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

Why TEAM-CBT?
- Attempt to improve therapy outcomes by addressing the most important aspects of the psychotherapy process

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

Disappointing Results with Outcome Studies

- At best, only 50% of patients improve significantly when treated with
  - Psychotherapy
  - Antidepressants
  - Placebos

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
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?

Results of Process Research

- **T = Testing (Routine Outcome Monitoring)**

- **E = Empathy**

- **A = (Paradoxical) Agenda Setting**
  - Patient “Willingness” / HW compliance

- **M = Methods**
What is TEAM-CBT Therapy?

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

TEAM-CBT Example

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

The Story of Christine

- “I must be defective.”
Initial Mood Ratings

Dep Before Dep After

Anx Before Anx After

Shame Before Shame After

Alone Before Alone After

Initial Mood Ratings

Hum Before Hum After

Disc Before Disc After

Stuck Before Stuck After

Ang Before Ang After

Pos Before Pos After

Daily Mood Log

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

<table>
<thead>
<tr>
<th>Emotions</th>
<th>% Now</th>
<th>% Goal</th>
<th>% After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhappy</td>
<td>90</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Humiliated, self-conscious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried, panicky, frightened</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discouraged, pessimistic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remorseful, ashamed</td>
<td>80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate, defective</td>
<td>95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mad, resentful, enraged</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unwanted, rejected, alone</td>
<td>90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NT %

1. I'm not safe. 100
2. I can't trust men. 95
3. I must be defective. 90
<table>
<thead>
<tr>
<th>NT</th>
<th>T Dist</th>
<th>PT</th>
<th>T Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. I should have stopped the abuse.</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I victimized myself.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I was cowardly.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I was too afraid of him.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I lived a lie and shouldn’t have.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The therapists in the audience will judge me.</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. They’ll ask, “How can she be a therapist when she can’t help herself?”</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How Does the Daily Mood Log Help?**

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

**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
Empathy Tips

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

Empathy Tips (cont’d)

- Avoid common therapist errors
  - Helping
  - Reassuring
  - Making interpretations
  - Rescuing
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 = (Paradoxical) Agenda Setting
- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

Goals of Paradoxical Agenda Setting (PAS)
- Find out if the patient wants help
- Find out what the patient wants help with
Goals of Paradoxical Agenda Setting (cont’d)

- Bring “resistance” to conscious awareness
- Honor and melt away the patient’s resistance
  - Outcome Resistance
  - Process Resistance

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

What are Outcome and Process Resistance?

- Outcome Resistance
  - Ambivalence about recovery
- Process Resistance
  - Ambivalence about doing the work
Outcome and Process Resistance Differ for

- Depression
- Anxiety
- Relationship Problems
- Habits and Addictions

Outcome Resistance

- Depression
  - Non-acceptance
- Anxiety
  - Magical thinking

Process Resistance

- Depression
  - Psychotherapy homework
- Anxiety
  - Exposure
Techniques to Reduce Outcome Resistance

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

Invitation, Miracle Cure Question, Magic Button

Positive Reframing

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

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
**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!

**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.

**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.”
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?

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.

Close the Printed PowerPoint Booklet Now

- And turn to the Positive Reframing Chart on page 3 of your workshop handout
Christine’s NTs and Feelings Show

- Answers will be shown live during the workshop
### Techniques to Reduce Outcome Resistance

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

### Daily Mood Log

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

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Now %</th>
<th>Goal %</th>
<th>After %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhappy</td>
<td>90</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Worried, panicky, frightened</td>
<td>100</td>
<td>2</td>
<td>90</td>
</tr>
<tr>
<td>Remorseful, ashamed</td>
<td>80</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td>Inadequate, defective</td>
<td>95</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>Unwanted, rejected, alone</td>
<td>90</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Dist

- 1. I'm not safe. 100
- 2. I can't trust men. 95
- 3. I must be defective. 90

### M = Methods

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

“I can’t trust men.” 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

“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
Identify the Distortions:
Video Excerpt

- The key—let the patient teach you.

Identify the Distortions

Daily Mood Log

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

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Now</th>
<th>%</th>
<th>Goal</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhappy</td>
<td>90</td>
<td>5</td>
<td>Humiliated, self-conscious</td>
<td>100</td>
</tr>
<tr>
<td>Worried, panicky, frightened</td>
<td>100</td>
<td>2</td>
<td>Discouraged, pessimistic</td>
<td>90</td>
</tr>
<tr>
<td>Remorseful, ashamed</td>
<td>80</td>
<td>0</td>
<td>Stuck</td>
<td>90</td>
</tr>
<tr>
<td>Inadequate, defective</td>
<td>95</td>
<td>10</td>
<td>Mad, resentful, enraged</td>
<td>90</td>
</tr>
</tbody>
</table>

NT %

<table>
<thead>
<tr>
<th>Now</th>
<th>After</th>
<th>Dist PT</th>
<th>Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Belief

1. I'm not safe.
2. I can't trust men.
3. I must be defective.

AVL, DIC, ML, DP, EX, LAB, MIL, SR
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

Goal of Recovery Circle

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

M = Methods Video Excerpt

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

M = Methods Video Excerpt

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

The Survey Technique
Survey Technique
- Can be used
  - Within session
  - Outside of session

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

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
Daily Mood Log

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

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Now %</th>
<th>Goal %</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhappy</td>
<td>90</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Worried, panicky, frightened</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shameful, defective</td>
<td>90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inadequate, defective</td>
<td>95</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Unwanted, rejected, alone</td>
<td>90</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Belief

1. I’m not safe. 100  OG; MF; FT; ER
   I got away. I’m powerful, and I survived. He lives far away.

2. I can’t trust men. 95  AON; OG; MF; DP; M/M; LAB; OB
   I’ve known some trustworthy men.

3. I must be defective. 90  AON; OG; MG; DP; MR; FT; ER; LAB; SH; SB
   I survived. I have a good education, I can help others. I played high level sports. 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.
Empathy

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.

Total Score → 20

Helpfulness

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.

Total Score → 20

What are the Teaching Points / Take-Home Messages?

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

E = Empathy

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

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
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

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

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
General Teaching Points (cont’d)

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

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

Additional Resources

- 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
**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

**Additional Resources (cont’d)**

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

**Additional Resources**

- www.feelinggoodinstitute.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