FeelingGood.com

Feeling Great:

Powerful New Techniques for Treating Depression and Anxiety

By David Burns, M.D.

1

Please join us for a moment of silence
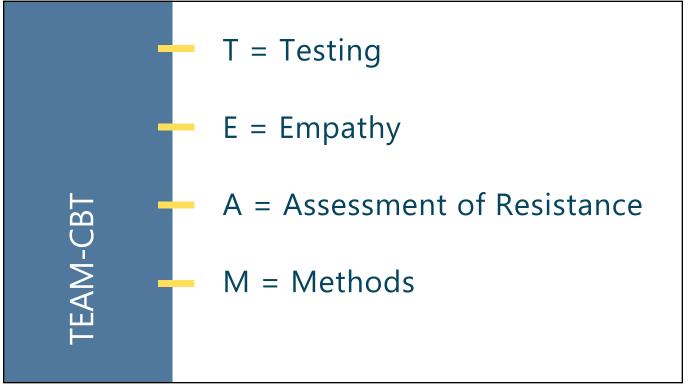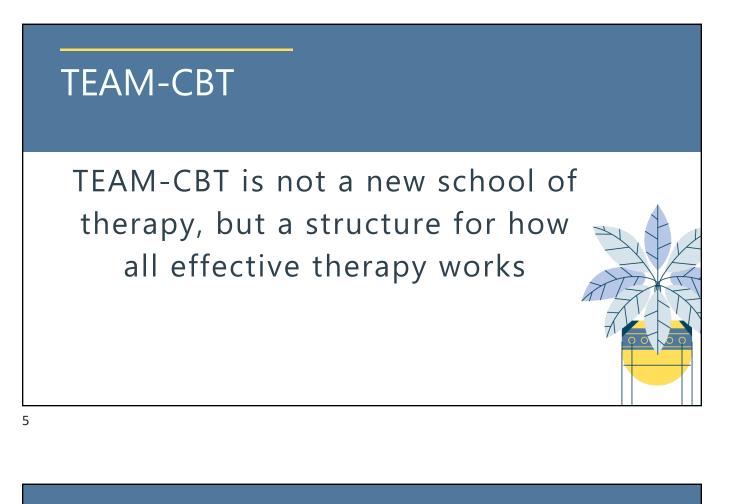
2

Day Plan

Morning Session

- Testing
- Empathy
- Outcome and Process Resistance
- Magic Button
- Positive Reframing
- Magic Dial
- The Cognitive Model
- Cognitive Distortions
- Explain the Distortions
- The Double Standard Technique

Afternoon Session

- Examine The Evidence
- The Survey Technique
- Feared Fantasy
- The Downward Arrow
- Self Defeating Beliefs
- Cost Benefit Analysis
- The Experimental Technique
- Relapse Prevention Training
- Externalization of Voices
- Additional resources

3

TEAM-CBT

T = Testing

E = Empathy

A = Assessment of Resistance

M = Methods

4

TEAM-CBT

TEAM-CBT is not a new school of therapy, but a structure for how all effective therapy works
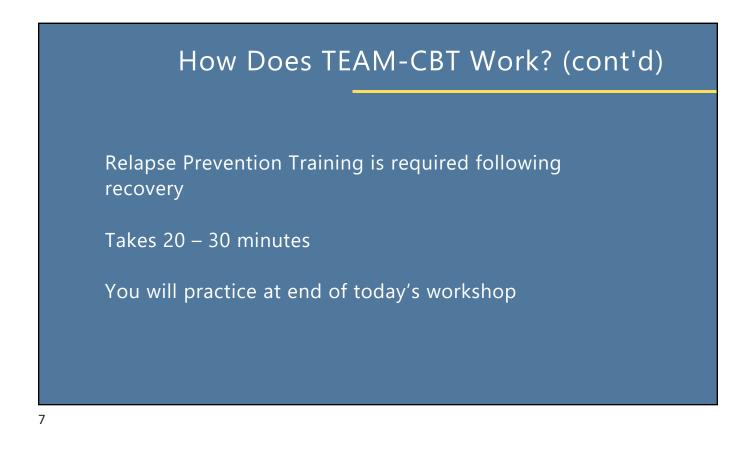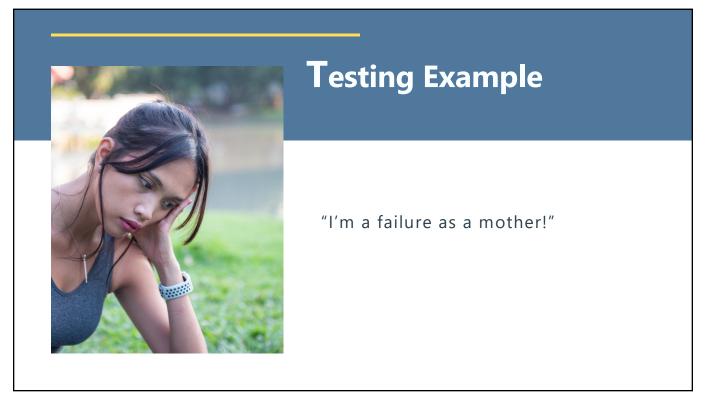
5

How Does TEAM-CBT Work?

- T, E, A, M is the sequence we follow in therapy sessions

- If you have an extended (double) session, you may see a complete or near-complete elimination of symptoms

  - Extended session is desirable, not required
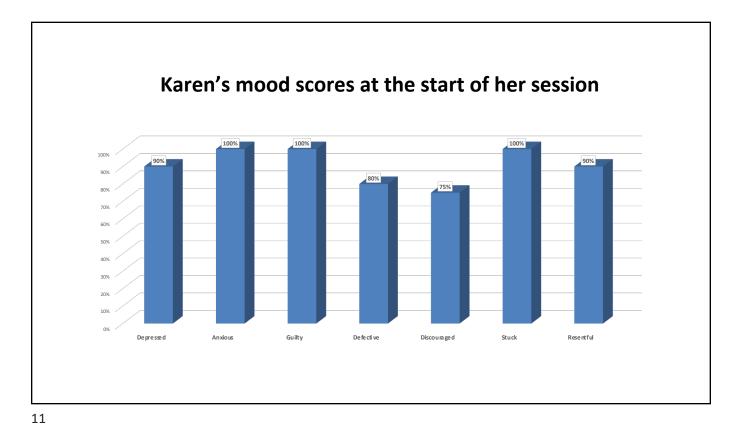 - Requires a high degree of therapist skill

6

How Does TEAM-CBT Work? (cont'd)

Relapse Prevention Training is required following recovery

Takes 20 – 30 minutes

You will practice at end of today's workshop

7

T = TESTING

- The Brief Mood Survey is an emotional X-ray Machine
- Track changes from start to end of every session:
  - Depression
  - Suicidal urges
  - Anxiety
  - Anger
  - Happiness
  - Relationship Satisfaction / conflict
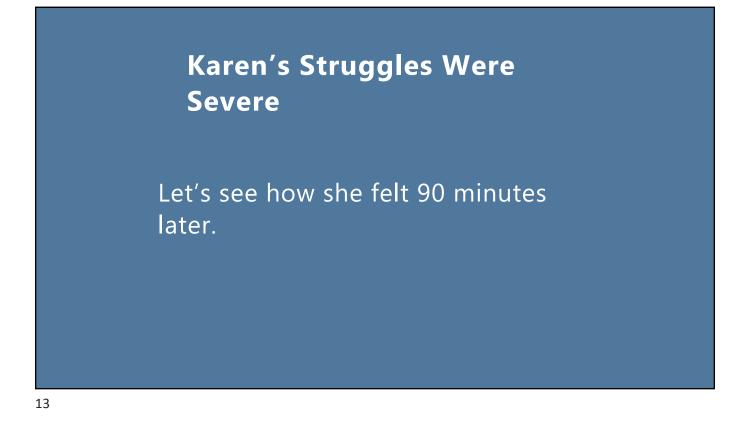

8

Goals of Testing
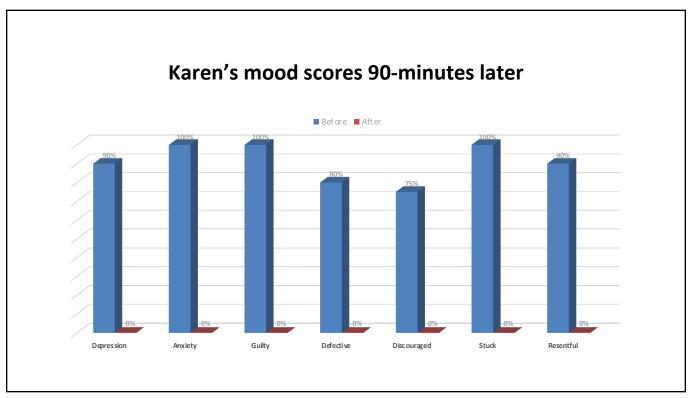
- Assess symptom severity
    - Therapist intuitions can be grossly off-base
    - Detect suicidal urges
- Monitor therapeutic progress
    - Within and between sessions
- Monitor therapeutic alliance / empathy
- Modify therapeutic strategies

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Testing Example

"I'm a failure as a mother!"

10

Karen's mood scores at the start of her session

11

12

Karen's Struggles Were Severe

Let's see how she felt 90 minutes later.

13

Karen's mood scores 90-minutes later

15
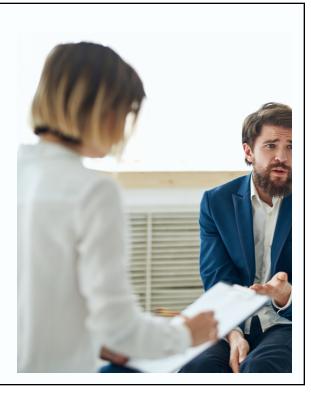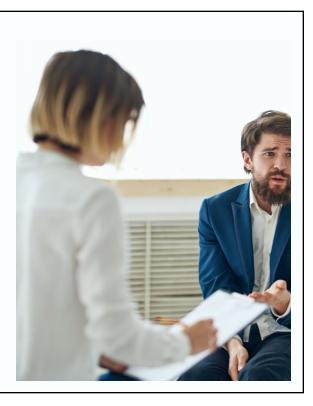
E = EMPATHY

- Generally takes about 30 minutes with a new patient
- Necessary, but not sufficient, for change

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E = EMPATHY DO'S
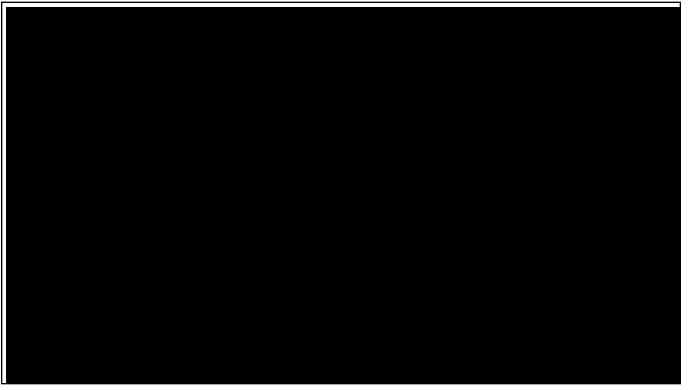
- Is the "Zero" technique
  - You give the patient Zero, nothing
  - Instead, you Zero in on what she or he is thinking and feeling

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E = EMPATHY DO'S (CONT'D)

- Is the "Zero" technique
  - Paraphrase what the patient says (Thought Empathy) and acknowledge how she or he feels (Feeling Empathy)
  - Provide compassion and warmth ("I Feel" Statements)
  - Go with the patient to the gates of hell

18

E = EMPATHY DO NOT'S

- Do NOT
  - Help
  - Cheerlead
  - Make interpretations
  - Give advice

19

E = Empathy

- Use "What's My Grade" Technique within session
- Use Empathy Scale after session
  - Requires the "Great Death" of therapist's "self" or ego
  - The "Great Death" is actually the "Great Rebirth"

20

A = ASSESSMENT OF RESISTANCE

- Outcome Resistance
- Process Resistance

21
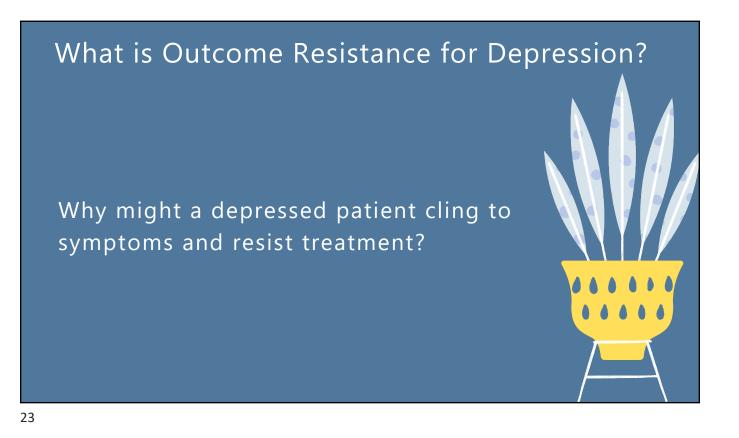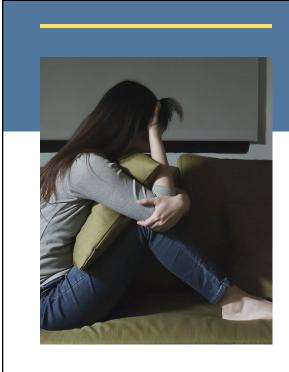
A = ASSESSMENT OF RESISTANCE

- Outcome and Process Resistance differ for
    - Depression
    - Anxiety
    - Relationship Problems
    - Habits / Addictions

22

What is Outcome Resistance for Depression?

Why might a depressed patient cling to symptoms and resist treatment?

23

Outcome Resistance for Depression Involves Non-Acceptance

Internal Non-Acceptance
- "I'm not good enough."
- "I should be better than I am!"
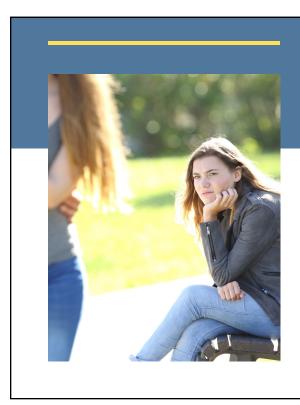
24

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How Many of You Sometimes Tell Yourselves "I'm Not Good Enough"

Run Poll #1

26

Outcome Resistance for Depression Involves Non-Acceptance

External Non-Acceptance
"You can't be happy without a baby."

27
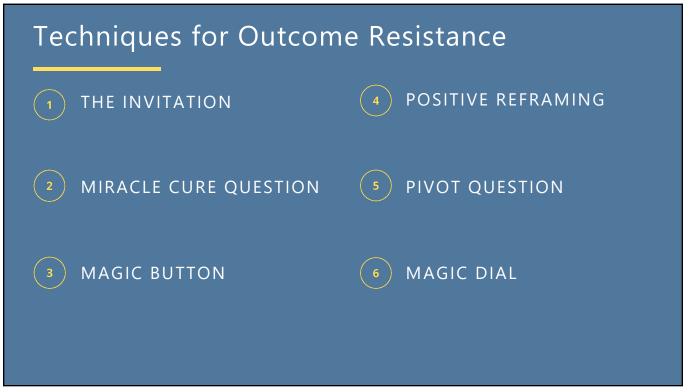
Outcome Resistance for Depression

- What are some internal things that people won't accept about themselves?

- What are some external things that people think they need to feel happy and fulfilled?

28

What Happens When You Don't Address Resistance?
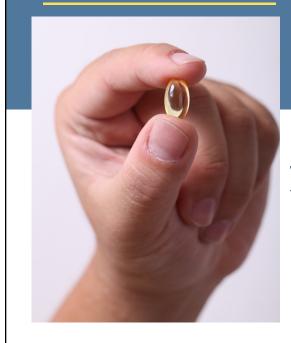
- Yes-butting
- Therapist pushes / patient resists
- Almost all therapeutic failure results from unaddressed resistance
- You can vastly boost your effectiveness by learning how to deal with Outcome and Process Resistance

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Techniques for Outcome Resistance

(1) THE INVITATION

(4) POSITIVE REFRAMING

(2) MIRACLE CURE QUESTION

(5) PIVOT QUESTION

(3) MAGIC BUTTON

(6) MAGIC DIAL

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The Invitation

Are you ready to roll up your sleeves and get to work, or do you need more time to talk?

31

Miracle Cure Question

What miracle would you be asking for in today's session?

32

Magic Button

If you could press a Magic Button and instantly feel joy, with no effort whatsoever, would you press it?

33

POSITIVE REFRAMING

- What do your negative thoughts and feelings say about you that's positive and awesome?
- What are some benefits, or advantages, of your negative thoughts and feelings?

34

Positive Reframing (cont'd)
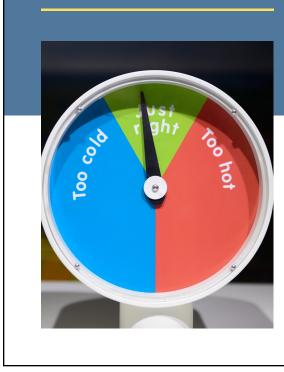
DEPRESSION   may show your love of something / someone you have lost.

ANXIETY   keeps you vigilant, so you'll protect the things that matter to you.

GUILT may show that you are accountable for your actions, rather than blaming others for your misfortune.
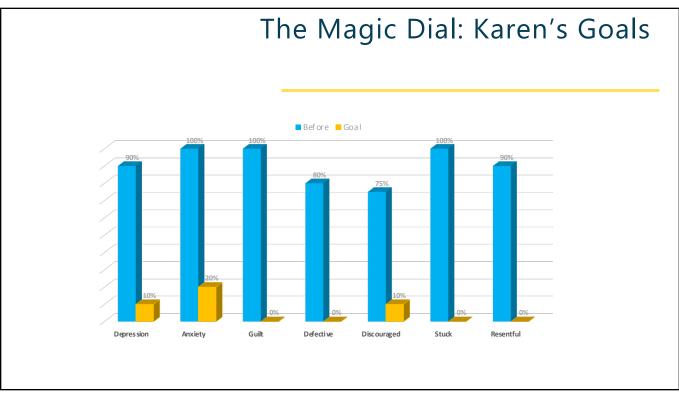
BEING SELF-CRITICISMS may show your high standards, that you aren't willing to settle for mediocrity. And this may motivate you to succeed.

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PIVOT QUESTION

- Given all of these advantages, and positive values, why would you want to give up your depression, guilt, anxiety, etc.?
- Therapist sides with the voice of the resistance
- Often patient will argue for change

36
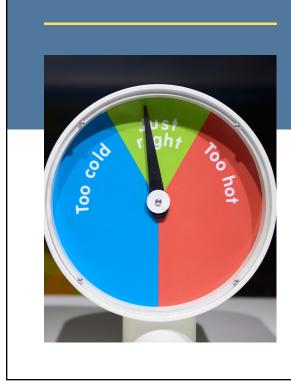
Magic Dial (cont'd)
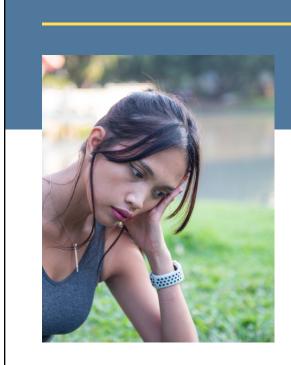
Instead of getting rid of your depression, anxiety, shame, and guilt completely, we can dial down your feelings to levels that make sense to you.

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The Magic Dial: Karen's Goals

38
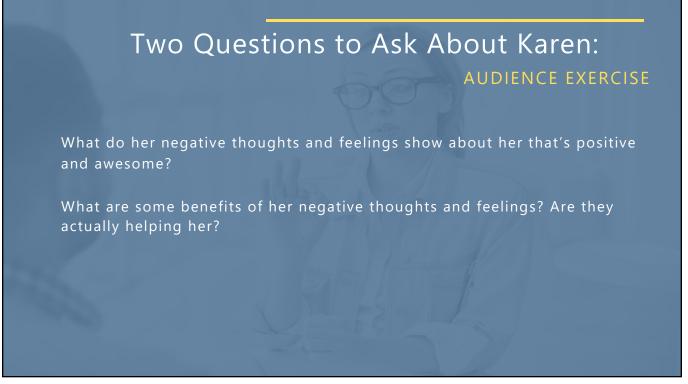
Magic Dial

- Making a deal with the patient's subconscious resistance

- Puts patient in control / therapist has no need to "sell" or "help"

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Karen's Negative Thoughts

○ I never should have let Ashley go out and play.

○ I'm a bad mom.

○ It's my fault her childhood was ruined.

○ I'm going to have to spend the rest of my life making it up to her.

○ I can never be truly happy when she's still suffering.

○ The people in the audience will judge me.

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Two Questions to Ask About Karen:

AUDIENCE EXERCISE

What do her negative thoughts and feelings show about her that's positive and awesome?

What are some benefits of her negative thoughts and feelings? Are they actually helping her?

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Karen's Guilt and Self-Criticisms

What does Karen's guilt show about her that's beautiful, positive and awesome?

What are some benefits of Karen's guilt and self-criticisms?

42

Karen's Guilt and Self-Criticisms

- Are an expression of her intense love for her daughter, Ashley.

- Show that she's accountable, rather than blaming others.

- Result from her high standards, which have motivated her to do every conceivable thing to help her daughter.

- Show that she's humble and compassionate.

43
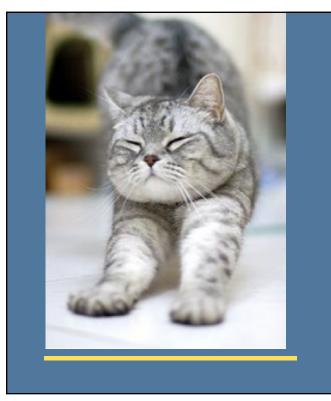
Positive Reframing Exercise

Page 3-4 in handout packet

- What does each negative feeling show about Karen's core values that's positive, beautiful, and awesome?
- What are some benefits of each negative feeling? How might it help her?
1. depression
2. anxiety
3. feelings of inadequacy
4. anger
5. hopelessness
6. fears of being judged

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Feedback on Reframing Exercise

- Was it fun?

- Interesting?

- Helpful?

- What did you learn?

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Morning Break

TEN MINUTE STRETCH

46

How Might Positive Reframing Help?

After all, we're encouraging Karen
NOT to change!

47
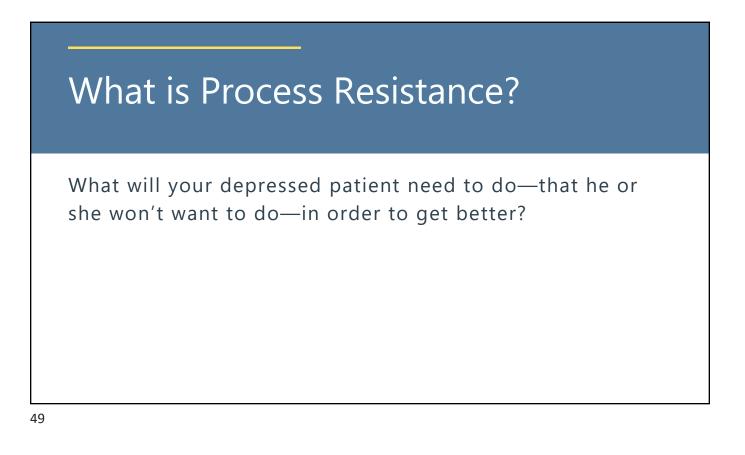
How does Positive Reframing help?
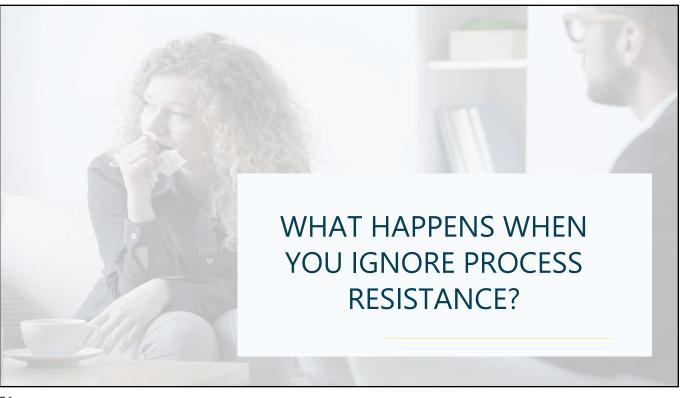
- Replaces feelings of shame with feelings of pride, so you start feeling better right away.

- You no longer feel defective, broken, or hopeless.

- Paradoxically, your resistance to change disappears.

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What is Process Resistance?

What will your depressed patient need to do—that he or she won't want to do—in order to get better?

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What is Process Resistance?

What will your depressed patient need to do—that he or she won't want to do— in order to get better?
  • Psychotherapy homework

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WHAT HAPPENS WHEN YOU IGNORE PROCESS RESISTANCE?

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WHAT HAPPENS WHEN YOU IGNORE PROCESS RESISTANCE?

- Slow or no recovery
- Therapist must "convince," nag, cajole, etc.

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How to Address Process Resistance for Depression

Negotiate homework compliance at initial evaluation using Gentle Ultimatum

- Highly controversial—therapists and patients alike may intensely resist
- Concept of Self-Help Memo can help

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How to Address Process Resistance for Depression (cont'd)
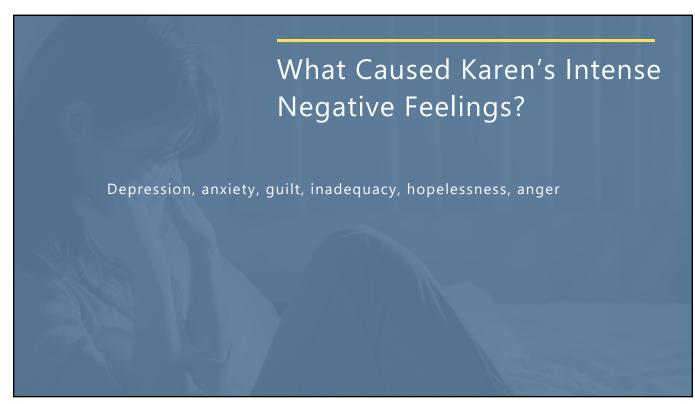
- Hold patient's feet to the fire throughout therapy – balance empathy with accountability

- Sit with open hands

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M = METHODS

TEAM uses > 100 Methods drawn from > 12 schools of psychotherapy

- If you've done skillful A = Assessment of Resistance, only a few methods are generally needed

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What Caused Karen's Intense Negative Feelings?

Depression, anxiety, guilt, inadequacy, hopelessness, anger

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THE COGNITIVE MODEL

- Thoughts, not events, cause negative feelings

- Depression and anxiety are the world's oldest cons

- When you change the way you THINK you can change the way you FEEL

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The Necessary and Sufficient Conditions for Emotional Change

NECESSARY CONDITION

The Positive Thought must be 100% true. Half-truths and rationalizations will not help.

SUFFICIENT CONDITION
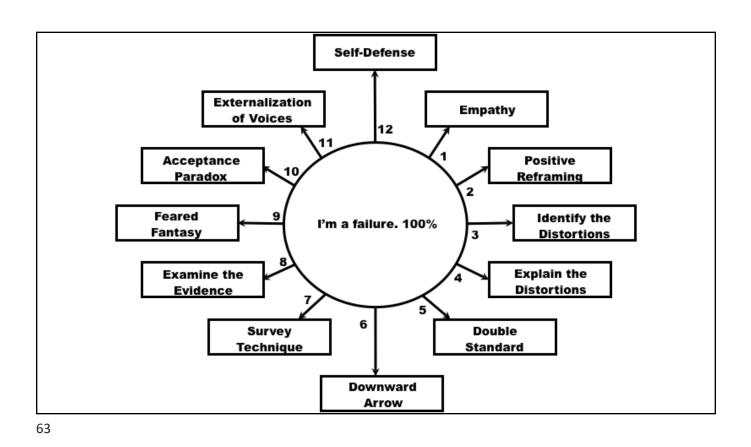
The moment the patient sees that the Negative Thought is not true, s/he will almost instantly feel less depressed / anxious.

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The Cognitive Model

- Change can happen instantly—the very moment you crush a distorted thought and see that it's not true your feelings will change

- The idea goes back > 2,000 years

- Most people have trouble
  - "getting it"
  - believing it

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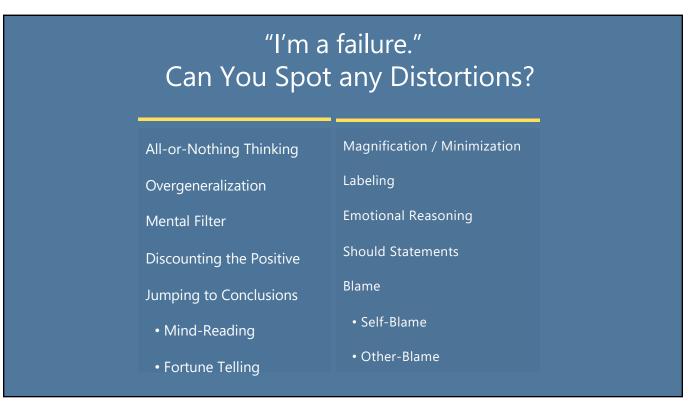THE STORY OF MELANIE:
OVERCOMING TOXIC
SHAME

60

Melanie's Daily Mood Log (p. 5-6)

Upsetting Situation: Call from a church member offering condolences.

Emotions	% Before	% Goal	% After	Emotions	% Before	% Goal	% After
Sad, down, depressed	50%			Embarrassed, foolish, humiliated	100%		
Anxious, worried, panicky, nervous	100%			Hopeless, discourage	25%		
Guilty, ashamed	100%			Frustrated, stuck, thwarted	80%		
Inadequate, defective, incompetent	95%			Mad, resentful, annoyed, irritated	75%		

NT	% Before	% After	Dist	PT	% Belief
1. I'm a failure.	100%				
2. She'll tell other people who will judge me.	100%				
3. I'm defective.	85%				
4. I can't maintain a relationship.	95%				
5. People will think that men dump me.	65%				

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Melanie's Daily Mood Log (cont'd)

NT	% Before	% After	Dist	PT	% Belief
6. People will laugh at me.	100%				
7. My reputation will be tarnished.	100%				
8. People will wonder how I can help troubled couples when I keep running away from relationship problems.	100%				
9. My children will be humiliated at my funeral.	80%				
10. People will think I deserve to be punished.	95%				
11. My therapist may be feeling shocked and holding back.	75%				
12. That would mean the problem may be even worse—it would mean I really am defective.	100%				

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63
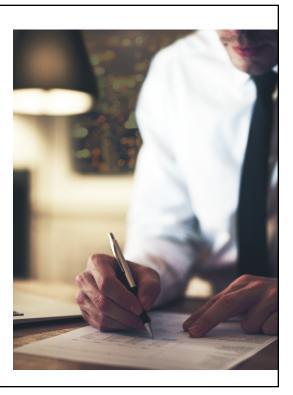
Cognitive Distortions
P. 7 in Handout Packet

All-or-Nothing Thinking	Magnification / Minimization
Overgeneralization	Labeling
Mental Filter	Emotional Reasoning
Discounting the Positive	Should Statements
Jumping to Conclusions	Blame
• Mind-Reading	• Self-Blame
• Fortune Telling	• Other-Blame

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"I'm a failure."
Can You Spot any Distortions?

All-or-Nothing Thinking	Magnification / Minimization
Overgeneralization	Labeling
Mental Filter	Emotional Reasoning
Discounting the Positive	Should Statements
Jumping to Conclusions	Blame
• Mind-Reading	• Self-Blame
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Explain the Distortions

After patient identifies the distortions, ask patient to explain the distortion to you:

- Why is "I'm a failure" labeling?
- Why is labeling a thinking error?
- Why will this be self-defeating?

66

EXAMINE THE EVIDENCE

- Ask patient
    - What is the evidence for this thought?
    - What is the evidence against this thought?
- Ask patient to divide 100 points between the two columns. Which side has more evidence?
- Can the patient come up with a new thought based on the evidence?

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Examine the Evidence – Melanie (page 14)

"I am a failure"

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Daily Mood Log

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Guilty, ashamed	100%	30%	10%	Frustrated, stuck, thwarted	80%	0%	0%
Inadequate, defective, incompetent	95%	10%	5%	Mad, resentful, annoyed, irritated	75%	0%	0%

NT	% Before	% After	Dist	PT	% Belief
1. I'm a failure.	100%	0%	AON OG MF DP MAG LAB SB	I've successfully rebounded from past mistakes and unwise choices. I was successful in refraining from allowing adversity to rob me of my current happy eight-year marriage. Besides, no one has ever said I'm a failure because of my three marriages.	100%
2. She'll tell other people who will judge me.	100%	35%	AON OG MF DP MR FT MAG ER SB	Some people may judge me. Most people will see the beautiful parts of my personality. Those who judge me will make	100%

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"She'll tell other people who will judge me." Can You Spot any Distortions?

All-or-Nothing Thinking

Overgeneralization

Mental Filter

Discounting the Positive

Jumping to Conclusions

• Mind-Reading

• Fortune Telling

Magnification / Minimization

Labeling

Emotional Reasoning

Should Statements

Blame

• Self-Blame

• Other-Blame

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Explain the Distortions –
Audience Participation (p. 7)
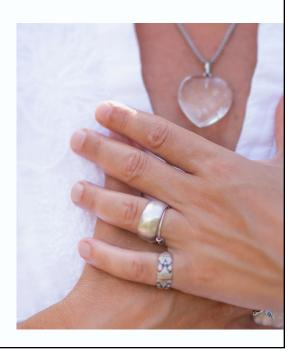
"She'll tell other people who will judge me" = Mind-Reading

- Why is this thought mind-reading?
- Why is mind-reading a thinking error?
- Why will this be self-defeating?

71

THE DOUBLE STANDARD TECHNIQUE (page 8)

Transform compassion for others into compassion for self.

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THE DOUBLE STANDARD TECHNIQUE

Patient
Plays the role of him/herself

Therapist
Plays the role of "clone"

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THE DOUBLE STANDARD TECHNIQUE

Therapist
"Who am I? And who are you?"

74

THE DOUBLE STANDARD TECHNIQUE

Therapist: Explain that you have a problem very similar to Melanie's, and your negative thoughts are also similar.

Ask Melanie what she thinks about you and your negative thoughts.
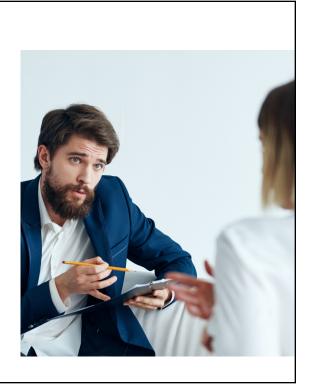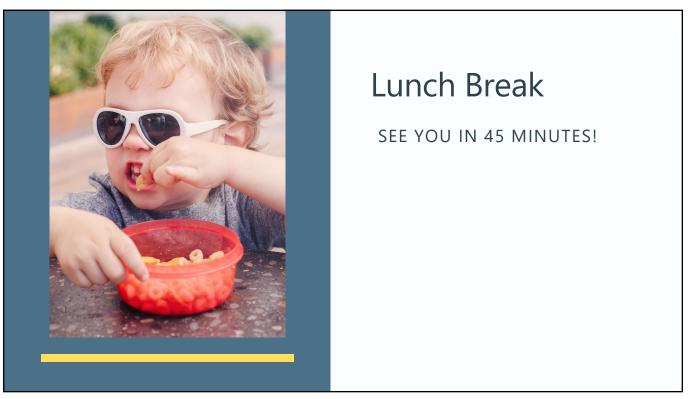
75

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				Most people will see the beautiful parts of my personality	100%
				Those who judge me will make themselves look bad.	100%

77

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MORNING Q AND A

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Lunch Break

SEE YOU IN 45 MINUTES!

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Melanie's Thought:
"People will Judge Me"

Low-Level Solution: The Survey Technique

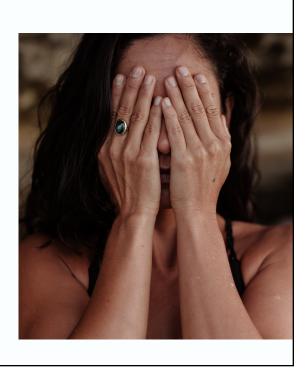Hi-level Solution: The Feared Fantasy Technique

82

"People will judge me"

Run Poll #2

Do you fear that your colleagues might judge you if they found out how anxious or insecure or incompetent you feel inside?
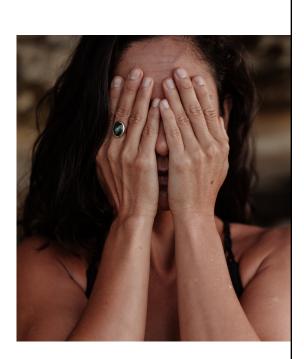

83

"People will judge me"

Survey the Audience! Run Poll #3

Would you judge a colleague if you found out that s/he was anxious, insecure or worried about his/her skills?

84

Melanie's Thought:
"People Will Judge Me"

Feared Fantasy Technique

• You discover that you could survive and prosper even if your worst fear came true.

85

Feared Fantasy Technique
Instructions on p. 10

• Enter Alice-in-Wonderland Nightmare World where your worst fears come true

• There are two unusual rules:

1. If you think people are judging you, they really are

2. They in your face and tell you what they think.

• The purpose is to discover that the monster has no teeth.

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Feared Fantasy Technique

- The patient can start as "self" or as "monster"

- Therapist take opposite role

- Winning approach is generally the acceptance paradox, combined with stroking, be specific, and inquiry

- Warning: Make sure you explain that this is not assertiveness training for a dispute with a real person. This is a nightmare fantasy world.

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Feared Fantasy Q and A

89

Self-Defeating Beliefs (p. 12)

- Can make you more vulnerable to episodes of depression, anxiety, and relationship conflicts

- Part of your personal philosophy

- They act as two-edged swords

90
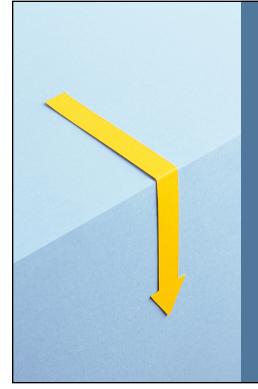
UNCOVERING TECHNIQUES

Purpose
To uncover the self-defeating beliefs that trigger depression and anxiety(page 12)

- Individual Downward Arrow
- What-if Technique
- (Interpersonal Downward Arrow)

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HOW TO DO THE INDIVIDUAL DOWNWARD ARROW TECHNIQUE

"If that were true, what would it mean to you? Why would it be upsetting to you?"

92

HOW TO DO THE WHAT-IF TECHNIQUE

"If that were true, what is the worst thing that might happen? What are you the most afraid of?"

93

Individual Downward Arrow Technique

PATIENT:

What if I lose a case in court?

THERAPIST

If that were true, what would it mean to you? Why would it be upsetting to you?

94

Downward Arrow Technique (cont'd)

PATIENT:

Then people would lose confidence in me.

THERAPIST

Let's suppose that happened. What would happen next? What are you the most afraid of?

95

Downward Arrow Technique (cont'd)

PATIENT:

People will stop referring clients to me.

THERAPIST

And then? What's the worst that could happen?

96
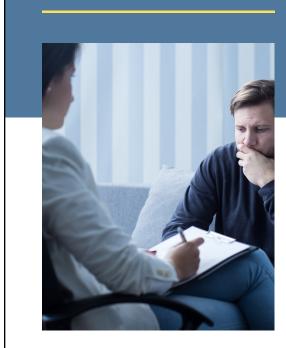
Downward Arrow Technique (cont'd)

PATIENT:

Then I'd go bankrupt.

THERAPIST

And then? What's the worst that could happen?

97

Downward Arrow Technique (cont'd)

PATIENT:

My wife will leave me and my daughters will stop loving me.

THERAPIST

And then? What's the worst that could happen?

98

Downward Arrow Technique (cont'd)
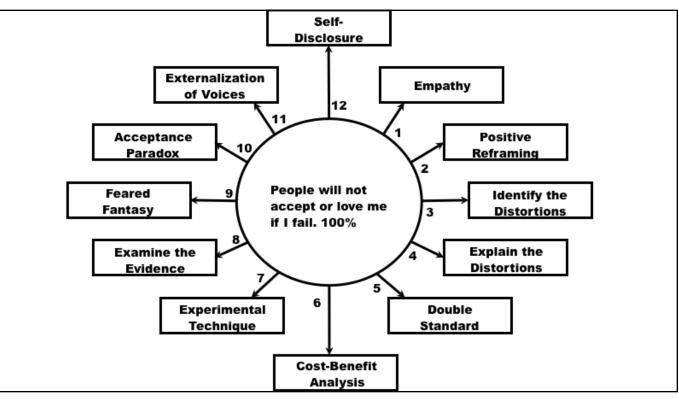
PATIENT:

Then I'll end up homeless and alone.

He has a fantasy of begging with a tin cup on the sidewalks of San Francisco, while attorneys he's beaten in court walk past and scorn him.

99

What are Frank's Self-Defeating Beliefs?

p. 12   Enter in the chat box!

1

2

3

4

5

100

FRANK'S SELF-DEFEATING BELIEFS

1. **Perfectionism:** I must be perfect.

2. **Perceived Perfectionism:** People will not accept, respect, or love me if I fail or if they see that I'm flawed.

3. **Approval Addiction**, and more.

101

102

Frank's Paradoxical CBA –
Audience Participation (page 13)

- What are the advantages of Frank's belief, "People will not accept or love me if I fail"

- What does this belief show about Frank that is an expression of his values?

- What are the disadvantages of this belief?

103

THE EXPERIMENTAL TECHNIQUE

Design an experiment that your patient can conduct to test the validity of his or her thoughts

For homework, patient must conduct the experiment and collect data

104
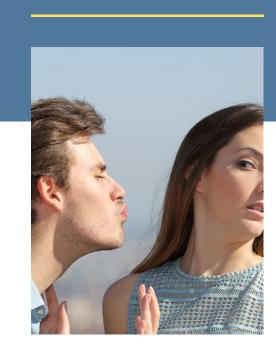
FRANK'S (HIGHLY RELUCTANT) EXPERIMENT

Tell 10 attorneys you just lost a case in court

Record their reactions in three categories on a 3 X 5 card
- Positive
- Negative
- Neutral

105
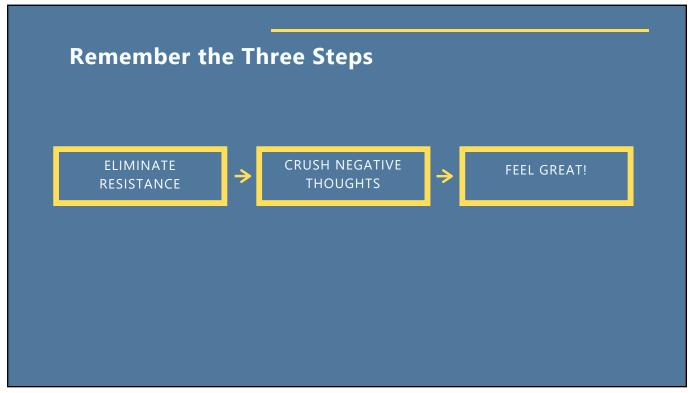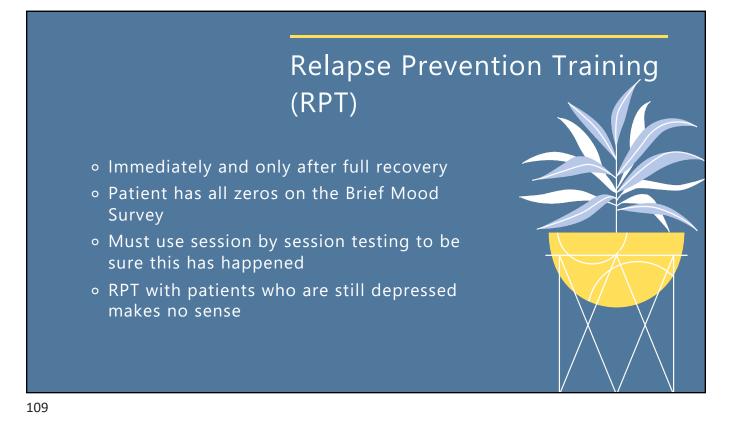
AUDIENCE EXERCISE EXPERIMENTAL TECHNIQUE
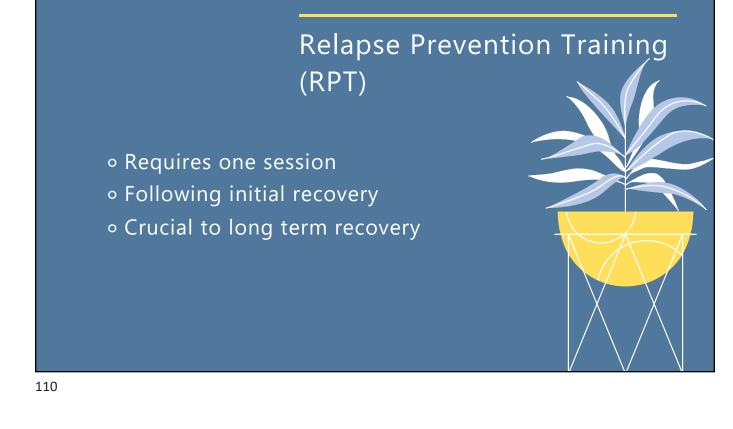
AUDIENCE DESIGN EXPERIMENTS TO TEST THE VALIDITY OF THESE BELIEFS:

- Panic attack: "I'm about to die" or "go crazy."
- Social anxiety: "People will be offended if I smile and say hello to them."
- Love addiction: "I can't feel happy if I'm alone."

106

Afternoon Break

TEN MINUTE STRETCH!

107

Remember the Three Steps

| ELIMINATE RESISTANCE | → | CRUSH NEGATIVE THOUGHTS | → | FEEL GREAT! |

108

Relapse Prevention Training (RPT)

- Immediately and only after full recovery
- Patient has all zeros on the Brief Mood Survey
- Must use session by session testing to be sure this has happened
- RPT with patients who are still depressed makes no sense

109

Relapse Prevention Training (RPT)

- Requires one session
- Following initial recovery
- Crucial to long term recovery

110

Relapse Prevention Training

- Warn patient that relapse is a certainty
  - And is a *good* thing

- Recovery Circle Revisited
  - Fractal concept

- Externalization of Voices
  - See pages 9 and 15 of handout

111

Daily Mood Log

Upsetting Situation: Woke up feeling horrible after fight with my husband.
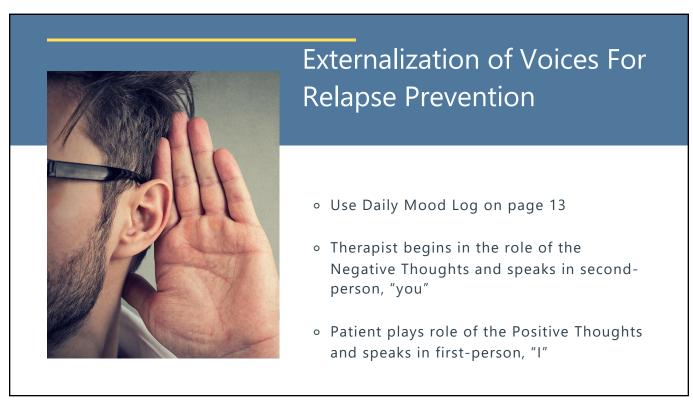
Emotions	%	Emotions	%	Emotions	%
Depressed	100	Worthless	100	Hopeless	100
Rejected	100	Anxious	100	Frustrated	100

NT	%	DIST	PT	%
1. My improvement was just a fluke.	100			
2. The therapy didn't work.	100			
3. This proves I'm hopeless.	100			
4. I'm worthless after all.	100			
5. I only thought I was feeling better, but I was just fooling myself.	100			

112

Goals of Externalization of Voices
detailed instructions on page 9

- To help the patient talk back to a Negative Thought using a wide variety of strategies
- To model
  - The Acceptance Paradox
  - The Self-Defense Paradigm
  - CAT: the Counter-Attack Technique

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Externalization of Voices For Relapse Prevention

- Use Daily Mood Log on page 13

- Therapist begins in the role of the Negative Thoughts and speaks in second-person, "you"

- Patient plays role of the Positive Thoughts and speaks in first-person, "I"

114

Externalization of Voices (Cont'd)

- After each role play, ask patient, "Who won?"
- if the Positive Self won, ask if the win was a little win or a big win?
- If it was a big win, ask if it was big or huge?

115

Externalization of Voices (Cont'd)

- Use frequent role-reversals to refine the patient's Positive Thoughts

- We are aiming for "huge" which is, essential for full recovery, and even enlightenment

116

Demonstration of Externalization of Voices for Relapse Prevention

- Audience Volunteers

117

Feedback

- What worked? What didn't work?

- Was it helpful?

- What did you learn?

118

I hope to see you again in February!

Defeating the Beliefs that Defeat You! Identifying
and Changing Self Defeating Beliefs
By David Burns, MD and Jill Levitt, PhD

• Live online workshop on Sunday, February 28th 8:30am-4:30pm PST

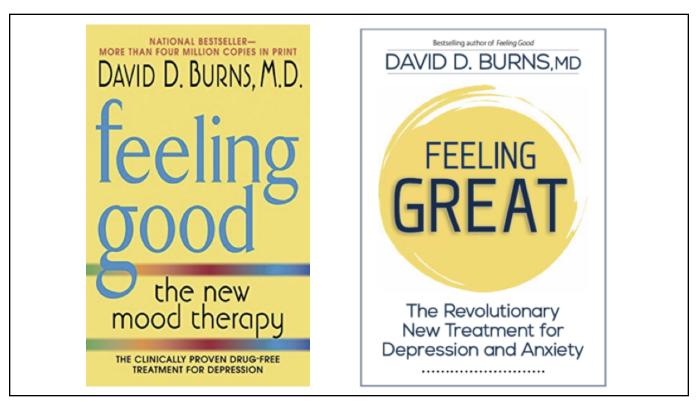**feelinggoodinstitute.com/training**

119

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120

121

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122

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TREATMENT
- Video based therapy across the US and Canada.
- Treatment centers in NYC, Silicon Valley, Canada, and Israel.
- Intensives

TRAINING
- Free Webinars
- On-Demand Learning
- Live Trainings
- Consultation Groups
- Community Support

CERTIFICATION IN TEAM-CBT

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FINAL Q AND A

124

Thank you for joining me today!

Thank you to Dr. Zachary Taylor and the staff at Psychotherapy Networker.

I hope you had fun and learned something useful.

-David

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