

Making CBT Work

(Working with your CBT therapist)

(Making your CBT therapist work with you?)

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What is OCD (Diagnosis)?

- ★ Intrusive thoughts, images and impulses
- ★ Obsessions and/or compulsions
- ★ Compulsions are meaningfully related to fears
- ★ By definition, the person seeks to ignore or suppress intrusions
- ★ Key to diagnosis is distress/disability



What is OCD (really)?

- ★ **Obsession:** A recurrent thought, image, impulse or doubt which creates awareness of the potential for danger which the person can cause or prevent
- ★ **Compulsion:** An action or reaction that is intended to both to prevent the danger of which the obsession has created awareness and to diminish responsibility for its occurrence.



How can OCD be understood?

- ★ Unacceptable intrusions are a normal occurrence
- ★ When intrusions have occurred, the obsessional patient believes that they might be responsible for harm if they don't react to prevent it
- ★ They respond by TRYING TOO HARD (to get rid of the thought, to prevent harm, to be sure, to be clean.....and so on).
- ★ As time goes by, THE SOLUTION BECOMES THE PROBLEM.



What is CBT?

- ★ CBT is self help with someone helping your
- ★ Go to therapy expecting to be helped to understand the nature of the problem and helped to “choose to change”
- ★ Go to therapy expecting that the therapist is going to need a lot of help from you.



Am I just saying “Pull yourself together”?

-
- ★ I know that you'd love to. How can you do that?
 - ★ Understanding (and curiosity) will be your main weapons
 - ★ There are other tools available to you to achieve the “pulled together” state
 - ★ Most of these involve understanding and doing (that's why its called cognitive-behavioural therapy)



How to “pull yourself together”

★ Therapist provides:

- Half of the expertise (“two experts in the room working together”)
- Support

★ You and the therapist together provide:

Help with motivation (sometimes yours; often theirs?)



Getting “pulled together”: some helpful strategies

- ★ Basic information (“Psycho-education”; what is anxiety etc)
- ★ Making sense of what’s really going on
- ★ Deciding on goals
- ★ Changing beliefs which drive anxiety and motivate safety seeking behaviours (compulsions)
- ★ Testing it out: finding out for sure how the world really works!
- ★ Reclaiming your life



How psychological treatments for anxiety disorders work

- ★ People suffer from anxiety because they think situations as more dangerous than they really are.
- ★ Treatment helps the person to consider alternative, less threatening explanations of their problem

If the alternative explanation is to be helpful

- ★ It has to fit with your past experience
- ★ It has to work when you test it out

Good therapy is about two (or more) people working together to find out how the world really works

There are two experts in the room....they need to combine their expertise!



Therapists!

-
- ★ Many people need the support of a therapist





Choosing the right therapy (that's CBT, by the way)

- ★ Lots of therapies on offer
- ★ Clear treatment of choice in treatment of OCD is cognitive behaviour therapy (NICE guidelines)
- ★ At present, no other psychological therapies have been found to help OCD.
- ★ CBT has particular characteristics
 - It mostly focuses on the present
 - it mostly focuses specifically on the problem
 - It entirely focusses on you
 - it is active treatment that involves hard work
 - it is well-researched and tested and constantly evolving



Choosing the right therapist

Ideally your therapist should be:

- ★ Someone you can trust or believe that you can come to trust
- ★ Someone who can respect you, and you can respect in the same way
- ★ Someone who is good at therapy and helping people to make changes
- ★ Someone who knows how to avoid the most serious pitfalls (usually this means someone who is trained, preferably with experience in treating OCD)
- ★ Someone who keeps up to date with new developments



Factors to consider when choosing a therapist

- ★ Location
- ★ Training
- ★ Specialist vs. generalist
- ★ Experience
- ★ Gender (where it matters)
- ★ Preferred style of working (length of sessions, number of sessions, frequency, *in vivo* work, set homework)
- ★ Therapist ideas about how OCD can be treated / reasonable goals for treatment
- ★ Do they set homework / go out during a session if necessary?
- ★ Danger signs:
 - Shifty / avoidant when asked questions
 - Expert in everything
 - The pessimistic therapist



Questions to ask about your therapist

What qualifications / experience do you have?

- Don't be impressed by titles
- Ask about specific experience with your problem & current caseload
- Ask about their supervision

Trainees: not necessarily a problem

1. Less likely to be dogmatic
2. More likely to be “up to date”
3. More likely to be enthusiastic
4. More likely to have supervision



Types of therapist (core training)

- ★ Cognitive-behavioural nurse therapist
- ★ Psychiatrist
- ★ Clinical Psychologist
- ★ MH Nurse
- ★ Community Psychiatric Nurse
- ★ Occupational Therapist
- ★ Counsellor
- ★ Counselling Psychologist



Getting the most from your therapist

- ★ Make sure you have the right therapist
- ★ Make sure that they are offering you the best available therapy
- ★ Make sure you then understand what the therapist is trying to do
- ★ Try to help motivate them
- ★ Make sure that they keep on track, do the right work and set the right homework and work with you to make sense of it
- ★ Sometimes you might want to help them involve others in your environment



Getting the most from CBT.

- ★ Remember:
 - You know more about your problem than your therapist
 - Therapists need your help but may not want to admit it
- ★ Try to be active and collaborative
- ★ Ask if the sessions can be audio recorded
 - May have to do this yourself
 - Good tape recorder, external microphone
 - Listen to the tapes and make notes!
- ★ Ask questions
- ★ Don't shy away from trying out new ways of doing things
- ★ Be clear about your goals



SMART goals!

- ★ Short term goals: goals which you can reasonably be achieved in 2-4 sessions
- ★ Medium term goals: what can reasonably be achieved by the end of therapy
- ★ Long terms goals: what you would like to do over the next few years, particularly emphasising positive changes and “growth” targets
- ★ Specific, Measurable, Achievable, Realistic, Testable
- ★ Things to enjoy or look forward to, not just things to not do.



Goals

- ★ Short term: what can I do today? And tomorrow? What can I do that will (a) make a difference and (b) help me to confront my fears?
- ★ Medium term: what represents complete recovery? How does my anxiety interfere with my life, and what needs to change to stop that?
- ★ Long Term: Ambitions, Dreams- What do I want to do with my life? What should be in my obituary?



Goals

“I have nothing to offer but blood, toil, tears and sweat.....”

And then what?????

Victory!!!



Getting the most out of your therapy: preparation

- ★ Prepare a brief time line and history of your problem
- ★ Audio recording
- ★ Offer longer versions, especially if its important to you!
- ★ Be aware of things which you find difficult to discuss. Try to decide not to keep important secrets (once comfortable with your therapist). OCD likes secrets.
- ★ Writing things down can help, either as notes for yourself or to hand to therapist
- ★ Ask for reading
- ★ Make sure you are on time & don't miss sessions



Getting the most from CBT

- ★ Make sure you understand what the therapist is trying to help you to do & why
- ★ Try to help motivate them: good attendance & homework go a long way
- ★ Make sure that they keep on track, do the right work and set the right homework and work with you to make sense of it
- ★ Try to keep the interval between your sessions as regular as possible – especially at times when you're struggling
- ★ Sometimes you might want to help them involve others in your environment



Better therapy?

- ★ Treat your therapist as a human being: remember they have faults and make mistakes too
- ★ Be prepared to do most of the work yourself: therapist as a coach.
- ★ 168 hours in a week
- ★ If you have given it a chance and it's not working, be honest about this. It's not criticism, just a fact.
- ★ Questionnaires can help



Unhelpful beliefs

- ★ This is my last chance to get better.
- ★ This problem can only be managed: I'm kidding myself if I think I can overcome it.
- ★ A setback = failure = back to square one.
- ★ My problem is unique.
- ★ Having these thoughts makes me a bad person.
- ★ Doing rituals & avoiding things is the only way out of this problem.
- ★ I should keep secrets in therapy or not discuss some thoughts or my therapist will be shocked.
- ★ A problem that's been around for this long will take even longer to treat.



Some helpful ideas

- ★ “The journal of a 1000 miles begins with single step”...but not every journey that starts with a single step has to be 1000 miles!
- ★ Aim to be as consistent as possible in doing tackling your OCD, rather than doing it as a quick test that you force yourself to do
- ★ It’s not just what you do, it’s how you do it that’s important: “cheating” just delays progress
- ★ Your unlikely to get this right all the time & that’s ok – people never progress in a perfectly straight line
- ★ Setbacks are helpful provided you pick yourself up and keep going
- ★ The intention in CBT (in the first instance) isn’t to reduce anxiety or get rid of the thoughts – it’s to find out whether what the OCD is telling you is true
- ★ The Golden Rule: always do the opposite of what the problem tells you to do





Some helpful information about anxiety

- ★ Anxiety is a normal reaction
 - Feelings of anxiety are normal under threat
 - Avoidance and escape are a normal reaction to anxiety
 - Avoidance and escape are usually counter-productive
- ★ Anxiety only become a “clinical” problem when it is *severe* and *persistent*
- ★ Anxiety disorders are exaggerations of normal reactions, and not an inherited “brain disease”



Cognitive model of emotional response: the simplest version

Event



Interpretation of event (what it means)



**Emotional response: Negative- Anxiety,
fear, sadness,
shame, disgust, guilt, anger**



Which emotion when? Emotions are specific to particular meanings

- ★ Depression: Personal loss
- ★ Anxiety: Threat or danger to you
- ★ Anger: Someone broke your personal rules (unfairness)
- ★ Guilt: You broke your own rules



Anxiety and threat: understanding the severity of anxiety

Anxiety is proportional to the perception of danger; that is

perceived
likelihood
it will happen

×

perceived
“awfulness”
if it did

perceived
coping ability
when it does

+

perceived
rescue
factors



Anxiety and threat: “self analysis questions”

When you feel panicky, what do you think the danger is

What do you

Think is the

**Worst that will X
happen**

**How bad will that
Be for you?**

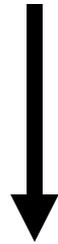
**If it did
happen, how
would you
cope with it?**

+

**if it did
happen,
would
anything**

The persistence of anxiety: what feels to you like the solution ends up being the problem!

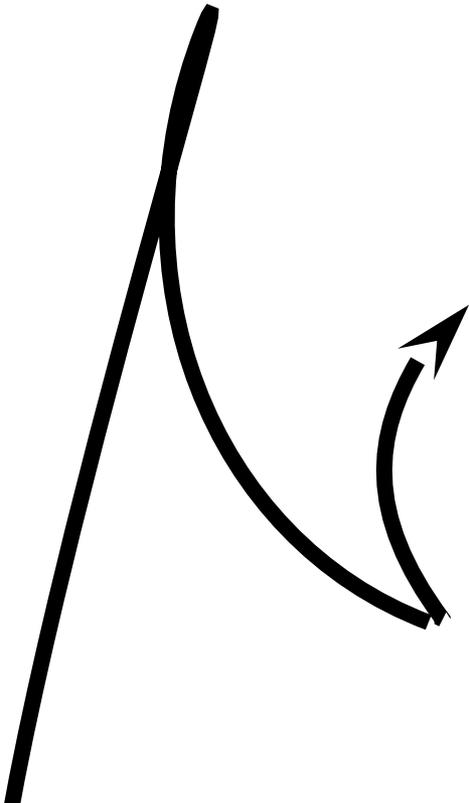
Events
and situations



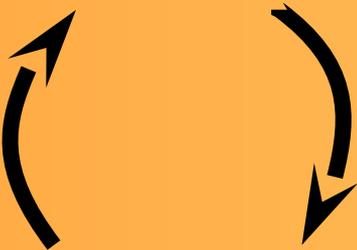
negative
interpretations



Reactions to
perceived threat



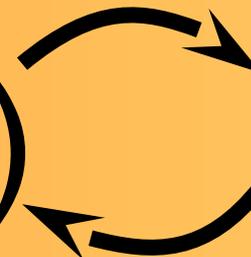
Events, stimuli and situations



negative

interpretations

$\left(\frac{\text{probability X awfulness}}{\text{coping + rescue}} \right)$



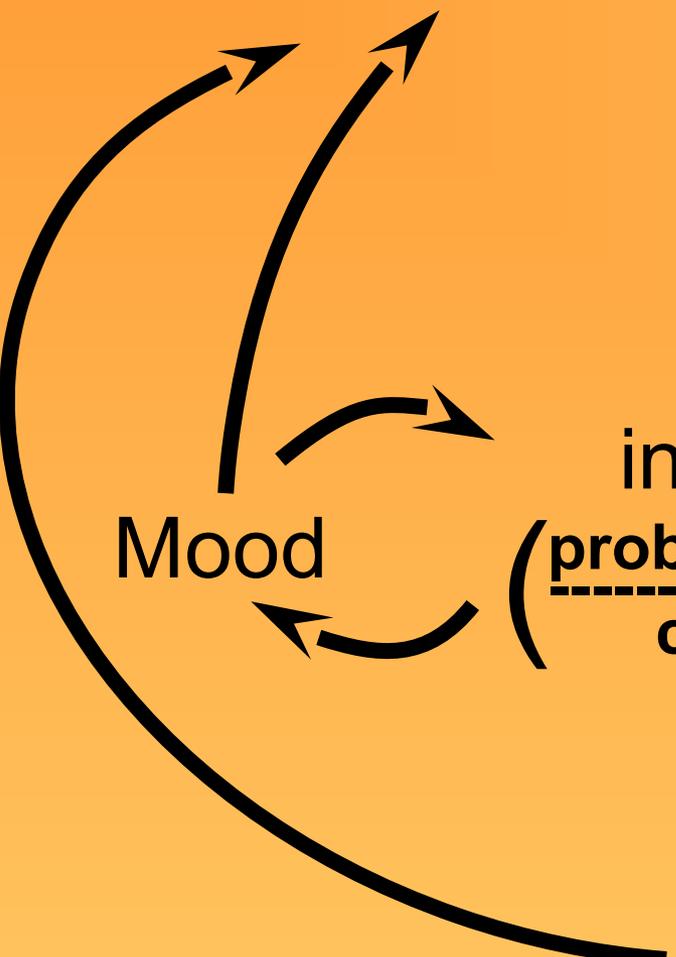
physical
reactions



Mood



Safety seeking
behaviour



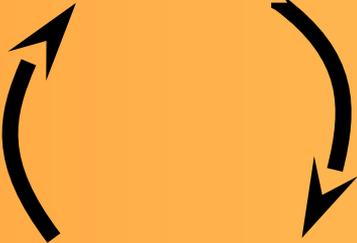


“Self analysis” questions

- ★ Choose a recent episode that you remember well



What was the first sign of trouble?
Did you look for trouble? What did you find?



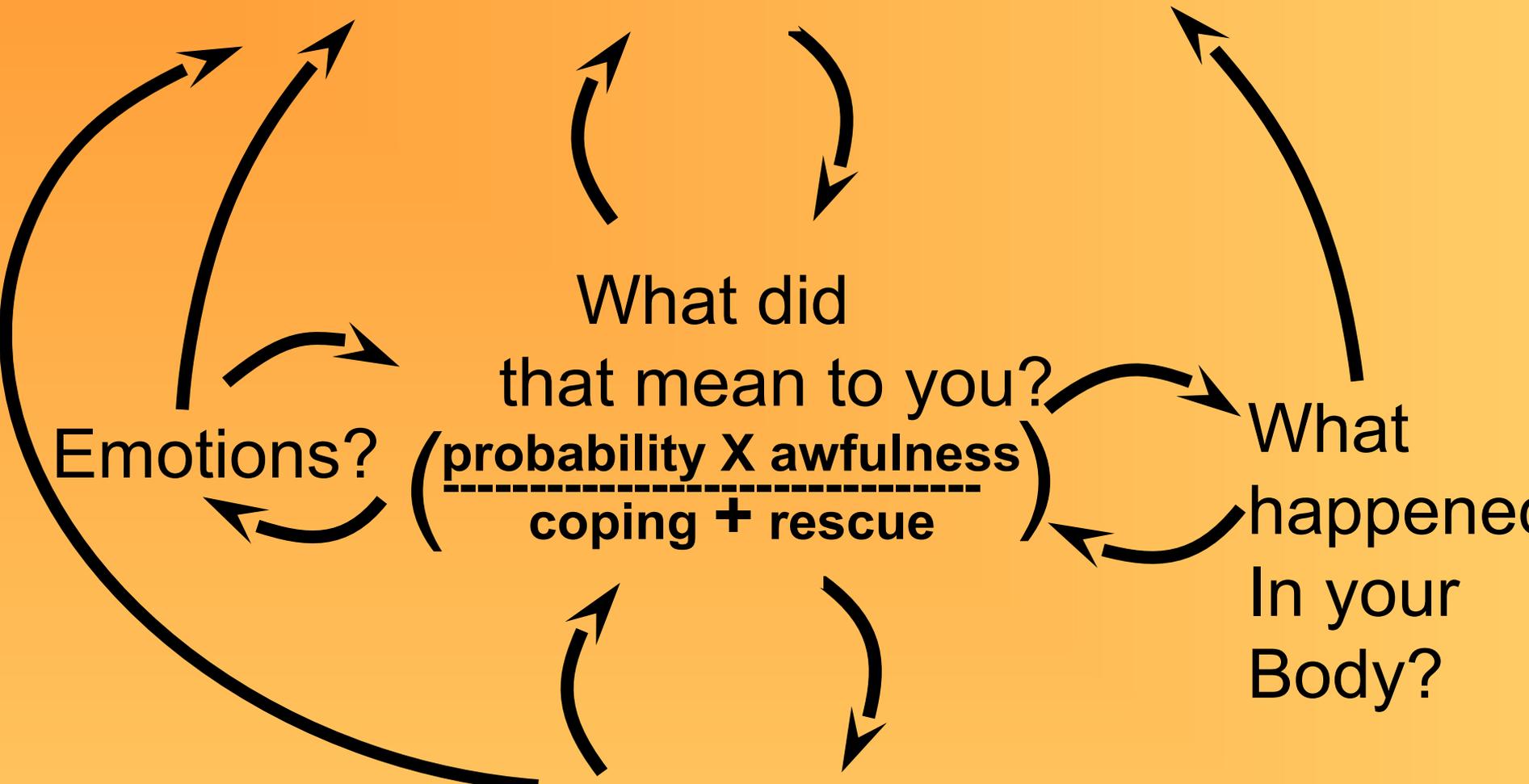
What did
that mean to you?

Emotions?

$\left(\frac{\text{probability X awfulness}}{\text{coping + rescue}} \right)$

What
happened
In your
Body?

What did you try to do
To feel safer?



“Behavioural Experiments”

- ★ Not just “Feel the fear and do it anyway”
- ★ Exploring predictions in real life, as opposed to talking about the situation
- ★ Discovering how the problem works
- ★ Discovering that the things you fear don’t happen.
- ★ NOT to control thoughts.
- ★ Getting ‘out of the groove’ to see what really happens: finding out how the world really works