?

- Inherent differences in the way men and women use language
  - Men use language to solve problems
  - Women use language to communicate feelings and enhance intimacy

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## Is it True that Women are from Venus and Men are from Mars?

- Both women and men have comparable problems dealing with negative feelings
  - No causal effects observed
- Concluded that both women and men are from the Earth
  - Spangler and Burns, 1999, *International Journal of Cognitive Therapy*

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## Other Theories Tested

- Nolen-Hoeksema—Rumination vs. action mind-set
  - Arnow, Spangler, Kline, & Burns, 2004. *Cognitive Therapy and Research*

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## Other Theories Tested

- Biological Psychiatry—A chemical imbalance in the brain causes depression
  - Mendels, Stinnett, Burns, & Frazer, 1975. *Archives of General Psychiatry*

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## Other Theories Tested

- Emotional distress causes binge eating / overeating
  - We overeat to comfort ourselves because of feelings of depression and loneliness

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## Conclusion

- There appears to be little, if any, convincing evidence for, most, if not all
  - Biological theories of causality
  - Psychological theories of causality

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## What Causes Depression, Anxiety, Troubled Relationships and Addictions?

- We simply do not yet know

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## Problem #3—Unjustified Claims of Effectiveness

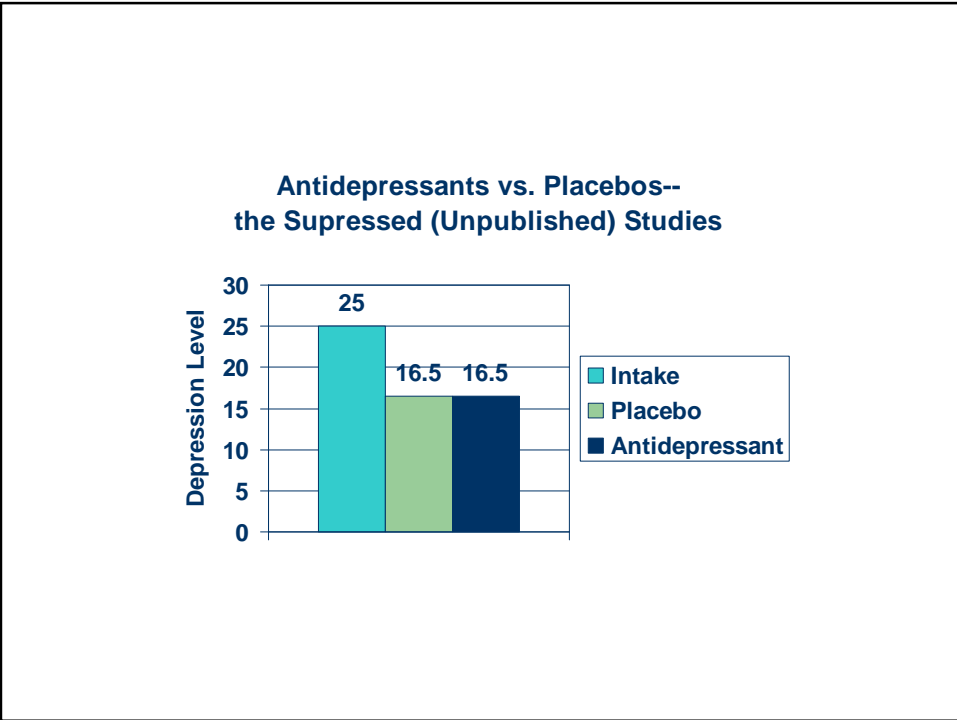
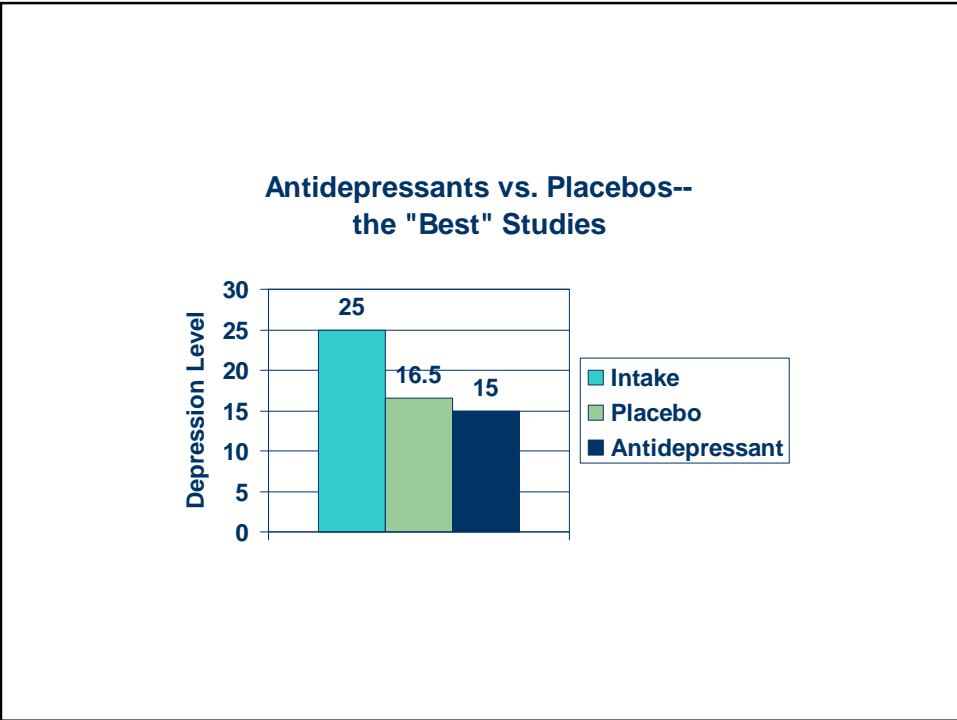
- Biological Psychiatry
  - Antidepressants (such as SSRIs) correct the “chemical imbalance” that causes depression
    - Boost brain serotonin activity

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## Do Antidepressant Medications Actually Work?

- The chemicals called “antidepressants” have few or no antidepressant effects above and beyond their placebo effects
  - Kirsch, 2010. *The Emperor's New Drugs: Exploding the Antidepressant Myth*. New York: Basic Books.

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## Psychotherapy Outcome Studies for Depression

- Rarely, if ever, have clinically significant antidepressant effects above and beyond the placebo effect
  - True of all schools of psychotherapy in controlled outcome studies

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## Marketing vs. Science

- Two troubling questions
  - Are “anti-depressants” any better than placebos?
  - Are psychotherapists any better than placebos?
    - Some exceptions exist

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## Problem #4—Non-Specific Treatment Effects

- Different causal theories
  - Cognitive therapy
  - Behavior therapy
  - Interpersonal therapy
  - Antidepressant drug therapy
- Different treatment methods

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## Non-Specific Treatment Effects

- Similar effects on all treatment targets
  - Depression
  - Cognitions (negative thoughts and beliefs)
  - Behaviors
    - Imber et al. 1991; Rehm et al. 1987; Zeiss, Lewinsohn, & Munoz, 1979

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## Conclusion—May all Work via Common Factors

- Placebo effect
- Increase in hope
  - Patient’s belief that the method will help
- Understanding
  - Treatment rationale (Frank, 1982)
- Therapeutic relationship / alliance

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## Problem #5—Therapeutic Reductionism

- Practitioners treat most or all patients with the same technique
- Depends on the “school” of therapy

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## Therapeutic Reductionism

- We don't have "schools" of medicine
- Brain is by far the most complex organ in the human body

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## What Is the Solution?

- Give up schools of psychotherapy
- Develop a new, data-driven science of psychotherapy based on process research on real patients in real treatment settings

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## Crucial Questions

- How does therapy actually work?
- How can we best assess the effectiveness of individual therapists?
- Can we use this information to develop far more powerful and effective treatments?

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## T.E.A.M. Therapy

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

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## T.E.A.M. Therapy

- Is NOT yet another new school of therapy
- IS a flexible, powerful, systematic, data-driven science of psychotherapy
  - Based on process research on how psychotherapy actually works

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## T.E.A.M. (cont'd)

- Treatment is
  - Individualized and specific
  - Data-guided
  - Focus on ultra high speed recovery

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## T = Testing

- Do we know how our patients feel?
- Do we know how they feel about us?
- Do we actually know how effective we are?

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## T = Testing

- Clinicians do not accurately estimate
  - Depression
  - Anxiety
  - Anger
  - Suicidal impulses

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## T = Testing

- Clinicians do not accurately estimate
  - Empathy
  - Helpfulness
  - Patient satisfaction
  - Clinical effectiveness

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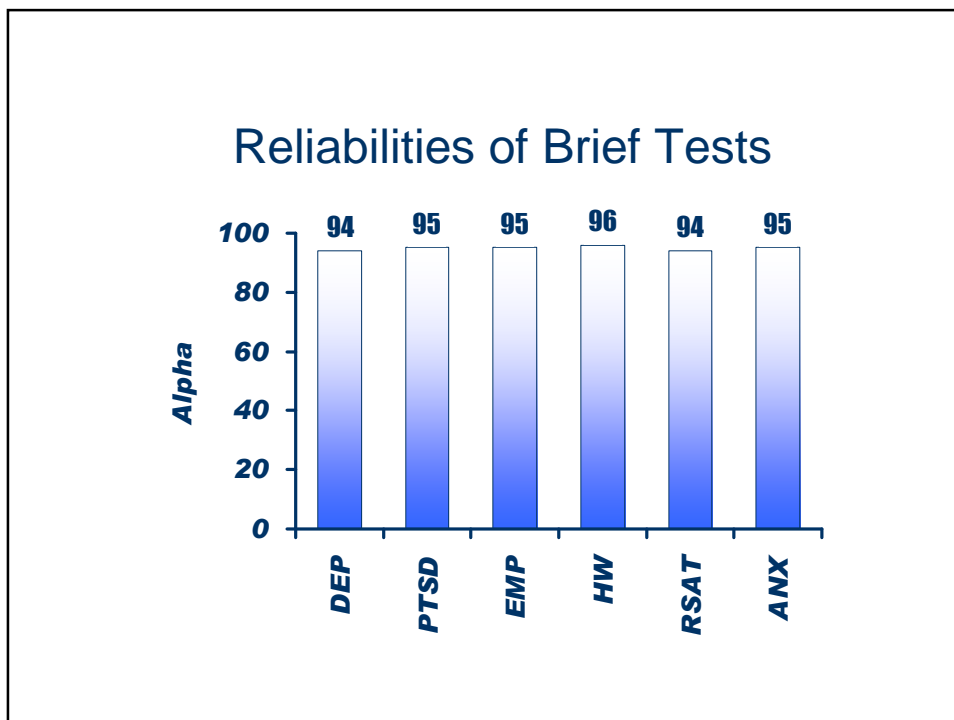
### Depression

Use checks (✓) to indicate how you're feeling right now.

	Before Session					After Session				
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Sad or down in the dumps					✓		✓			
2. Discouraged or hopeless				✓		✓				
3. Low self-esteem or worthlessness					✓	✓				
4. Loss of motivation to do things				✓		✓				
5. Loss of pleasure or satisfaction in life					✓	✓				
Total →					18					1

### Empathy

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. My therapist was warm, sympathetic, and concerned.				✓	
2. My therapist seemed trustworthy.				✓	
3. My therapist treated me with respect.					✓
4. My therapist did a good job of listening.					✓
5. My therapist understood how I felt inside.				✓	
<b>Total Score →</b>					<b>17</b>



## Do Patients Complete the Scales Honestly?

- Yes, assuming they are voluntary and have not competing agenda
- The question is NOT, will your patients be honest, but rather, can you take the heat?

## Does Testing Really Help? Two Clinical Examples

- The patient I thought I'd hit a home run with
- The patient I thought I'd failed with



## T.E.A.M. Therapy

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

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## E = Empathy

- The therapeutic relationship is the necessary and sufficient condition for personality change
  - Rogers, 1957, *Journal of Consulting Psychology*

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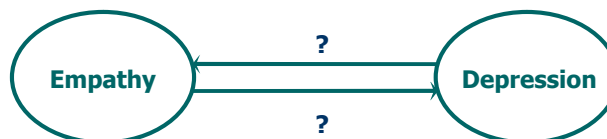
## E = Empathy

- Rogers—necessary and sufficient
- Beck—necessary, not sufficient
- Ellis—
  - NOT necessary
  - NOT Sufficient
  - NOT Desirable

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## Which Comes First?

- Does empathy reduce depression?
- Or does recovery enhance empathy?



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## E = Empathy

- Empathy had a direct causal effect on recovery from depression
- However, the causal effect of empathy on recovery from depression was only modest

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## E = Empathy

- Empathy is helpful, but NOT sufficient
  - Burns & Nolen-Hoeksema, 1992, *Journal of Consulting and Clinical Psychology*
  - One of the most quoted articles of last 25 years

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## Five Secrets of Effective Communication

- **The Disarming Technique (DT).** Find the truth in the criticism.
- **Empathy.**
  - **Thought Empathy (TE).** Paraphrase the other person's words.
  - **Feeling Empathy (FE).** Acknowledge his or her feelings.
- **Inquiry (IN).** Ask gentle, probing questions.
- **"I Feel" Statements (IF).** Use "I feel" statements.
- **Stroking (ST).** Convey liking or respect.

## Rigorous Clinician Empathy Training

- T.E.A.M. therapists use the Empathy Scale with every patient at every session
- Trainees receive extremely challenging systematic empathy training exercises
  - Immediate direct feedback

## T.E.A.M. Therapy

- T = Testing
- E = Empathy
- **A = (Paradoxical) Agenda Setting**
- M = Methods

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## A = (Paradoxical) Agenda Setting

- Five outcome studies of motivation and psychotherapy homework (HW)
  - Inpatient and outpatient settings
  - Motivation (“Willingness”) assessed at initial evaluation

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## A = (Paradoxical) Agenda Setting

- Willingness had large causal effect on HW
- HW had large causal effect on changes in depression
  - One of first variables in world literature with consistent causal effect on depression
    - Burns, Westra, Trockel, & Fisher, (2012). *Cognitive Therapy and Research*

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## Willingness, Psychotherapy HW, and Recovery from Depression



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## Paradoxical Agenda Setting Tools

- Straightforward & Paradoxical Invitation
- Miracle Cure Question
- Magic Button
- Positive Reframing
- Magic Dial

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## Paradoxical Agenda Setting Tools (cont'd)

- Straightforward / Paradoxical Cost-Benefit Analysis
- Dangling the Carrot
- Gentle Ultimatum
- Sitting with Open Hands

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## Example of Paradoxical Agenda Setting

- The woman who thought she'd murdered her child

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## T.E.A.M. Therapy

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- **M = Methods**

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## M = Methods

- Use > 65 methods drawn from more than a dozen schools of therapy

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## M = Methods

- Cognitive Techniques
- Behavioral Techniques
- Psychodynamic / Psychoanalytic Techniques
- Motivational Techniques
- Rogerian Techniques
- Exposure Techniques
- Humor-Based Techniques

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## M = Methods (cont'd)

- Interpersonal Techniques
- Paradoxical Techniques
- Spiritual Techniques
- Quantitative Techniques
- Hypnotic Technique
- Gestalt Techniques

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## Is T.E.A.M. Therapy Effective?

- Two questions
  - Can elite therapists get improved outcomes?
  - Can the majority of therapists learn to use this new treatment model?

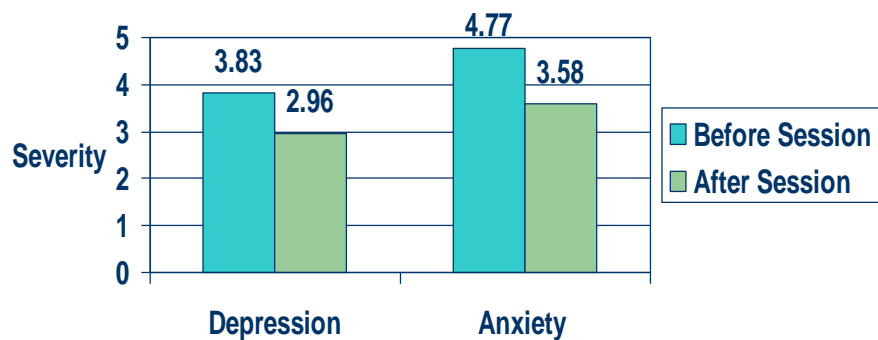
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## Is T.E.A.M. Therapy Effective?

- Four T.E.A.M. Therapists
  - 59 Patients
  - 424 Sessions
  - Naturalistic design
- Calculated the Recovery Coefficient
  - Recovery Coefficient = percent symptom reduction per hour of therapy

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## Symptom Reduction Per Hour of Therapy



## Recovery Coefficient

- T.E.A.M. Therapy
  - Depression = 25% per hour
  - Anxiety = 23% per hour
- Antidepressants or psychotherapy (CBT, IPT, etc.) (16-week trials)
  - Depression = 2.5% per week
- Placebo (16-week trial)
  - Depression = 2.1% per week

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## Research Questions

- Will the results last?
- Are the effects additive?
- Effectiveness at different severity levels?

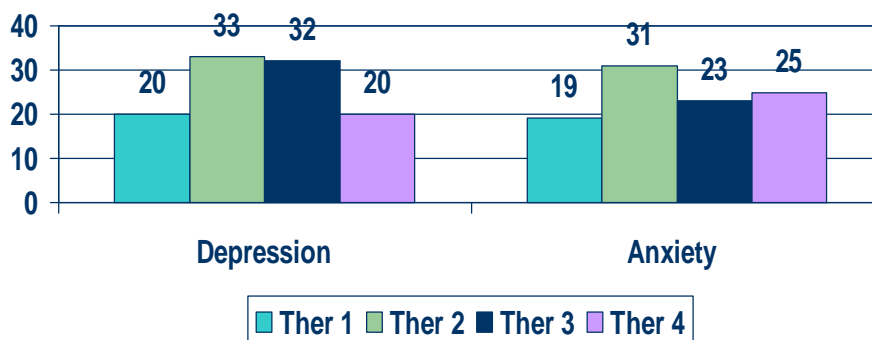
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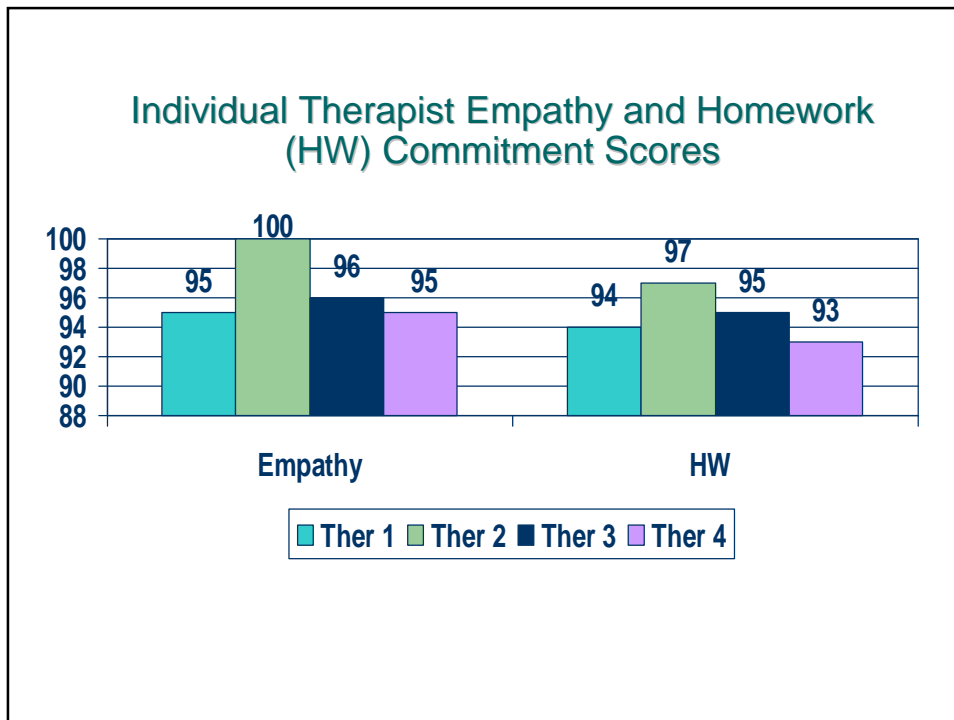
## Research Questions (cont'd)

- Are some therapists better than others? Why?
- How does therapy work?
- Can we use these discoveries to create more effective therapies?

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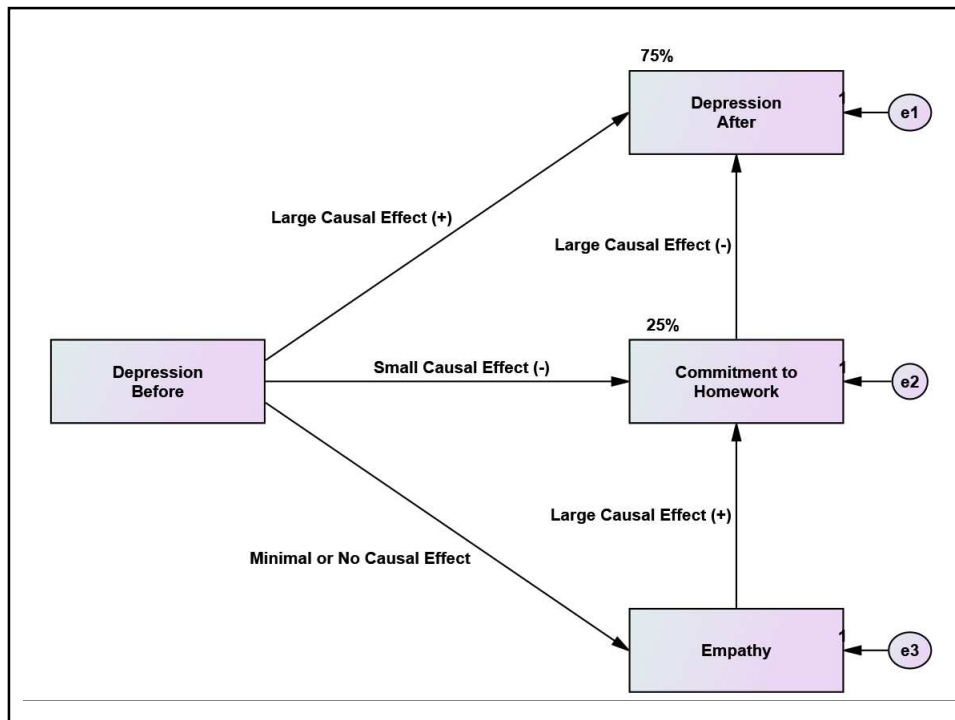
Individual Therapist Recovery Coefficients  
(% symptom reduction / hour)





## How Does Therapy Work?

- Empathy and homework commitment appear to have robust causal effects on
  - Changes in depression



## Why are Some Therapist More Effective?

- Therapist differences in empathy and patient homework commitment explain therapists differences in the treatment of depression

## Exciting New Development

- HIPAA-compliant electronic version of Brief Mood Survey & Evaluation of Therapy Session should be available soon
  - Massive data bases will be possible
  - Compare therapists and therapies on a broad scale
  - Implement awesome research

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## Suggested Online Reading

- At [www.feelinggood.com](http://www.feelinggood.com)
  - Therapist Error #6 Joining a School of Therapy
  - From CBT to T.E.A.M.
  - The Science and Clinical Experience behind T.E.A.M. Therapy

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## Additional Resources

- David's website and email
  - [www.FeelingGood.com](http://www.FeelingGood.com)
  - david@feelinggood.com
- Online training & certification in T.E.A.M. Therapy
  - [www.FeelingGoodInstitute.com](http://www.FeelingGoodInstitute.com)

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## Additional Resources (workshop discounts available on all)

- *EASY Diagnostic System for DSM5*
  - Fast, accurate screening of new patients for 60 of the most common diagnoses
- *Tools, Not Schools, of Therapy*
  - David's comprehensive psychotherapy eBook
- *Therapist's Toolkit*
  - Hundreds of pages of assessment and treatment tools

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## ***Therapist's Toolkit***

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Treatment Tools for  
the Mental Health Professional

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by David D. Burns, M.D.

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