

And who are we to criticize
or scorn the things that
they do?

Check, check

Why is an Acute Care Psychiatrist so Excited about Psychotherapy?

Brent R. Coyle, M.D.

Disclosures

None

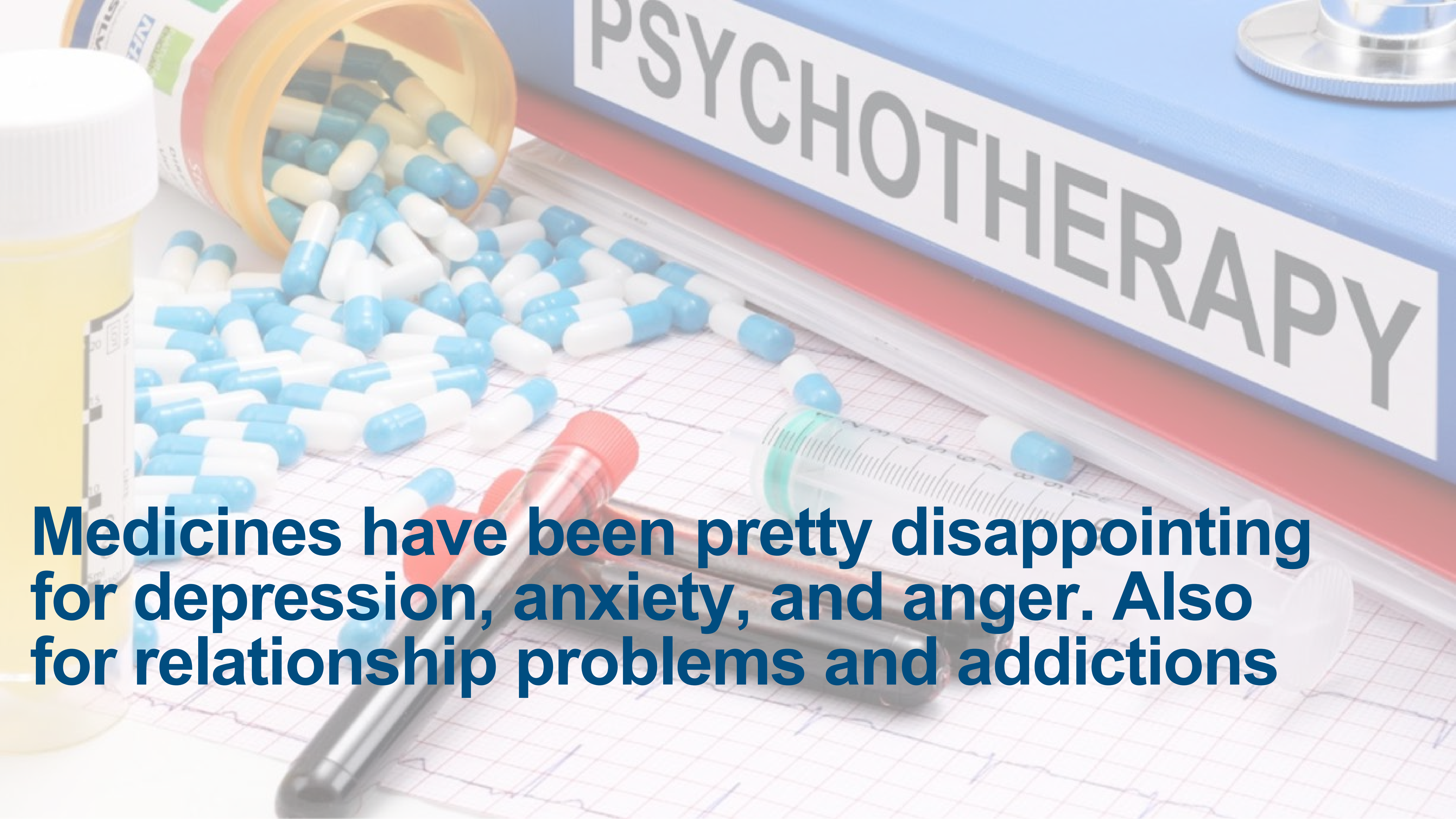
Objectives

- 1. Review of evidence-based psychotherapies
 - 2. Application of psychotherapeutic strategies for inpatient and other acute psychiatric care settings
 - 3. Review of Therapy-forward approaches for specific disorders (eg. depression, loss, anxiety, anger, substance dependence, interpersonal problems)
-

Me

- Air Force ('86-'93)
- Residency Training Director ('93-'02),
Templeton Foundation Grant
- UT Clerkship Co-Director ('12-'16)
- Medical Director ('02-)
- Forensic/DOE Q clearance ('04-)
- Married to a Psychologist ('87-)
- Geek ('60-)





Medicines have been pretty disappointing for depression, anxiety, and anger. Also for relationship problems and addictions

Discouragement

“I’ve tried everything!”
(Or have I?)



Now let me at the truth
Which will refresh my broken mind

“Therapy-Forward”

The “Seed”

Intake Notes-

Feelings about being here-

First Contact/Need for Psychiatric care (Index Episode)-

Therapist(s)-

Psychiatrists/Medicine Management-

Previous Psychiatric Hospitalization(s)/CD Tx-

PCP-

Most recent suicidal thoughts-

Prior suicide attempt(s)-

Reasoning -

Psychiatric ROS:

Mania? -

Psychosis -

PTSD -

ADDICTIONS -

FH-

SOCIAL HISTORY

Education-

Most important people -

Living situation/Socialization (home) -

Primary Supports-

Transportation-

\$-

Legal-

Spiritual-

Exercise-

Nutrition-

A/P

Dx-

Capacity- likely ... until proven otherwise with collateral and/or cognitive assessment)

Summarized Psychotropic Med, Other Mgt - On first evaluation -

Detailed Medication Management-

Collateral information-

Patient's comments -

Sleep-

Appetite-

Mood- (in MSE)

Life today-

- 93 yrs younger than Pavlov (Behavioral Therapy)
- 86 yrs younger than Freud (Psychoanalysis)
- 67 yrs younger than Carl Jung (Psychoanalysis- Archetypes, Spiritual inclusion, etc.)
- 40 yrs younger than Carl Rogers (Psychoanalysis- Empathy)
- 38 yrs younger than B.F. Skinner (Behavioral Therapy)
- 29 yr younger than Albert Ellis (CBT)
- 19 yrs younger than Beck (CBT)
- 15 yrs younger than Stone (Voice Dialog)
- 14 yrs younger than Klerman (IPT)
- 14 yrs younger than Hendrix (Imago)

David D Burns M.D.
 September 19, 1942 (currently 80yo) TEAM CBT

- Same age as Gottman (Marital work)
- 1 yr older than Linehan (DBT)
- 2 yrs older than Kabat Zinn (Mindfulness)
- 3 yrs older than Greenberg (Johnson later) (EFT)
- 5 yrs older than Miller (MI)
- 6 yrs older than Hayes (ACT)
- 6 yrs older than Shapiro (EMDR)
- 17 yrs older than I
- Now "enhanced" techniques Ketamine, psychedelics - some associated with therapy

Bibliography

- Burns, D. D. (1980). Feeling Good: The New Mood Therapy (preface by Aaron T. Beck)

Made it practical (he was 38 yo)
Misconceived as a “self-help” book, when it was a collection of the tools he was accumulating with an explanation.

- Burns, D. D. (1984). Intimate Connections

I was introduced in '87 by the BHP program in the Air Force.

- Burns, D. D. (1989). The Feeling Good Handbook

- Burns, D. D. (1993). Ten Days to Self-Esteem
- Burns, D. D. (1993). Ten Days to Self-Esteem: The Leader's Manual.
- Burns, D. D. (2006). When Panic Attacks
- Burns, D. D. (2008). Feeling Good Together
- Burns, D. D. (2020). Feeling Great: The Revolutionary New Treatment for Depression and Anxiety.

“Tools Not Schools”

TEAM-

T=Testing

Before and after attempting to treat someone -
Evidence or Empirically based psychotherapies before
it was cool, still ground-breaking!

E=Empathy

Alliance tested

A=Agenda Setting

Process and Outcome Resistance

M=Methods

Many traditional CBT methods and others



<p align="center">Basic Techniques</p> <ol style="list-style-type: none"> Empathy Agenda Setting Identify the Distortions Straightforward Technique 	<p align="center">Role-Playing</p> <ol style="list-style-type: none"> Externalization of Voices Feared Fantasy <p>Plus: Double Standard, Acceptance Paradox, Devil's Advocate, and many of the Interpersonal Techniques</p>	<p align="center">Exposure Techniques</p> <p align="center">Classical Exposure</p> <ol style="list-style-type: none"> Gradual Exposure and Flooding Response Prevention Distraction
<p align="center">Cognitive Techniques</p>	<p align="center">Philosophical / Spiritual</p> <ol style="list-style-type: none"> Acceptance Paradox 	<p align="center">Cognitive Exposure</p> <ol style="list-style-type: none"> Cognitive Flooding
<p align="center">Compassion-Based</p> <ol style="list-style-type: none"> Double Standard Technique 	<p align="center">Visual Imaging</p> <ol style="list-style-type: none"> Time Projection 	<ol style="list-style-type: none"> Image Substitution
<p align="center">Truth-Based</p> <ol style="list-style-type: none"> Examine the Evidence Experimental Technique Survey Technique Reattribution 	<ol style="list-style-type: none"> Humorous Imaging Cognitive Hypnosis 	<p>Plus: Worry Breaks, Feared Fantasy, and Acceptance Paradox</p>
<p align="center">Logic-Based</p> <ol style="list-style-type: none"> Socratic Method Thinking in Shades of Gray 	<p align="center">Uncovering Techniques</p> <ol style="list-style-type: none"> Individual Downward Arrow Interpersonal Downward Arrow What-If Technique Hidden Emotion Technique 	<p align="center">Interpersonal Exposure</p> <ol style="list-style-type: none"> Smile and Hello Practice David Letterman Technique Self-Disclosure Flirting Training Rejection Practice
<p align="center">Semantic</p> <ol style="list-style-type: none"> Semantic Method Let's Define Terms Be Specific 	<p align="center">Motivational Techniques</p>	<p>Plus: Rejection Feared Fantasy and Shame-Attacking Exercises</p>
<p align="center">Quantitative</p> <ol style="list-style-type: none"> Self-Monitoring Negative Practice / Worry Breaks 	<ol style="list-style-type: none"> Straightforward and Paradoxical Cost-Benefit Analysis (CBA) Devil's Advocate Technique Stimulus Control Decision-Making Form Daily Activity Schedule Pleasure Predicting Sheet Anti-Procrastination Sheet 	<p align="center">Interpersonal Techniques</p> <ol style="list-style-type: none"> Relationship Cost-Benefit Analysis (CBA) Revise Your Communication Style Five Secrets of Effective Communication One-Minute Drill <p>Plus: Interpersonal Decision-Making</p>
<p align="center">Humor-Based</p> <ol style="list-style-type: none"> Paradoxical Magnification Shame-Attacking Exercises 		

TEAM CBT

Testing

feelinggood.com

Empathy

Agenda setting

Methods

Testing

Cognitive Assessment

Slums (Saint Louis University Mental Status)

MMSE (Mini-Mental State Exam/Folstein)

MoCA (Montreal Cognitive Assessment)

Empathy (objective measure)

Severity (at least Geriatric Depression Scale - GDS)

(What we measure gets better!)

Collateral!

Main concerns/observations -

Unusual or recent stressors, conflicts, etc.?-

Recent illnesses (UTIs, etc.)-

Prior psychiatric history? (Mania? Psychosis? Substance use? Depression?)-

Cognitive changes?-

MEDICATION REVIEW

Current meds- (Name, dose(s), length of time on it, indication, helpful?)

Past- Any medications/interventions that were particularly good or bad?

Recent Med changes?

TEAM CBT

Testing

feelinggood.com

Empathy

Homework!

Agenda setting

Methods

"Homework"

"I sort of look at these studies and go, okay in 2000 a meta-analysis showed homework compliance was good and helpful, okay it's also true 10 years later!" Then you have Kazantzis in 2016 more or less saying: "Hey we know psychotherapy homework is effective so let's move on from that question and investigate things like quality and quantity of homework..."

Kyle P. Jones, PhD

Burns, D. D., & Spangler, D. L. (2000). Does psychotherapy homework lead to improvements in depression in cognitive-behavioral therapy or does improvement lead to increased homework compliance? *Journal of Consulting and Clinical Psychology, 68*(1), 46–56.

Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice, 7*(2)

Mausbach, B. T., Moore, R., Roesch, S., Cardenas, V., & Patterson, T. L. (2010). The relationship between homework compliance and therapy outcomes: An updated meta-analysis. *Cognitive therapy and research, 34*(5), 429-438.

Kazantzis, N., Whittington, C., Zelencich, L., Kyrios, M., Norton, P. J., & Hofmann, S. G. (2016). Quantity and Quality of Homework Compliance: A Meta-Analysis of Relations With Outcome in Cognitive Behavior Therapy. *Behavior therapy, 47*(5), 755–772.

Brief Mood Survey*

Instructions. Use checks (✓) to indicate how you've been feeling over the past week, including today.

Please answer all the items.

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
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Depression

1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem, inferiority, or worthlessness					
4. Loss of motivation to do things					
5. Loss of pleasure or satisfaction in life					

Total Items 1 to 5 →

Suicidal Urges

1. Do you have any suicidal thoughts?					
2. Would you like to end your life?					

Total Items 1 to 2 →

Anxiety

1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					

Total Items 1 to 5 →

Anger

1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					

Total Items 1 to 5 →

Violent Urges

1. I've had thoughts or fantasies of hurting people.					
2. I've had the urge to do something harmful or violent.					

Total Items 1 to 2 →

1. GUILT					
2. SHAME					
EMBARRASSMENT					

Brief Mood Survey (cont'd)*

Instructions. Use checks (✓) to indicate how much you agree with each of the following statements. Please answer all the items.

0—Not at all true	1—Somewhat true	2—Moderately true	3—Very true	4—Extremely true
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Special Experiences

1. I sometimes hear voices that others do not seem to hear.					
2. Others can read my mind or insert thoughts into my mind.					
3. I believe that people are trying to control me with electricity, radio waves or other forces.					
4. I believe that people can hear my thoughts.					
5. I've been receiving special messages from the radio or TV.					

Total →

Feelings of Mistrust

1. I believe that people are plotting against me.					
2. I believe that people are saying bad things about me.					
3. I believe that people are out to get me.					
4. I believe people want to harm me or take advantage of me.					
5. I believe that people are spying on me or trying to find out about my private life.					

Total →

Feelings of Superiority

1. I sometimes feel far more brilliant and intelligent than others.					
2. I sometimes feel like I have special powers.					
3. I sometimes feel like a Messiah or a God.					
4. I sometimes feel far superior to others.					
5. I sometimes receive special messages from God.					

Total →

Relationship Satisfaction*

Instructions. Use checks (✓) to show how satisfied or dissatisfied you feel in your closest personal relationship.

Please answer all 5 items.

	Dissatisfied			Satisfied			
	0—Very	1—Moderately	2—Somewhat	3—Neutral	4—Somewhat	5—Moderately	6—Very

1. Communication and openness							
- resolving conflicts and arguments							
- degree of affection and caring							
- intimacy and closeness							
5. Overall satisfaction							

Total Items 1 to 5 →

Cravings and Urges to Use*

Instructions. Use checks (✓) to indicate how much each statement describes how you have been feeling in the past week, including today.

Please answer all the items.

0—Not at all true	1—Somewhat true	2—Moderately true	3—Very true	4—Completely true
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Fantasies

1. Sometimes I think about getting high.					
2. Sometimes I daydream about getting high.					
3. Sometimes I fantasize about using drugs or alcohol.					
4. Sometimes I crave drugs or alcohol.					
5. Sometimes I feel tempted to use drugs or alcohol.					

Total Items 1 to 5 →

Urges

6. Sometimes I have the urge to use drugs or alcohol.					
7. Sometimes I really want to use drugs or alcohol.					
8. Sometimes I really want to get high.					
9. Sometimes it's hard to resist the urge to use drugs or alcohol.					
10. Sometimes I have to struggle with the temptation to use drugs or alcohol.					

Total Items 6 to 10 →

Positive Feelings Test*

Instructions. Use checks (✓) to indicate how you've been feeling **over the past week**, including today.

Please answer all the items.

0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
--------------	------------	--------------	---------	-------------

1. I feel worthwhile.					
2. I feel close to people.					
3. People support and care about me.					
4. I enjoy life.					
5. I often laugh and smile.					
6. I feel motivated to do things.					
7. I feel productive.					
8. I feel hopeful.					
9. I feel peaceful.					
10. My life has a deeper meaning.					

Total Items 1 to 10 →

TREATMENT GOALS

Date: _____

While in treatment, I would like to:

- _____ Detox from alcohol and/or drugs
- _____ Learn how to do without chemicals (alcohol, drugs)
- _____ Decrease my use of alcohol and/or drugs
- _____ Decrease/eliminate eating disorder behaviors and find stability with food/eating
- _____ Decrease/eliminate thoughts of self-harm or suicide
- _____ Decrease/eliminate homicidal thoughts
- _____ Learn how to handle my anger
- _____ Decrease/eliminate my depression and improve my mood
- _____ Decrease/eliminate anxiety and panic attacks
- _____ Learn positive coping skills for anxiety/relaxation
- _____ Decrease/eliminate self-injurious (cutting, burning, etc.) behavior
- _____ Learn effective pain management
- _____ Grief/loss issues
- _____ Improve sleep
- _____ Learn problem-solving/decision-making techniques
- _____ Adjust to a recent change/incident
- _____ Deal with the trauma of abuse (verbal, physical, sexual, emotional)
- _____ Deal with family of origin issues
- _____ Stabilize my mood
- _____ Manage my Bipolar Disorder
- _____ Manage my dependence on other people and/or relationships
- _____ Deal with other addiction problems (sex, gambling, porn, work, spending, etc.)
- _____ Improve healthy communication with others
- _____ Decrease stress related to parenting
- _____ Learn how to parent better
- _____ Decrease/eliminate intrusive repetitive thoughts or behaviors
- _____ Learn about my illness
- _____ Learn how to better identify, and effectively cope with uncomfortable feelings
- _____ Improve my self-esteem/confidence – feel better about myself
- _____ Decrease and/or eliminate impulsive behaviors
- _____ Decrease/eliminate hallucinations and/or delusions
- _____ Decrease and/or learn how to cope with disassociation
- _____ Lessen the impact of a traumatic event
- _____ Improve my memory
- _____ Get my medications straightened out
- _____ Deal with my perfectionism
- _____ Improve my expression of feelings

- _____ Be more assertive
- _____ Learn how to set limits/say no to family/friends/others
- _____ Learn how to better deal with conflicts at work
- _____ Learn how to better deal with conflicts at home/ in marriage or relationships
- _____ Resolve issues with God and/or spirituality
- _____ Learn how to cope with marital separation or divorce
- _____ Let go of guilt and/or shame
- _____ Decrease/eliminate violent behavior towards others and/or things
- _____ Adjust to recent change(s) in my physical/medical health
- _____ Learn how to better take care of myself, physically and emotionally
- _____ Help with being in an abusive relationship and how to develop a safety plan and/or protect my children
- _____ Decrease isolation and develop a healthy support system
- _____ Reduce my fear of _____
- _____ Decrease/stop my use of tobacco
- _____ Other _____
- _____ Other _____
- _____ Other _____

Now please review your list and decide which three goals you most wish to work on/change at this time.

My three most important goals are:

1. _____
2. _____
3. _____

Evaluation (Initial)

(Check appropriate box)

0-Not at all
1-Somewhat
2-Moderately
3-A lot
4-Extremely

Psychiatrist's/Team's () Therapeutic Empathy

- My psychiatrist and the team seemed warm, supportive, and concerned.
- My psychiatrist and the team seemed trustworthy.
- My psychiatrist and the team treated me with respect
- My psychiatrist and the team did a good job of listening.
- My psychiatrist and the team understood how I felt inside.

0	1	2	3	4



The "Gentle Ultimatum"

Reviewing Assessment

- Therapeutic Alliance
- Treatment Goals Checklist
- Scales

Prioritize and Conceptualize

- Medication review
-

*I hear babies crying, I watch them
grow.*

*They'll learn much more, than I'll
never know.*

*And I think to myself what a
wonderful world.*

*Yes I think to myself what a
wonderful world.*

“Dangling the Carrot”

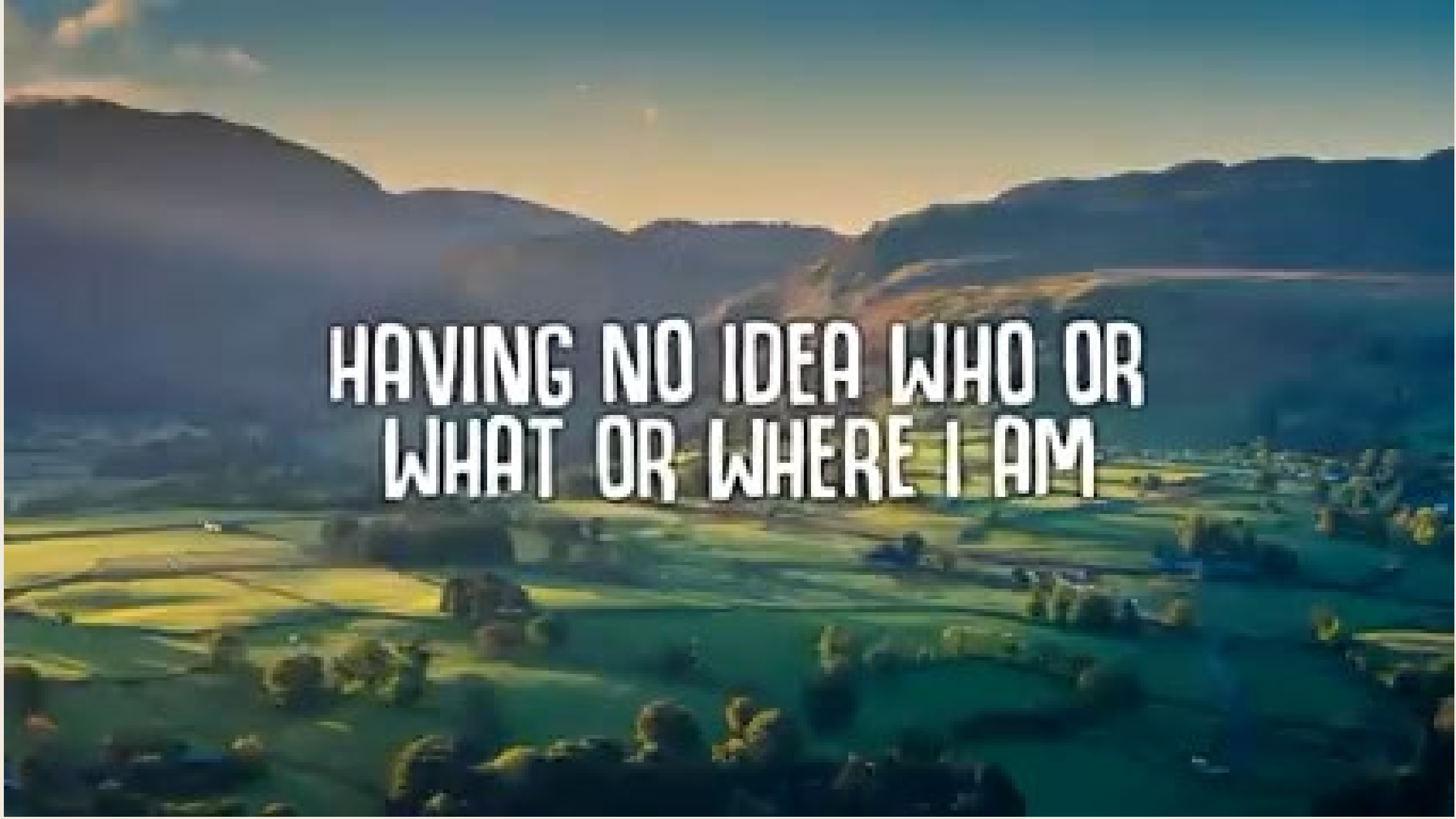
Agenda Setting

- Testing
 - Empathy
 - **Agenda setting**
 - Methods
 - Five Secrets of Effective Communication
 - Practice/Failing quickly to try something else
 - Perfect score on empathy
 - **Invitation**
 - Conceptualization
 - Ideal outcome
 - Positive reframe
 - Realistic goals
 - Daily Mood Log
 - Others
-

Conceptualization

“Miracle Cure”/“Ideal Outcome”

“Magic Button”/“How
Fast?”

An aerial photograph of a lush green valley with rolling hills and mountains in the background under a clear sky. The text "HAVING NO IDEA WHO OR WHAT OR WHERE I AM" is overlaid in white, bold, sans-serif font with a black outline.

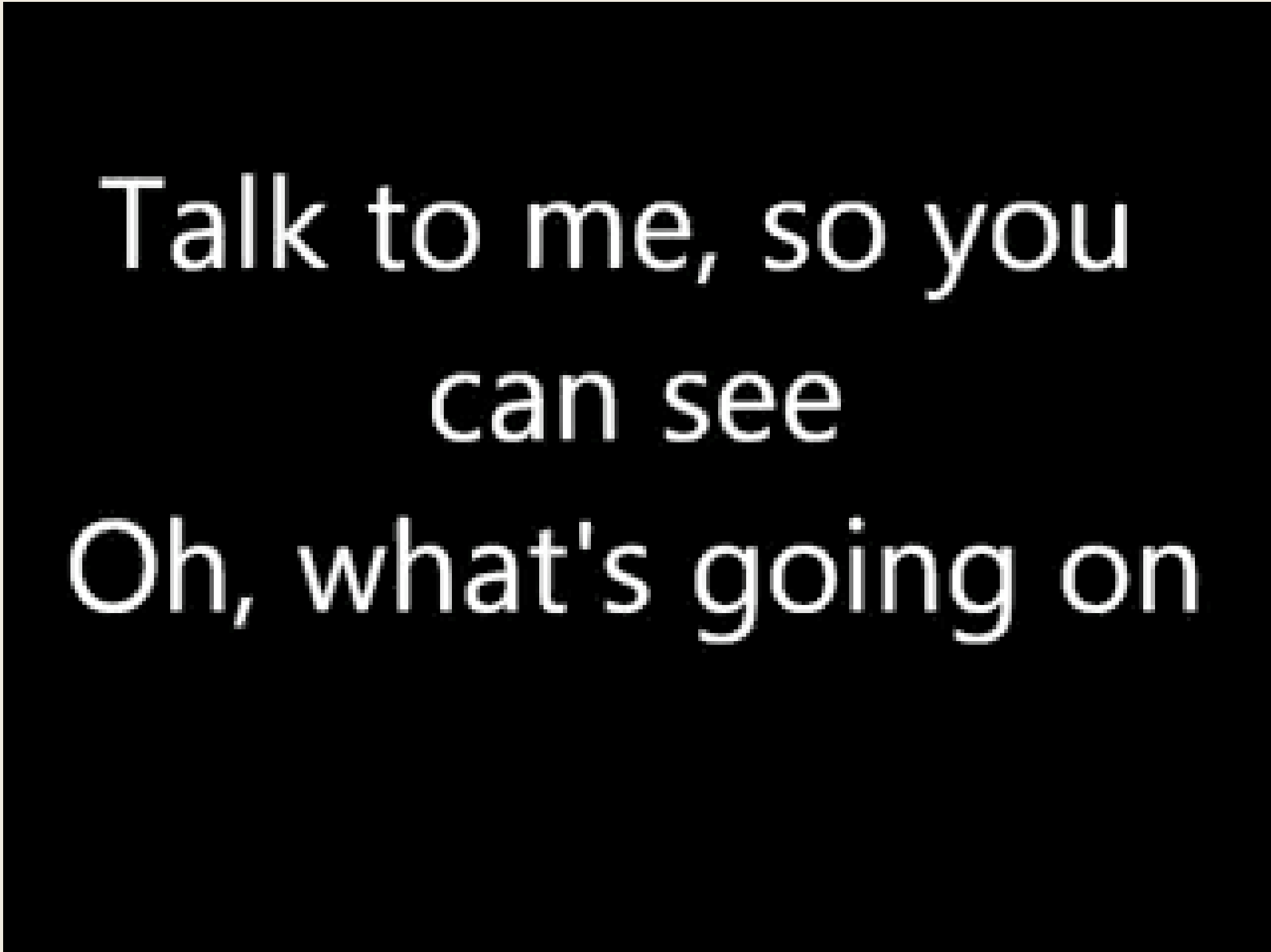
**HAVING NO IDEA WHO OR
WHAT OR WHERE I AM**

“Positive Reframe”

Invitation

Do you think I understand things well enough to transition into perhaps some new approaches to this/these problem(s)? Sometimes we've had experiences where the therapeutic intervention is hard to discern from the empathy or understanding part. As I've been evolving as a therapist, I find those to be fairly different approaches. I can think of several things that might be helpful for you, but are there other things that I would need to understand before we move ahead?

Also Paradoxical Invitation



Talk to me, so you
can see
Oh, what's going on

Conceptualization of an Intervention for Depression/SI

1. Homework required (Gentle Ultimatum)
 2. **Outcome and Process Resistance**, I.e., Would it be alright to be less depressed in the present situation? Does the individual know the process for reducing depression?
 3. **Cognitive** work for understanding and reversing how our thinking worsens depressive conditions.
-

Agenda Setting

- Testing
 - Empathy
 - **Agenda setting**
 - Methods

 - Five Secrets of Effective Communication
 - Practice/Failing quickly to try something else
 - Perfect score on empathy

 - **Invitation**
 - Conceptualization
 - Ideal outcome
 - Positive reframe
 - Realistic goals
 - Daily Mood Log
 - Others
-

TOPICAL TRANSFORMATION TOOL

~~By the way~~

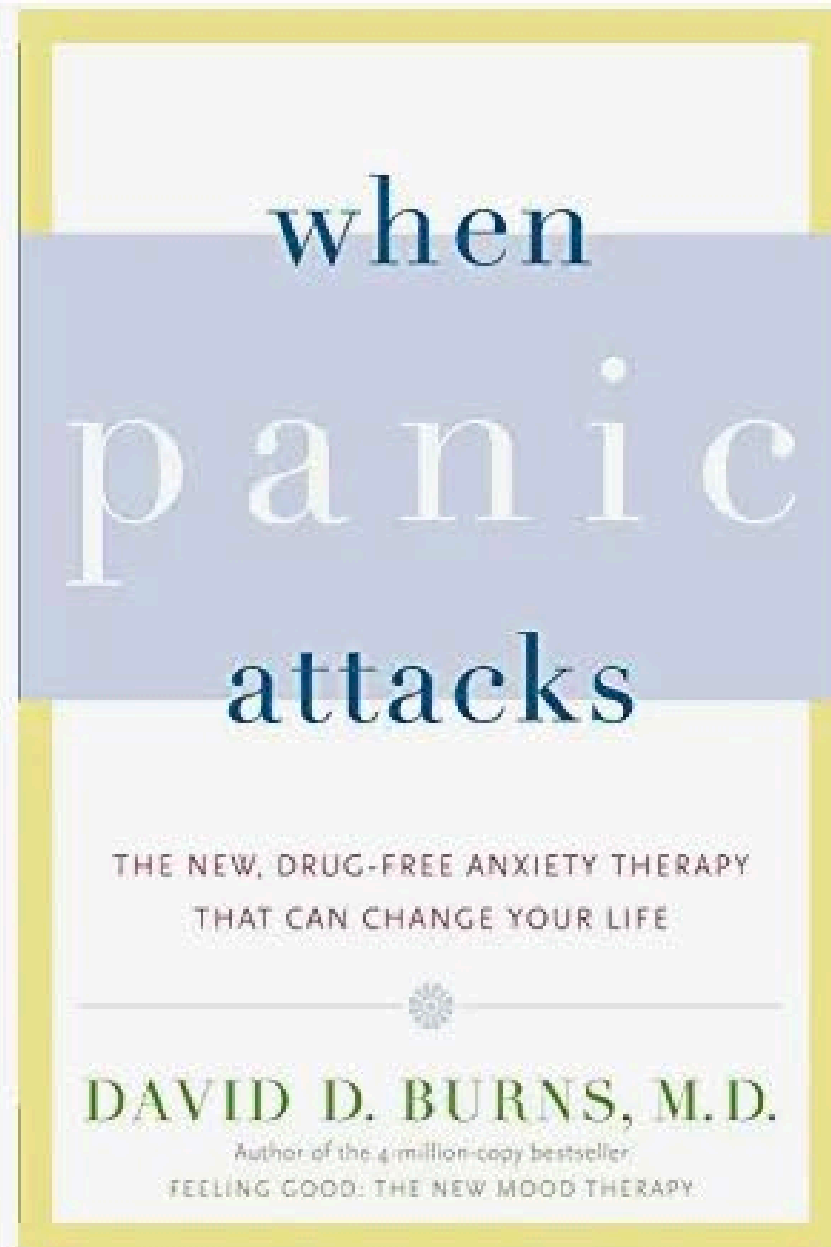
Specific upsetting Situation or Event: point of suicide

Emotions	Before	After	Emotions	Before	After
Sad, blue, depressed, down, unhappy	60		Hopeless, discouraged, pessimistic, despairing	50	
Anxious, worried, panicky, nervous, frightened	50		Frustrated, stuck, thwarted, defeated	30	
GUILTY, remorseful, bad, ashamed	40		Angry, mad, resentful, annoyed, irritated, upset, furious	20	
Inferior, worthless, inadequate, defective, incompetent	60		Other (describe)		
Lonely, unloved, unwanted, rejected, alone, abandoned	40		Other		
Embarrassed, foolish, humiliated, self-conscious	30		Other		

Negative Thoughts	% Belief before	% Belief after	Distortions	Healthier (Reasonable, Realistic, Reassuring) Negative Thoughts	% Belief
1. I'm never going to stay sober, never gonna				1.	
2. never gonna be successful				2.	
3. I'm a piece of shit later	50/ 60	20 ⁹	1, 3, 11, 5 6, 7, 8, 9, 10	3. There's a chance I'm not just a piece of shit	100% ¹⁰
4. I hurt everyone but cares about me				4.	

Checklist of Cognitive Distortions *

1. All-or-Nothing Thinking. You look at things in absolute, black-and-white categories.	6. Magnification or Minimization. You blow things way out of proportion or shrink them.
2. Overgeneralization. You view a single negative event as a never-ending pattern of defeat.	7. Emotional Reasoning. You reason from your feelings: "I feel like an idiot, so I must be one."
3. Mental filter. You dwell on the negatives and ignore the positives.	8. Should Statements. You use "shoulds," "shouldn'ts," "musts," "oughts," and "have tos."
4. Discounting Positives. You insist your positive qualities don't count.	9. Labeling. Instead of saying, "I made a mistake," you tell yourself, "I'm a jerk" or "I'm a loser."
5. Jumping to Conclusions. You jump to conclusions not warranted by the facts. <ul style="list-style-type: none"> • Mind-Reading. You assume that people are reacting negatively to you. • Fortune-Telling. You predict that things will turn out badly. 	10. Self-Blame and Other-Blame. <ul style="list-style-type: none"> • Self-Blame. You blame yourself for something you weren't entirely responsible for. • Other-Blame. You blame others and overlook ways you contributed to the problem.



When Panic Attacks: The New, Drug-Free Anxiety Therapy That Can Change Your Life

by David D. Burns M.D. | Jun 12, 2007

★★★★☆ [1,546](#)

Paperback

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Meds for Depression

- https://en.wikipedia.org/wiki/Pharmacology_of_antidepressants
 - <https://en.wikipedia.org/wiki/Antipsychotic>
 - Other augmentation
 - Epocrates (drug interactions)
-

Conceptualization of an Intervention for Habits and Addictions

- 1. Outcome and Process Resistance**, I.e., Lots of good reasons not to give this up. Does the individual know the process will be difficult, at least at first? (Heavy on Precontemplation and Contemplation Phases)
 2. Homework required (Gentle Ultimatum)
 - 3. Cognitive** work for understanding and reversing how our thinking worsens our addiction.
 4. Deprivation and discipline required
 5. Also deal with the anger
-

Cost-Benefit Analysis*

List the attitude, feeling or habit you want to change: ^{might} "Using:" _____

Advantages	Disadvantages

Cost-Benefit Analysis*

List the attitude, feeling or habit you want to change: Giving up usingforever (sobriety) _____

Advantages	Disadvantages
	What would you lose (of value) if you could never ... again?



Rage/Anger



Brief Mood Survey*

Instructions. Use checks (✓) to indicate how depressed, anxious or angry you've been feeling over the past week, including today. Please answer all the items.

0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
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Depression

1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem, inferiority, or worthlessness					
4. Loss of motivation to do things					
5. Loss of pleasure or satisfaction in life					
Total Items 1 to 5 →					<input type="text"/>

Suicidal Urges

1. Have you had any suicidal thoughts?					
2. Would you like to end your life?					
Total Items 1 to 2 →					<input type="text"/>

Anxiety

1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					
Total Items 1 to 5 →					<input type="text"/>

Anger

1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					
Total Items 1 to 5 →					<input type="text"/>

Conceptualization of an Intervention for Anger

- CBA (including Violence)
 - Soul Cleaning
 - Letters
 - 3rd person
 - Mine for gold, lessons learned, pivotal actions
 - My reminder snippet ...
 - Five Secrets of Effective Communication
-

Cost-Benefit Analysis*

List the attitude, feeling or habit you want to change: ^{mind} Holding onto / Carrying Around
Anger

Advantages	Disadvantages

Cost-Benefit Analysis*

List the attitude, feeling or habit you want to change: Letting go of

Advantages	Disadvantages
	<p>"What would I lose (of value) if I let go of...?"</p>

"Soul Cleaning" or How to "Use and Lose Anger"

"Anger is like drinking a cup of poison and waiting for your enemy to die"

(Our anger is, actually more about what we continue to carry around than it is about what happened to us. Truth is, whomever we are still angry with doesn't know, or care about our anger, so it is simply, a poison that what we have failed to learn and grow from, then let go.)

Follow this path to Soul Cleaning:

Step 1

1a. Make a "List" of all the people (sometimes situations) that we might be angry with/about.

1b. (Do NOT put yourself on the list. Anger at ourselves is much better labeled and dealt with in other ways as "guilt" or "shame." Only focus on things outside of yourself that anger you for now).

1c. Write "letters" that we DO NOT INTEND TO SEND, to those people/situations using as colorful language as we wish and feel comfortable with. (This validates our hurt as permanent/real/objective, but outside of us so conflict doesn't have to rattle around inside. It also gives us the *potential* of getting as intensely angry again, if desired, at any time simply by rereading the letters.)

1d. (Do NOT destroy the letters as being too "toxic" during this important, and relatively brief, learning and self-reflection process. (This would likely devalue the intensity of our pain, hurt, betrayal, etc.)

1e. (Also do NOT send or deliver the letter in this raw state. Even if we would like to, we will ultimately find, after the next step, that we would rather be "heard," than likely have our words be dismissed outright as "irrational rant.")

Conceptualization of an Intervention for Anger

- **Soul Cleaning**
 - **Letters**
 - **3rd person**
 - **Mine for gold, lessons learned, pivotal actions**
 - **My reminder snippet ...**
- **Five Secrets of Effective Communication**

-
- Beautiful intensity-
Enduring/determined/strong/resilient/committed
/loving
 - Relationship desired?
 - Trust
 - Some people can't be trusted
 - Caution of overgeneralization (too much water
in the soup to start
 - Trust of self about who is and isn't trustworthy
 - Post-traumatic growth (so survivor, warrior vs
victim)
 - Self-blame?

- Learned helplessness?
 - God Box for "why?"
 - Past behavior best predicts future behavior (let go
of expectations for change)
 - Boundaries?
-

Conceptualization of an Intervention for Interpersonal Problems

- 1. Outcome and Process Resistance**, I.e., Lots of good things about blaming others (at least in the short game). Does the individual know the process for reducing depression?
 1. Homework required (Gentle Ultimatum)
 - 2. Cognitive** work for understanding and reversing how our thinking worsens depressive conditions.
 3. Taking responsibility
-

Feeling GOOD Together

*The Secret to Making
Troubled Relationships Work*

David D.
Burns, M.D.



Feeling Good Together: The Secret to Making Troubled Relationships Work

by David D. Burns M.D. | Jan 26, 2010

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The Five Secrets of Effective Communication*

Listening Skills

- 1. The Disarming Technique** - You find some truth in what the other person is saying, even if you feel convinced that what they're saying is totally wrong, unreasonable, irrational, or unfair.
- 2. Empathy** - You put yourself in the other person's shoes and try to see the world through his or her eyes.
 - **Thought Empathy:** You paraphrase the other person's words.
 - **Feeling Empathy:** You acknowledge how they're probably feeling, given what they are saying to you.
- 3. Inquiry** - You ask gentle, probing questions to learn more about what the other person is thinking and feeling.

Self Expression Skills

- 1. "I feel" statements** - You express your feelings with "I feel" statements (such as "I feel upset") rather than with "you" statements (such as "You're wrong!" or "You're making me furious!")
- 2. Stroking** - You find something genuinely positive to say to the other person, even in the heat of battle. This indicates that you respect the other person, even though you may be angry with each other.

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1. (Disarming) *'You're right'*

"You shouldn't have to get out of bed in the morning"

2. (Thought Empathy) *'Let me get this right...'*

"You didn't get in till 3:00am and you are really tired"

(Feeling Empathy) *'I'm guessing...'*

"I'm guessing you might be pretty angry with us"

4. (I Feel) *"I feel a little right now"*

"I feel a little protective of one of my best nurses right now and a bit defensive with the yelling and conflict"

5. (Affirmation) *"Thank you...."*

"You made a really good decision to come into the hospital and thank you for being so cooperative last night"

3. (Inquiry) *'How^{Or What}....?'* (Avoid "Whys" and "You")

"How could we come up with a way for you to get as much as possible out of this hospital stay?"

Meds for Anger?

IN TIME
YOU'LL FIND THE WAY

- pillow music -

Anxiety

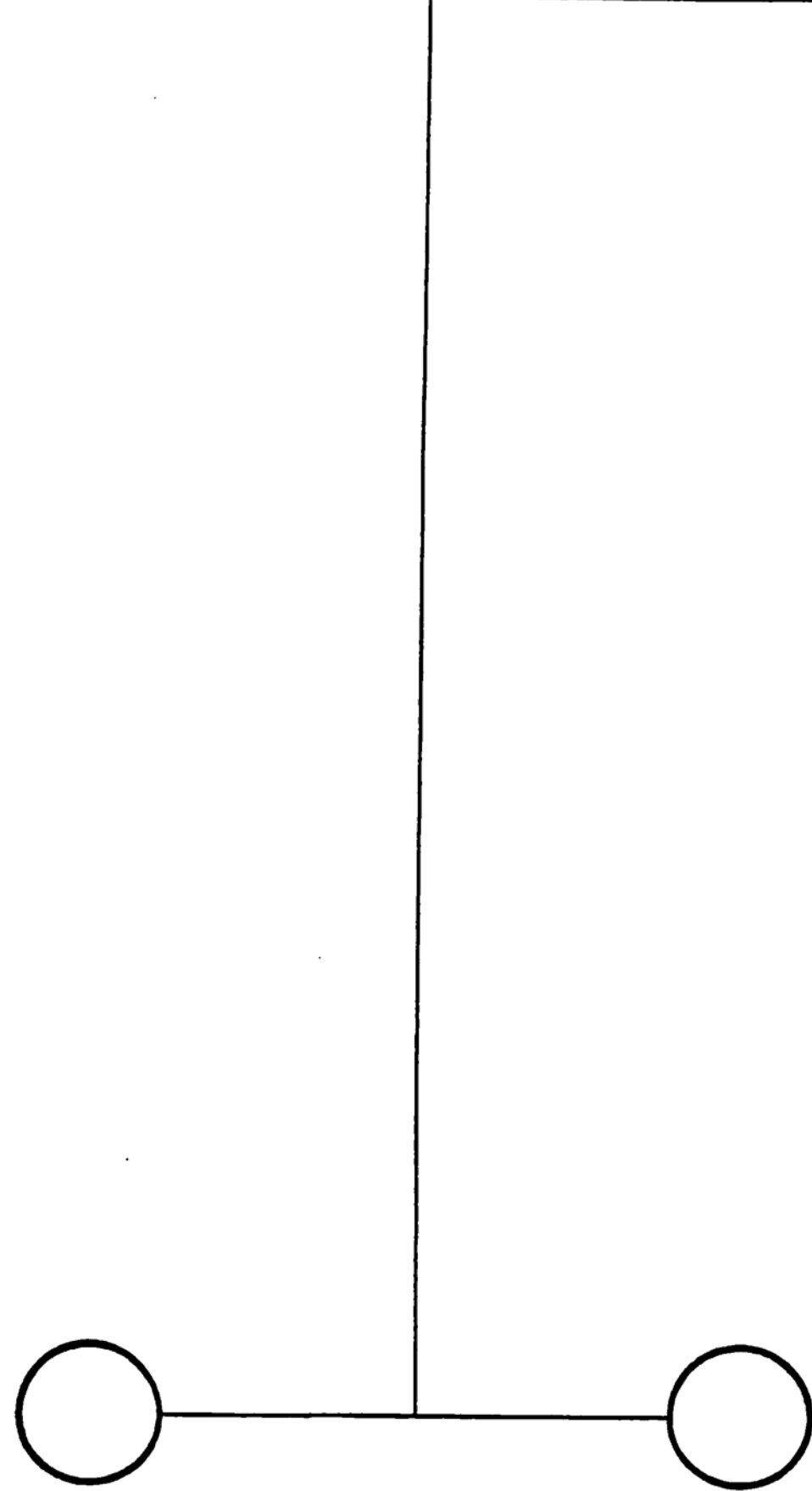
Conceptualization of an Intervention for Anxiety

- 1. Outcome and Process Resistance**, I.e., Would it be alright to be less anxious in the present situation, and does the individual know the process for reducing anxiety?
 2. Consideration of a “**hidden emotion**” that might manifest as anxiety
 3. The role of “**exposure**” or “mastery and desensitization.” In other words, the more the person runs from the anxiety, the worse the anxiety gets, and the more they turn and face the anxiety, the more it will improve. (Hence the potential worsening of the underlying anxiety condition with so-called “anxiolytics.”)
 - 4. Cognitive** work for understanding and reversing how our thinking worsens anxiety conditions.
 5. Homework required (Gentle Ultimatum)
-

Cost-Benefit Analysis*

The attitude or belief I want to change: _____

Advantages of Believing This Disadvantages of Believing This



Revised Attitude: _____

*Copyright © 1984, David D. Burns, M.D., from *Intimate Connections* (New York: William Morrow & Company).

What is good/bad about carrying around too much anxiety? (Cost Benefit Analysis)

Common Advantages: (to get you started)

- Be "nice"
- A sense of being more motivated
- A sense of being more productive
- A (magical) sense of worry being helpful to protect others (e.g. if I worry about they will be safe)
- A sense of being better prepared
- A sense of being more alert
- Loving
- ...

Common Disadvantages

- Actually being exhausted after awhile
- Actually being less productive because I'm too anxious
- ...

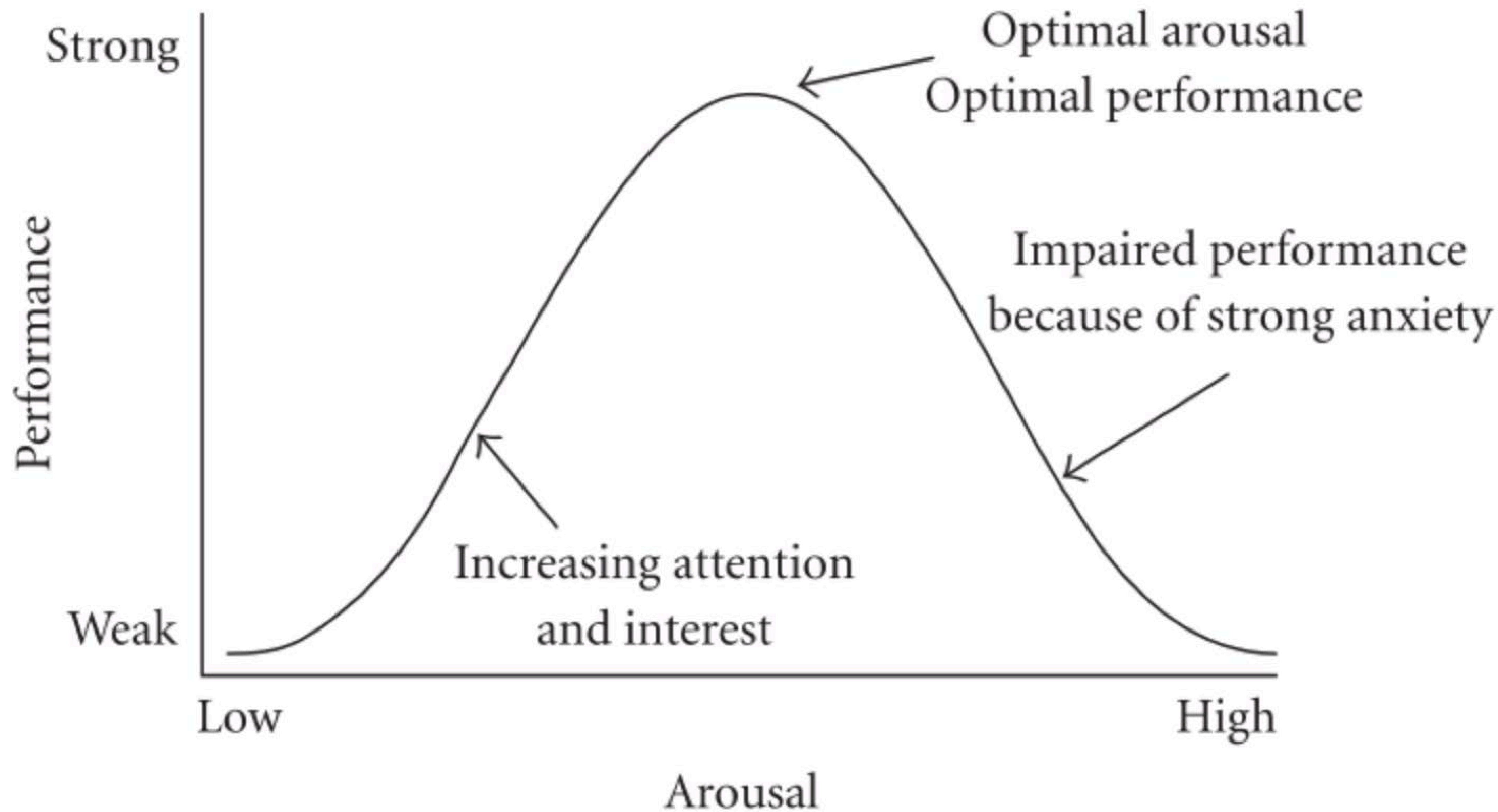
Also helpful to look at the advantages and disadvantages of letting go of too much anxiety (flip side of the Cost Benefit Analysis)

Advantages:

- Freedom
- Energy
- ...

Disadvantages

- Temporarily increased anxiety before mastery
- ...



Exposure/Mastery/Desensitization

Daily Mood Log

Upsetting Situation: My fingers feel numb, chest feels tight, feeling dizzy.

Emotions	% Before	% After	Emotions	% Before	% After
Sad, down, depressed	100	0	Discouraged, hopeless	100	0
Panicky, anxious, terrified	100	0	Embarrassed	100	0
Guilty, ashamed	100	0	Frustrated, thwarted	100	0
Defective, inferior	100	0	Hurt, angry	25	0

NT	% Before	% After	Dist	PT	% Belief
1. I can't breathe properly.	100	0	MF; DP; FT; ER; MAG	1. I'm breathing well enough to do aerobics!	100
2. My windpipe is closing off.	100	0	same	2. Not really!	100
3. If I stand up, I'll pass out.	100	0	same	3. Didn't happen.	100
4. I'm about to have a heart attack.	100	0	same	4. Nope!	100
5. I'm going to die.	100	0	same	5. I can't seem to die no matter how hard I try.	100

Checklist of Cognitive Distortions *

1. All-or-Nothing Thinking. You look at things in absolute, black-and-white categories.	6. Magnification or Minimization. You blow things way out of proportion or shrink them.
2. Overgeneralization. You view a single negative event as a never-ending pattern of defeat.	7. Emotional Reasoning. You reason from your feelings: "I feel like an idiot, so I must be one."
3. Mental filter. You dwell on the negatives and ignore the positives.	8. Should Statements. You use "shoulds," "shouldn'ts," "musts," "oughts," and "have tos."
4. Discounting Positives. You insist your positive qualities don't count.	9. Labeling. Instead of saying, "I made a mistake," you tell yourself, "I'm a jerk" or "I'm a loser."
5. Jumping to Conclusions. You jump to conclusions not warranted by the facts. <ul style="list-style-type: none"> • Mind-Reading. You assume that people are reacting negatively to you. • Fortune-Telling. You predict that things will turn out badly. 	10. Self-Blame and Other-Blame. <ul style="list-style-type: none"> • Self-Blame. You blame yourself for something you weren't entirely responsible for. • Other-Blame. You blame others and overlook ways you contributed to the problem.

Trauma

Meds for Anxiety

- Anxiolytic antidepressants, that aren't too anticholinergic - Eg. Paxil, Doxepin, Trazodone
- Mood stabilizing and elevating antipsychotics - Eg. Seroquel (also likely that some have psychosis and both medications are needed for efficacy)
- Maybe Hydroxyzine/Atarax-Vistaril
- Maybe Buspirone/Buspar

Ideally put in a psychotherapeutic context!



Loss



Conceptualization of an Intervention for Loss

- 1. Outcome and Process Resistance**, I.e., Would it be alright to be less anxious in the present situation, and does the individual know the process for reducing anxiety?
 2. Screen for self-blame, clustered losses, and anger at the time of the loss, with the loved one (occasionally “dying contracts”)
 3. Weave the loss into who you are and how you are now going to live
-

Grief and Loss

A main part of "grieving" is weaving the lost into who we are and how we will now live.

Things I'd like to remember and weave into who I am are:

Meds for Loss

- Hopefully none

Ideally put in a psychotherapeutic context!

The Feeling Good App

Outcome Results, One-Day Beta Test of the Basic Training Portion of the Feeling Good App

Feeling	Feeling Good App % change in 1-day beta test		Human Therapists % change in outcome studies*	
	No or Mild Dep N = 73, initial dep = 13.6	Mod to Extreme Dep N = 60, initial dep = 61.8	45 CBT studies N = thousands, initial dep = 25.7%	78 non-CBT studies N = thousands, initial dep = 25.7%
Depression	51%	62%	44%	47%
Loneliness	68%	69%	--	--
Anxiety	66%	59%	--	--
Inadequacy	61%	59%	--	--
Hopelessness	61%	59%	--	--
Anger	81%	70%	--	--
Guilt	78%	54%	--	--
Happiness	+ 33%	+ 80%	--	--

* Cuijpers, P, Karyotaki, E, and Weitz, E., et al. The effects of psychotherapies for major depression in adults on remission, recovery and improvement: A meta-analysis, *Journal of Affective Disorders*, 159 (2014) 118–126.

Types of studies using Beck Depression Inventory (BDI)	BDI Baseline	BDI End	Change
78 studies (many forms of therapy)	25.7	13.4	46.9%
45 CBT studies	25.7	14.4	44.0%

Other Resources

feelinggood.com

Podcast (indexed on the site) search for “A Country Doctor,” “Losing Weight,” “Anger in Marriage,” “Ending Addictions,”

Free chapters for Habits and Addictions and Decision Making

Psychotherapy Guide

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Questions/Discussion?

**Outcome Resistance—
Why Patients Cling to the Status Quo**

**Process Resistance—
Why Patients Resist Working Hard To Change**

Depression

Depression

- **Worthlessness.** I don't deserve to feel good because I *really am* inferior or defective.
- **Guilt.** I don't deserve any happiness or self-esteem because I'm bad and I deserve to suffer.
- **Realism of Depression.** Life *really is* awful. People who feel happy are stupid and naïve.
- **Perfectionism.** If I beat up on myself relentlessly whenever I fall short, it will motivate me to achieve great things.
- **Achievement Addiction.** I couldn't possibly feel happy or fulfilled until I've accomplished something outstanding. But I've never done anything special, so I could never feel any real joy or self-esteem.
- **Love Addiction.** I couldn't *possibly* feel happy or fulfilled without a loving relationship.
- **Self-Pity.** I *like* being a victim and feeling sorry for myself.

- **Hopelessness.** Nothing will ever change, so why try? If I don't get my hopes up, I won't be disappointed.
- **Motivational Paralysis.** I don't *feel* like doing any self-help assignments between sessions. I'll wait until I'm in the mood.
- **Overwhelmed.** The psychotherapy homework assignments are just too much work. I'm drowning in commitments and don't have time to do more.
- **Entitlement.** I shouldn't have to work so hard to recover.
- **Medical Model.** My doctor said that I have a chemical imbalance in my brain, so a pill should cure me.
- **Traditional Psychiatric Model.** I thought that all I had to do was come to sessions, talk about all the problems in my life, and explore the past.

Anxiety

Anxiety

- **Magical Thinking.** My fears protect me or my loved ones. If I stop worrying, something terrible may happen.
- **No Pain, No Gain.** My constant worrying is the price I have to pay to do superb work. If I stop worrying, I'll get complacent and fail.
- **Conflict / Anger Phobia.** I don't want to face the problem that's triggering my anxiety in the first place.

- **Avoidance.** Facing my worst fears will be dangerous and uncomfortable. I shouldn't have to do that. There has to be an easier way.
- **Medical Model.** The ad I saw on TV said that my shyness results from a chemical imbalance in my brain, and that an antidepressant will solve the problem.

**Outcome Resistance—
Why Patients Cling to the Status Quo**

**Process Resistance—
Why Patients Resist Working Hard To Change**

Anger / Relationship Problems

Anger / Relationship Problems

- **Low Desire.** I don't really want to get close to you. I just want to complain about you and keep you at a distance!
- **Martyrdom / Heroism.** I like the role of victim.
- **Moral Superiority.** I enjoy feeling superior and looking down on you. You're a loser.
- **Gossip / Scapegoating.** It's rewarding to talk to my friends about what a loser you are. They all agree with me, too!
- **Power.** I want to control you.
- **Revenge.** I have every right punish you because of the way you've treated me.
- **Anger addiction.** I like feeling angry and bitter. It's rewarding.
- **Violence.** Aggression is exciting. I enjoy hurting you.
- **Self-Righteousness.** I treat you badly because you deserve it. It's the right thing to do.

- **Truth.** I'm right and you're wrong.
- **Blame.** Our problems are all your fault, so why should I have to change?
- **Pride.** I can't stand the humiliation of examining my own role in the problem.
- **Entitlement.** I deserve better treatment. I shouldn't have to work so hard to solve the problems in our relationship.
- **Fear.** Something bad will happen if I try to get close to you. You might hurt me or make me look bad. It's safer to keep you at a distance.
- **Hopelessness.** You're such a stubborn, self-centered jerk that *nothing* could possibly work. Why should I bother to try?

Habits and Addictions

Habits and Addictions

- **Instant Rewards.** My habit is pleasurable. Why give it up?
- **Entitlement.** I shouldn't have to change.
- **Narcissism.** I'm *special*. I deserve this donut (or drink).
- **Denial.** I don't have a problem!
- **Conflict Phobia.** I'd rather get high than face the problems that are bothering me.

- **Deprivation.** Giving up my habit will be painful and uncomfortable. Ugh! Who wants that?
- **Hopelessness.** I've tried over and over but nothing works, so why get my hopes up? I'll just end up feeling frustrated and disappointed again.

The New York Times

BREAKING NEWS

A group of medical experts recommended for the first time that doctors screen all adults under 65 for anxiety.

Tuesday, September 20, 2022 6:35 PM ET

The guidance comes as Americans are coping with illness, isolation and loss from the pandemic, as well as other stressors like inflation and rising crime.

Anxiety/Depression

Bones, sinking like stones, all that we fought for. Homes, places we've grown, all of us are done for.

Sadness



Believe in God = 7/80 (8.8%)

Do not believe in God" = 7/80

Do not believe in God and are

to religion" = 1/80

actively opposed

- 36 **Link between Religious Conflict or Sin and Mental Health:**
- "To what extent are your current emotional problems a result of religious conflict or sin?"
 - 66% "not at all or Not very much"
 - 33% endorsed one of the three positive statements from "Somewhat" to "Very much"
- 37 **Expectations of Religious Content in Psychiatric Treatment:**
- "To what extent do you expect to have your religious beliefs explored or discussed during this hospital stay?"
 - 41/97 (41%) endorsed one of the three positive statements from "Somewhat" to "Very much"
- 38 **Wishes for Religious Content in Treatment:**
- "To what extent would you like to have your religious beliefs explored or discussed during this hospital stay?"
 - 48/99 (48%) endorsed one of the three positive statements from "Somewhat" to "Very much"
- 39 **Helpfulness:**
- "During my recent stress, my religious beliefs have been...
- Helpful" = 66%
 - Harmful" = 3%
 - Neither helpful nor harmful" = 31%
- 40 **Protection Against Harm:**
- "My religious beliefs have kept me from harming myself."
- "Yes" = 45%

Also, 25% of respondents said they would NOT stop an intervention that was uncomfortable!