# Cognitive Behavioral Therapy & Mindfulness Integrating the Latest Research into your Clinical Work Richard Sears, PsyD, PhD, MBA, ABPP Center for Clinical Mindfulness & Meditation www.psych-insights.com

# "First Wave" - Behavior Therapy

- Reaction against "heady" and untestable psychodynamic theories
- Only work with observable behaviors



# "First Wave" - Behavior Therapy

**Classical Conditioning (Pavlov)** 

- Unconditioned stimulus (UCS) produces unconditioned response (UCR)
- Conditioned stimulus (CS) paired w UCS produces conditioned response



### "First Wave" - Behavior Therapy

## **Classical Conditioning (Pavlov)**

- Extinction
- Spontaneous Recovery
- Old conditioning comes
   back faster



### "First Wave" - Behavior Therapy

### **Operant Conditioning (Skinner)**

- Requires action from the organism
- Reinforcement (increased likelihood behavior will be repeated)
- Punishment (increased likelihood behavior will not be repeated)

# "First Wave" - Behavior Therapy

### **Operant Conditioning (Skinner)**

- Positive Reinforcement
- Negative Reinforcement
- Punishment
- Response Cost



### "First Wave" - Behavior Therapy

### **Operant Conditioning (Skinner)**

- Shaping
- Schedules of reinforcement (continuous vs. intermittent)
- Differential reinforcement
- Extinction burst



### **Chain Analysis**

- What exactly is the problem behavior that you want to analyze?
- What was the prompting or triggering event? What was going on around you that got the problem behavior started? When did it get started?

### **Chain Analysis**

- What made you vulnerable to this behavior getting started? What was going on inside you or around you that made you more susceptible to doing the problem behavior?
- What were the consequences of engaging in the problem behavior, in the environment as well as in yourself? What harm did this problem behavior cause?

Chain Analysis
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In the left-hand column, in as much detail as you can, list the links in the **chain of events** that led from the vulnerability and the situation to the problem behavior. Include actions, body sensations, thoughts, feelings, and events in the environment. Then, go back and fill out the right-hand column with more skillful behaviors you could have used to **break the chain** that led to the problem behavior.

### **Chain Analysis**

- What steps can you take to prevent this
  problem behavior in the future? What can you
  do to reduce your vulnerability? What can you
  do to prevent the prompting or triggering event
  from happening, or at least from triggering you?
- You cannot go back in time to undo the problem behavior you did, but is there anything you can do now or in the near future to repair or correct any harm you did to others or yourself?

### "Second Wave" - Cognitive Therapy

- Reaction against implication that humans are mindless animals
- Thoughts can be seen as behaviors



# "Second Wave" - Cognitive Therapy

- ABC model
  - Antecendent/Activating Event
  - Beliefs (Thoughts)
  - Consequence (Emotions)



- Disputation of irrational thoughts
  - Mood-state dependent learning & memory
  - Importance of Socratic Dialogue

# "Second Wave" - Cognitive Therapy

- Automatic thoughts
- Core beliefs
- Schemas



## "Second Wave" - Cognitive Therapy

- Schemas 5 categories:
  - Disconnection and rejection
  - Impaired autonomy & performance
  - Impaired limits
  - Other-directedness
  - Overvigilance & inhibition

Young, Klosko & Weishaar (2003)

### "Second Wave" - Cognitive Therapy

### **Beck's cognitive triad in depression:**

- Negative views of:
  - Self
  - World
  - Future



- Hopelessness as a measure of severity
- Behavioral activation

# **Thought Record**

- What happened? What was the situation?
- What were you feeling at the time?
- What were you thinking at the time?



### **Thought Record**

- What other ways could you think about the event? If each of those alternative thoughts were true, how would you feel?
- What can you do proactively to check out the truth of the situation, to see if your thoughts are accurate? What can you do to deal with the situation, or other future situations like that, more constructively?

### **Cognitive Processing Therapy (CPT)**

- Founded by Resick, Monson, & Chard
- CBT applied to PTSD
- 12-session manualized program
- Details of trauma are not important
- "Top down" processing
- Assimilated & overaccommodated beliefs

### "Third Wave" - Mindfulness

"In summary, we see mindfulness as a process of regulating attention in order to bring a quality of nonelaborative awareness to current experience and a quality of relating to one's experience within an orientation of curiosity, experiential openness, and acceptance. We further see mindfulness as a process of gaining insight into the nature of one's mind and the adoption of a de-centered perspective (Safran & Segal, 1990) on thoughts and feelings so that they can be experienced in terms of their subjectivity (versus their necessary validity) and transient nature (versus their permanence)."

### "Third Wave" - Mindfulness

"the awareness that emerges through paying attention, in a particular way, on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment"



## What is Mindfulness?

"the awareness that emerges"

- Waking up from automatic pilot mode
- Enriching our moments
- Noticing automatic thoughts,
  - emotional reactions, and behaviors

# What is Mindfulness?

"through paying attention"

- Exercising our attentional capacity
- Increases brain volume in certain areas

### **Types of Attention**

Posner & Rafal (1986)

- -arousal
- -vigilance
- -selective attention

### Sohlberg & Mateer (1989)

- -focused attention
- -sustained attention
- -selective attention
- -alternating attention
- -divided attention



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"in a particular way"

Fostering an attitude of curiosity, interest, and kindness toward our thoughts, emotions, and sensations

## What is Mindfulness?

"on purpose"

Intentionally choosing where to place your attention

# What is Mindfulness?

"in the present moment"

- Guiding the attention to this moment
- Feeling of busyness results from thinking about what you are NOT doing

# What is Mindfulness?

"and nonjudgmentally"

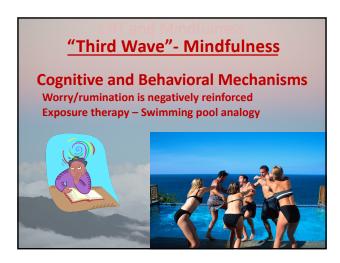
Temporarily suspending, or setting aside, the constant, habitual, compulsive tendency to judge or compare this moment to some other time and place

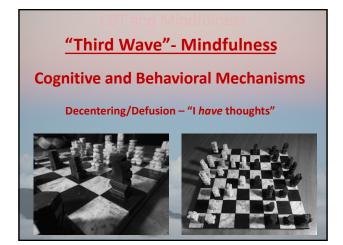
# What is Mindfulness?

"to the unfolding of experience moment to moment"

Mindfulness is an active, dynamic process, not just sitting still

# "Third Wave" - Mindfulness Being vs. Doing Being: Present focused Doing: Future focused





# "Third Wave" - Mindfulness Cognitive and Behavioral Mechanisms Filling attentional channels vs. avoidance Self-compassion – attitude of kindness toward one's own thoughts, emotions, & body sensations Need for Systematic Training "Exercising the Brain" - Homework Practice

# "Third Wave"- Mindfulness How Mindfulness is Different Transcendental/Absorption Meditation Hypnosis Relaxation Methods

# **Top 5 Misconceptions about Mindfulness**

- It's the same as relaxation
- It's about feeling good
- It's about changing consciousness
- You can only do it with eyes closed
- You can only do it sitting still

## **3-Minute Breathing Space**

# **Essence of MBCT program:**

- Body scan
- Mindfulness of breath
- Mindfulness of body as a whole
- Mindfulness of thoughts

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# **3-Minute Breathing Space**

### Minute 1- Notice what is here:

- Body sensations
- Feelings/emotions
- Thoughts

Suspending judgments
Give yourself permission
to feel what you feel

# **3-Minute Breathing Space**

## Minute 2 - Focusing on the breath

- Pay attention to one spot
  - rising and falling of belly, nostrils, etc
- Mind wanders, just gently bring it back, again and again

"Collecting/gathering attention"

# **3-Minute Breathing Space**

Minute 3 – Expand awareness

Expand from breath to body-as-a-whole (entire body)

"Embodied presence"

# **Mindful Inquiry**

- 1. Noticing
  - "What did you notice?"
- 2. Exploring thru discussion

"How is this different from the way you might normally..."

3. Linking to daily life

"What does this exercise have to do with why you are here?"

# **Breathing**

- Breathing is conscious and unconscious
- Balances oxygen and carbon dioxide
- Connected with sympathetic/parasympathetic
- Importance of deep, diaphragmatic breathing



# **Thoughts**

- Thoughts try to fix or distract can be a mechanism for avoidance
- Thru negative reinforcementincrease in stress/anxiety
- · In mindfulness, just notice thoughts
- Investigating vs. letting go

### **Neurological Findings**

**Brain Changes After 8 Weeks** (Sara Lazar, PhD)

"Participating in an 8-week mindfulness meditation program appears to make measurable changes in brain regions associated with memory, sense of self, empathy and stress"

## **Neurological Findings**

The Nine Middle Prefrontal Functions

(The Mindful Brain, Dan Siegel MD)

- Body Regulation
- Attuned Communication
- Emotional Balance
- **Response Flexibility**
- Empathy
- Insight, or self-knowing awareness
- Fear modulation
- Intuition
- Morality

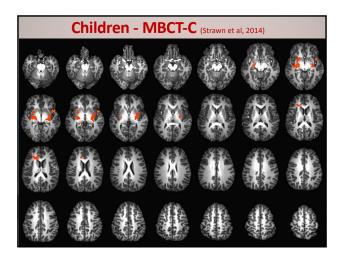


### **Neurological Findings** Children - MBCT-C (12 wks)

Increased activation of structures that subserve interoception and processing of internal stimuli

Increased mindfulness predicts decreased amygdala activity during fear processing

- Increases in bilateral insula, lentiform nucleus, thalamus, & left anterior cingulate while viewing emotional stimuli.
- Increased mindfulness associated with increased activation in bilateral anterior cingulate & insula during emotional stimuli.
  Post-tx decreases in right amygdala activation



# **Mindfulness-Based Stress Reduction (MBSR)**

- Pioneered by Jon Kabat-Zinn (Full Catastrophe Living)
- 8-week program
- Large groups
- Daily homework
- Incorporates yoga
- Initially used for stress and chronic pain



## **Mindfulness-Based Cognitive Therapy (MBCT)**

- Pioneered by Segal, Teasdale, & Williams
- 8-week program, based on MBSR
- Smaller groups
- Daily homework, CBT assignments
- Incorporates CBT elements (recognizing cognitive distortions, relapse prevention plan, etc)
- Initially used for prevention of depressive relapse

### **The Problem of Depressive Relapse**

- First and second episodes tend to be preceded by significant negative events
- For third and subsequent episodes, stressful events play a less important role, with increased relapse rates
- > MBCT trials cut relapse rates in half for those with 3 or more episodes

### **Triggers for Depressive Relapse**

- > Sad moods reawaken negative thoughts
- > Sad moods reactivate vulnerable attitudes and beliefs
- Withdrawal behaviors/reduced activity
- **Ruminations/worries**

### **MBCT vs. CBT**

- > Therapist takes a "noticing" vs. "fix-it" approach
- ➤ First step is just to notice what is, then responding rather than reacting
- > De-centering vs. thought disputation & suppression
- Paying attention to signs of oncoming stress or depression (instead of avoidance) allows one to take action

### MBCT vs. CBT

Important to start each session with a mindfulness exercise, rather than questions or check-ins, to model starting with this moment

Prevents falling into automatic "problem-solving" ruminations

### **Dialectical Behavior Therapy (DBT)**

- **➢Pioneered by Marsha Linehan**
- >> 6 months
- >Team Approach
  Indiv Th, Skills Group, Support Group, Crisis Line
- Four major modules:
  Mindfulness (Wise Mind)
  Interpersonal Effectiveness
  Emotion Regulation
  Distress Tolerance



➤ Radically Open DBT for disorders of over-control

# Acceptance and Commitment Therapy (ACT)

- **➢Pioneered by Steven C. Hayes**
- ➤ Relational Frame Theory /
  Cognitive Fusion / Psychological Flexibility
- ➤ Acceptance/Mindfulness
  Formal exercises are less emphasized
- Commitment
  Move toward values
  Behavioral activation



### **Mindfulness in Daily Life**

- Mindful of routine activities
- Mindful eating
- Noticing tension in your body
- Noticing feelings
- Noticing thoughts

"how interesting, there you are again"

# **Bringing mindfulness** into the therapy room

Between sessions for therapist self care
Therapist as instrument
Self-monitoring
Take a breath

Asking client to become aware of thoughts/feelings/sensations

# Mindfulness for Therapists in Training

- Significant declines in stress, negative affect, rumination, state and trait anxiety
- > Significant increases in positive affect and self-compassion.

(Shapiro, Brown, & Biegel, 2007)

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 Training in mindfulness increases provider effectiveness and patient mental health, even if providers do not explicitly use it with patients

(Grepmair et al. 2007)

# **Diversity and Social Justice Issues**

- Important competency areas
- Cultural humility
- Clinician self-awareness
- Microaggressions
- Awareness of power and resources
- More research needed

Mindfulness- and acceptance-based therapies appear to be helpful for diverse populations, though it is important for the clinician to be sensitive to diversity issues in the delivery of these interventions (Fuchs, Lee, Roemer, & Orsillo, 2013).

## **Mindfulness for Trauma**

- Emotional processing more important than details of trauma
- > Avoidance cycle maintains symptoms
- > Be careful not to use mindfulness to reinforce avoidance

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### **Trauma**

- Conscious mind/cortex does not want to recall trauma
- Emotions/limbic system does not want to forget
- Battle to control/avoid thoughts, feelings, & triggers
- Memory reconsolidation



# **Anxiety**

- The Cycle of Avoidance
- Ruminations and Worries as Avoidance
- Moving directly into body sensations

# **Anxiety**

Phobias

In vivo or imaginal exposure

Panic Attacks

**Moving into body sensations** 

Generalized Anxiety

Anxiety about feeling anxiety leads to avoidance and restricted life

Health Anxiety

Feeling body is not the problem, but thoughts and emotions about what is felt

# **Mood Disorders**

- Beck's Cognitive Triad
   Negative views of self, world, and future
- **≻Early Warning System**
- **▶Behavioral Activation** 
  - Get moving Small steps



## **Mindfulness-Based Relapse Prevention (MBRP)**

- > Pioneered by Alan Marlatt & Sarah Bowen
- > 8-week program, based on MBSR/MBCT
- > Person-Centered / Rogerian Approach
- > Motivational Interviewing style
- "Urge surfing"
- > Chain Analysis

## **Chronic Pain**

- · Don't take away what works, add more tools
- Pain x resistance = suffering
- Moving into pain to separate out thoughts, feelings, and sensations
- · Creating a life worth living even with the pain



# Compassion and Loving-kindness Compassion toward oneself loved ones strangers enemies the world May I/she/he/the world Be happy Be healthy Be free from suffering



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# Richard W. Sears, PsyD, MBA, ABPP

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