

**Introduction to TEAM-CBT: Is High Speed Treatment *Really* Possible?**

**David D. Burns, M.D.**  
Adjunct Clinical Professor of  
Psychiatry and Behavioral  
Sciences, Stanford Medical  
School

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**Why TEAM-CBT?**

- Attempt to improve therapy outcomes by addressing the most important aspects of the psychotherapy process

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**British CoBaIT Trial**

- 469 chronically depressed patients randomly assigned to
  - Usual care (antidepressants)
  - Usual care plus CBT
- Improvement defined as 50% reduction in BDI scores

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### 6-Month / 40-Month Evaluations

- Percent achieving improvement
  - Usual care
    - 22% at 6 months, 27% at 40 months
  - usual care + CBT
    - 46% at 6 months, 48% at 40 months
- CBT improved outcomes
  - Results in both groups were unimpressive
    - Long-term effectiveness of CBT . . . Lancet, Vol. 3 (2), p137-144, February 2016 (British CoBalt study)

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### Disappointing Results with Outcome Studies

- At best, only 50% of patients improve significantly when treated with
  - Psychotherapy
  - Antidepressants
  - Placebos
    - A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. [Can J Psychiatry](#), 2013 Jul; 58(7): 376-85
    - CBT for adult anxiety disorders: A meta-analysis of . . . Controlled trials. *J. Clin. Psychiatry*, 2008 April; 69(4): 621-632

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### Results of "Bibliotherapy" Outcome Studies

- 65% of patients improve when treated with
  - Feeling Good "Bibliotherapy"
    - Two-year follow-up of bibliotherapy and individual cognitive therapy for depressed older adults. *Behavior Modification*, 2006; 30: 281-294

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### How Does Psychotherapy Actually Work?

- What are the key ingredients of therapeutic success or failure?
- What's different about the patients who do not respond to treatment?

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### Results of Process Research

- T = Testing (Routine Outcome Monitoring)
  - Boswell, J.F., Kraus, D.R., Miller, S.D. & Lambert, M.J. (2013). Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and solutions. *Psychotherapy Research*, DOI: 10.1080/10503307.2013.817696 (2013)
- E = Empathy
  - Burns, D. D., & Nolen-Hoeksema, S. (1992). Therapeutic empathy and recovery from depression in cognitive - behavioral therapy: a structural equation model. *Journal of Consulting and Clinical Psychology*, 60(3): 441 - 449.

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### Results of Process Research

- A = (Paradoxical) Agenda Setting
  - Patient "Willingness" / HW compliance
    - Burns, D., Westra, H., Trockel, M., & Fisher, A. (2012) Motivation and Changes in Depression, *Cognitive Therapy and Research* DOI 10.1007/s10608-012-9458-3 Published online 22 April 2012
    - Burns, D. D., & Nolen-Hoeksema, S. (1991). Coping styles, homework compliance and the effectiveness of cognitive - behavioral therapy. *Journal of Consulting and Clinical Psychology*, 59(2): 305 - 311.
- M = Methods
  - Persons, J., & Burns, D. D. (1985). Mechanisms of action of cognitive therapy: Relative contributions of technical and interpersonal intervention. *Cognitive Therapy and Research*, 9(5): 539 - 551.

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**What is TEAM-CBT Therapy?**

- T= Testing
- E = Empathy
- A = Agenda Setting
- M = Methods

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**TEAM-CBT Example**

- The Story of Christine
  - "I must be defective."

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**T = Testing**

- Assess symptom severity
  - At start and end of *every* session
- Assess Therapist Empathy and Helpfulness
  - At end of *every* session

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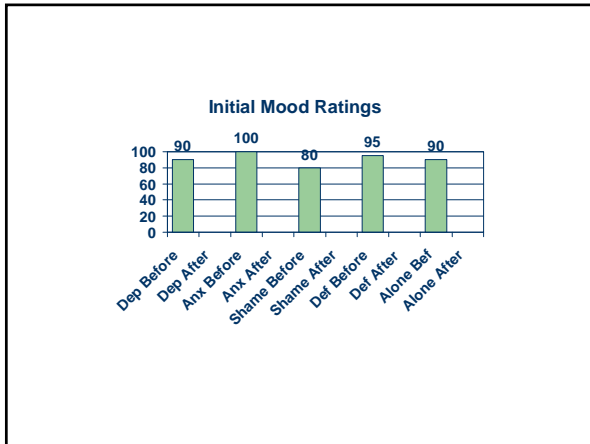
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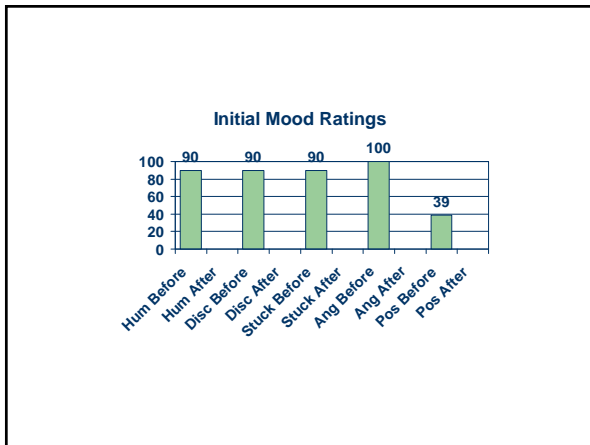
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**Daily Mood Log**

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90			Humiliated, self-conscious	100		
Worried, panicky, frightened	100			Discouraged, pessimistic	90		
Remorseful, ashamed	80			Stuck	90		
Inadequate, defective	95			Mad, resentful, enraged	90		
Unwanted, rejected, alone	90						

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				

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**Daily Mood Log (cont'd)**

NT	% Now	% After	Dist	PT	% Belief
4. I should have stopped the abuse.	90				
5. I victimized myself.	100				
6. I was cowardly.	100				
7. I was too afraid of him.	100				
8. I lived a lie and shouldn't have.	100				
9. The therapists in the audience will judge me.	100				
10. They'll ask, "How can she be a therapist when she can't help herself?"	100				

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### How Does the Daily Mood Log Help?

- Provides a specific focus for the session
- Individualizes the treatment
- Treat the person, not the diagnosis

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### How Does the Daily Mood Log Help?

- Facilitates accurate empathy
  - Can see all of Christine's negative feelings
  - Can see the exact thoughts that trigger the feelings
- Makes the therapist accountable

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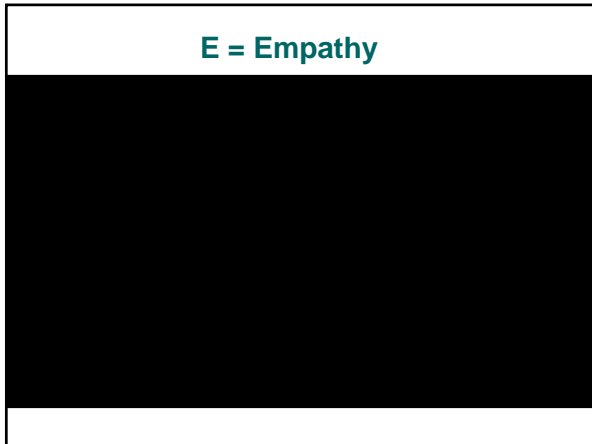
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**E = Empathy**



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**Empathy Tips**

- Paraphrase the patient's words
- Acknowledge his or her feelings
- Create an atmosphere of warmth and acceptance

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**Empathy Tips (cont'd)**

- Avoid common therapist errors
  - Helping
  - Reassuring
  - Making interpretations
  - Rescuing

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### Empathy is the “Nothing (or Zero) Technique”

- You give the patient “nothing”
  - Instead you zero in on how the patient is thinking or feeling, use his or her words
- Encourage the expression of
  - Feelings, tears, raw emotion
- Ask the patient to grade you (if you’re brave!)
  - A? B? C? D?

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### A = (Paradoxical) Agenda Setting

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

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### Goals of Paradoxical Agenda Setting (PAS)

- Find out if the patient wants help
- Find out what the patient wants help with

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### Goals of Paradoxical Agenda Setting (cont'd)

- Bring "resistance" to conscious awareness
- Honor and melt away the patient's resistance
  - Outcome Resistance
  - Process Resistance

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### Goals of Paradoxical Agenda Setting (cont'd)

- Change the patient's view of the problem
  - Disease-based model
    - Patient may feel ashamed and defective
    - Therapist is the "expert" / fixer
  - vs. Strength-based collaborative model
    - Want patient to feel proud of his or her symptoms
    - Patient and therapist work together as co-equals

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### What are Outcome and Process Resistance?

- Outcome Resistance
  - Ambivalence about recovery
- Process Resistance
  - Ambivalence about doing the work

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**Outcome and Process Resistance Differ for**

- Depression
- Anxiety
- Relationship Problems
- Habits and Addictions

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**Outcome Resistance**

- Depression
  - Non-acceptance
- Anxiety
  - Magical thinking

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**Process Resistance**

- Depression
  - Psychotherapy homework
- Anxiety
  - Exposure

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**Techniques to Reduce Outcome Resistance**

- Invitation Step
- Miracle Cure Question
- Magic Button
- Positive Reframing
- Magic Dial

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**Invitation, Miracle Cure Question, Magic Button**



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**Positive Reframing**

- Are you sure you really want to push the Magic Button?



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### Positive Reframing Exercise

- Advantages
  - What are some advantages, or benefits, of Christine's negative thoughts and feelings? How will they help and protect her?
- Core Values
  - What do Christine's negative thoughts and feelings show about her that is positive, beautiful, and awesome?

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### Paradoxical Agenda Setting Exercise (cont'd)

- Use the Positive Reframing Chart on p. 3 of your handout
- Can work individually or in groups of two or three

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Positive Reframing Chart

Advantages	Core Values

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### Tips on Paradoxical Agenda Setting

- Focus on one Negative Thought (NT) or feeling at a time
- The positives must be directly implied by an NT or Feeling
  - Requires a re-wiring of the therapist's brain!

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### Example: Hopelessness

- What are some benefits of hopelessness?
  - Hopelessness protects me from disappointment.
- What does the hopelessness show about you that is positive and awesome?
  - I am honest and realistic about the fact that I've had nine years of failed therapy for my depression.
  - I am a critical, skeptical thinker, and won't automatically buy into the therapist's optimism .

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### Tips on PAS (cont'd)

- Do NOT List
  - General compliments
    - You're "a good person"
  - Positives buzzwords that aren't clear manifestations of a specific NT or Feeling
    - You're "a fighter."
    - You're "resilient."
    - You're "a survivor."

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**Positive Reframing Tips**

- You should work on one specific negative thought or feeling at a time.
  - For example, Christine is incredibly anxious. Can you think of one or more advantages of her anxiety?
  - She is also tremendously self-critical when she says, "I must be defective." What does this thought show about her that is positive and even awesome?

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**Positive Reframing Tips**

- Everything you list must be positive and flattering to the patient
  - "Your symptoms allow you to get attention from people."
    - This is neither positive nor valid. It sounds like a put down.

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**Close the Printed PowerPoint Booklet Now**

- And turn to the Positive Reframing Chart on page 3 of your workshop handout

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**Christine's NTs and Feelings Show**

- Answers will be shown live during the workshop

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**Christine's NTs and Feelings Show**

- Answers will be shown live during the workshop

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**Christine's NTs and Feelings Show**

- Answers will be shown live during the workshop

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### Techniques to Reduce Outcome Resistance

- Invitation Step
- Miracle Cure Question
- Magic Button
- Positive Reframing
- **Magic Dial**

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#### Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90	5		Humiliated, self-conscious	100	0	
Worried, panicky, frightened	100	2		Discouraged, pessimistic	90	10	
Remorseful, ashamed	80	0		Stuck	90	0	
Inadequate, defective	95	10		Mad, resentful, enraged	90	10	
Unwanted, rejected, alone	90	5					

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				

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### M = Methods

- TEAM includes > 50 methods drawn from more than a dozen "schools" of psychotherapy
- The goal is to crush Christine's Negative Thoughts

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**“I must be defective.” What are the 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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**“I can’t trust men.” What are the distortions?**

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

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**“The therapists in the audience will judge me.” What are the 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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### Identify the Distortions: Video Excerpt

- The key—let the patient teach you.

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### Identify the Distortions




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#### Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

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Unwanted, rejected, alone	90	5					

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				

AON: OG;  
MG: DP;  
MR: FT;  
ER: LAB;  
SH: SB

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### Recovery Circle

- Find 15 or more methods to help Christine challenge the negative thought in the Recovery Circle
  - The list of 50 Ways to Untwist your thinking is on page 9 of your handout

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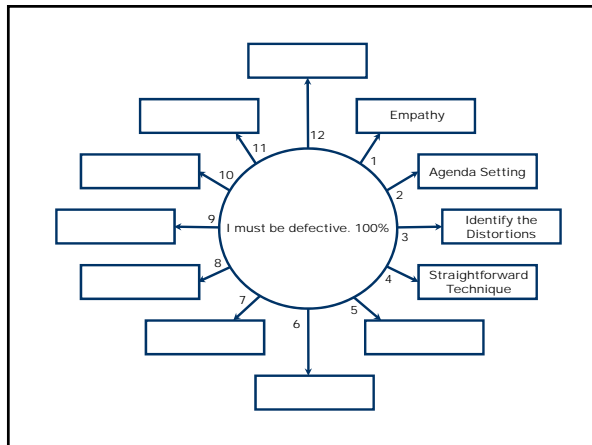
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### Goal of Recovery Circle

- Help patient develop a Positive Thought that fulfills the Necessary and Sufficient Conditions for emotional change.
  - What are they?

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### The Necessary and Sufficient Conditions for Emotional Change

- The Necessary Condition
  - The Positive Thought (PT) must be 100% true
- The Sufficient Condition
  - The PT must crush the Negative Thought (NT)
  - The patient's belief in the NT is drastically reduced

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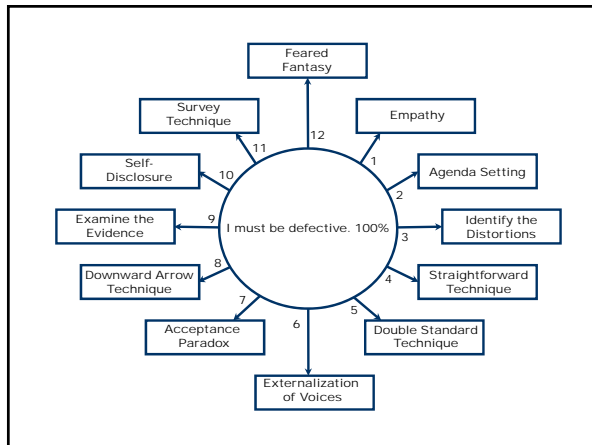
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### M = Methods Video Excerpt

- Externalization of Voices with role reversals
  - Self-Defense Paradigm
  - Acceptance Paradox
  - Semantic Method

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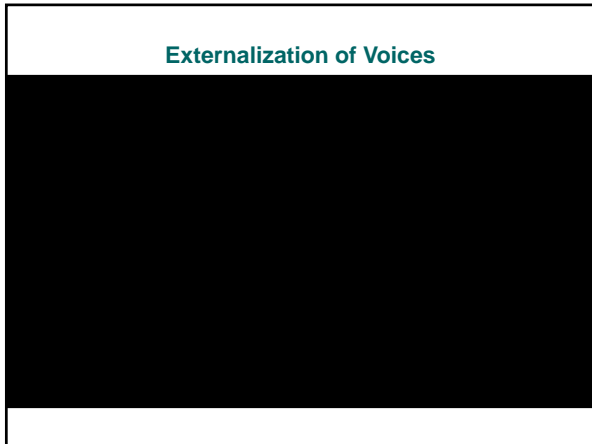
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**Externalization of Voices**



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**M = Methods Video Excerpt**

- “The therapists in the audience will judge me.”
- Illustrates the Survey Technique
  - One of the Truth-Based Techniques

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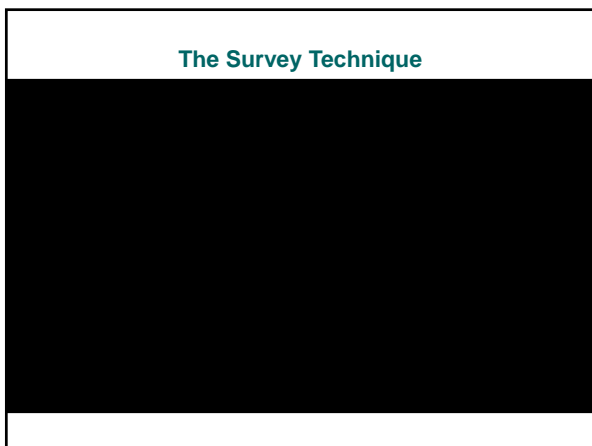
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**The Survey Technique**



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**Survey Technique**

- Can be used
  - Within session
  - Outside of session

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**Other uses of the Experimental Technique**

- To test a Self-Defeating Belief
  - I need love to feel happy and fulfilled.
- To test a Negative Thought
  - "I'm about to die!"
- To enhance exposure
  - Elevator phobia

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**End of Session T = Testing**

- Did the patient's negative feelings improve?
- How did your patient rate you on
  - Empathy
  - Helpfulness
  - Other measures of the alliance

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**Daily Mood Log**

**Upsetting Situation: Long-term sexual abuse culminating in violent rape.**

Emotions			Emotions				
Now	Goal	After	Now	Goal	After		
Unhappy	90	5	0	Humiliated, self-conscious	100	0	5
Worried, panicky, frightened	100	2	5	Discouraged, pessimistic	90	10	0
Remorseful, ashamed	80	0	0	Stuck	90	0	0
Inadequate, defective	95	10	0	Mad, resentful, enraged	90	10	0
Unwanted, rejected, alone	90	5	0				

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100		OG: MF: FT: ER: I got away, I'm powerful, and I survived. He lives far away.		100
2. I can't trust men.	95		AON: OG: MF: DP: M/M: LAB: OB: I've know some trustworthy men.		100
3. I must be defective.	90		AON: OG: MF: DP: M/M: LAB: OB: MR: FT: ER: LAB: SH: SB: I survived. I have a good education, and I help others. I raised two good sons. I am a human being with strengths and weaknesses. I may have made some mistakes but I have done a lot of good things in the world as well.		100

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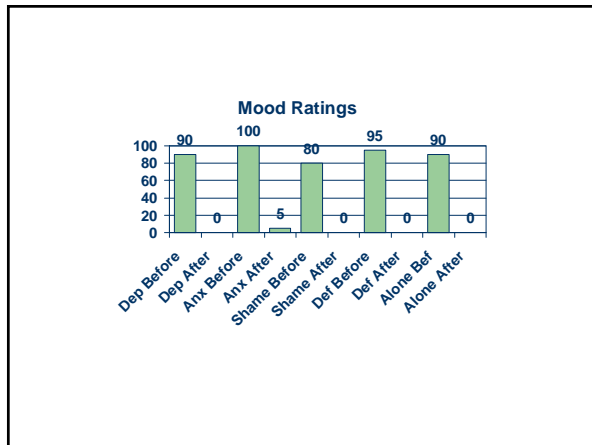
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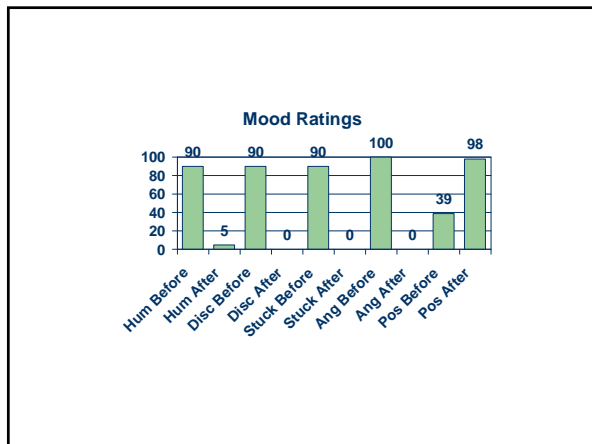
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Empathy

	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>20</b>

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Helpfulness

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. I was able to express my feelings during the session.					✓
2. I talked about the problems that are bothering me.					✓
3. The techniques we used were helpful.					✓
4. The approach my therapist used made sense.					✓
5. I learned some new ways to deal with my problems.					✓
<b>Total Score →</b>					<b>20</b>

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**What are the Teaching Points / Take-Home Messages?**

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

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**T = Testing**

- Testing indicates
  - severity of symptoms
  - change, or lack of change
- Provides a tremendous opportunity for therapist learning and growth
  - An emotional X-Ray machine

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**E = Empathy**

- Empathy is important, but it's usually not enough to bring about recovery
- Must ask patient about the effectiveness of your empathy

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**A = Paradoxical Agenda Setting (PAS)**

- Addressing motivation / resistance is crucial
- Agenda Setting is a deep form of empathy—the patient feels understood, accepted and valued, and not judged
- PAS helps the patient to see the suffering as an expression of his or her deepest values
  - And NOT as an "illness" or brain disorder
  - New paradigm in psychiatry / psychology

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### A = PAS Teaching Points (cont'd)

- Therapist aligns with patient's resistance
- Therapist's emotional concerns may present formidable obstacles to learning
  - Codependency, narcissism, conflicts of interest, conflict phobia, excessive "niceness"
- The failure to set the agenda is the cause of nearly all therapeutic failure

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### M = Methods

- The Recovery Circle allows you to draw on techniques from many schools of therapy
  - Fail as fast as you can!
  - Find the methods that are most helpful for this particular patient with this particular problem

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### General Teaching Points

- Rapid, effective treatment appears to be possible for many patients
  - Pilot study at FGI was encouraging
  - New outcome study will begin shortly

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### General Teaching Points (cont'd)

- An extended session, if possible, makes therapy more like a surgical procedure
  - Try to bring about significant change today

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### General Teaching Points (cont'd)

- Relapse Prevention Training is mandatory
  - Can easily be done in a 50-minute session
  - Patient may need brief "tune-ups" following the initial recovery

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### Additional Resources

- [www.feelinggood.com](http://www.feelinggood.com)
  - Dr. Burns' Feeling Good Podcasts (free)
    - For you and your clients
    - Also on iTunes
    - Includes live therapy podcasts
  - Dr. Burns' workshops
    - awesome 4-day summer intensives
    - 2-day workshops (trauma, anxiety, relationship conflicts)
  - Dr. Burns' blogs for therapists and your clients

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### Additional Resources (cont'd)

- Dr. Burns offers unlimited free weekly psychotherapy training and personal work at Stanford
  - Tuesdays, 5 to 7:30
- Sunday hikes—three hours
  - Practice and personal work for individuals in the training groups

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### Additional Resources (cont'd)

- *Tools, Not Schools, of Therapy*
  - Order forms at [www.feelinggood.com](http://www.feelinggood.com)
- Books for the general public
  - *Feeling Good*
  - *Feeling Good Together*
  - *The Feeling Good Handbook*
  - *When Panic Attacks*
  - *Intimate Connections*
  - And more

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### Additional Resources

- [www.feelinggoodinsittute.com](http://www.feelinggoodinsittute.com) (Feeling Good Institute, Mt. View, Ca)
  - T.E.A.M. Certification program
  - Mentoring / clinical supervision
  - Training, including weekend workshops
  - Weekly online seminars (outstanding!)
  - Treatment, including intensives

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