Do you guarantee results?

No ethical therapist will guarantee you a specific positive outcome from any specific therapy. I also cannot and will not make such a guarantee. I will say, however, that CBT has been thoroughly researched and outcome **evidence** indicates that it is highly effective for a variety of psychological disorders or disturbances. I have seen very good results using CBT and that is why I chose to pursue advanced training in it and am excited to offer it to you. The data shows that, for patients who are very committed, work hard with the therapist in each session, and work between sessions, the outcomes are usually good to very good. How "good" depends on the level of the initial problem, the amount of work the patient completes, and factors relating to the presence of other medical, social, or psychiatric problems that may make progress more difficult. Additionally, some people may respond more positively to other therapeutic approaches in part because they may not like the level of involvement CBT requires or they may simply prefer one of the other traditional therapies. If you feel that describes you, then I *strongly* encourage you to pursue the kind of therapy and therapist you feel will offer you the most benefit. What matters, ultimately, is improvement—pursue whatever legitimate therapy will help you meet your goals!

What about medications?

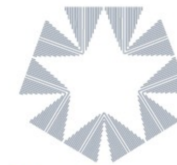
As a Counselor I do not prescribe antidepressant, antianxiety, or other medications of any type. I can refer you to some excellent local psychiatrists who can work with you in terms of medication. My *opinion* is that wisely prescribed medications can provide additional support and offer patients a **window of opportunity** during which to learn CBT skills with the hope that, if possible, medications can be reduced or discontinued altogether. CBT research has shown that it helps *prevent the relapses* seen in patients who use antidepressant medications *alone* and then discontinue their use. Relapse risk is reduced because: (1) the patient continues to use the **skills** learned in CBT, and; (2) some of the core irrational beliefs that had supported depression have been disempowered throughout CBT work. *Final decisions about all medications lie with you and your psychiatrist or other physician*.

What is your background/training?

I earned a BA in Psychology from *Centre College of Kentucky*, a J.D. from *Cumberland School of Law*, *Samford University,* and practiced family law for many years. My desire to help people have richer, healthier personal lives arose, in part, from the challenges I experienced as I have successfully dealt with *Charcot-Marie-Tooth* disease (a chronic neuromuscular disorder)--an experience that inspired me to change careers and to earn a M.S. in Mental Health Counseling from *Nova Southeastern University*. As part of my clinical training, I worked with patients in a community mental health setting in which I not only provided therapeutic services but also "wrap around" case management to ensure that the diverging needs of each patient and family were fully met. I completed my clinical internship at *Tampa General Hospital* where I established a CBT program for patients and their families. Following my internship, I joined the clinical staff at BMC to offer counseling/behavioral health services for both BMC medical patients and non-medical patients in the Tampa area. I am only one of seven therapists in Florida to hold *Diplomate* status in the *Academy of Cognitive Therapy*. I have also been an adjunct professor at Nova Southeastern University where I taught and supervised Mental Health Counseling students during their practicum. You can read more about my background and learn more about working with me on my practice website:

www.baymedicalcenter.net

Behavioral Health Associates



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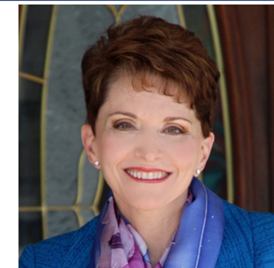

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What is Cognitive Therapy?

Cognitive Therapy, sometimes also called *Cognitive-Behavioral Therapy* (CBT), is a time-limited, focused, collaborative problem-solving psychotherapy shown in over 375 outcome studies to be highly effective for the treatment of many mental health problems such as:

- Depression & Mood Disorders
- Anxiety & Panic Disorders
- Anger Management
- Marital/Relationship Distress
- Stress
- Low Self-Esteem
- Work/Career Problems
- Grief and Loss

and in medical conditions such as:

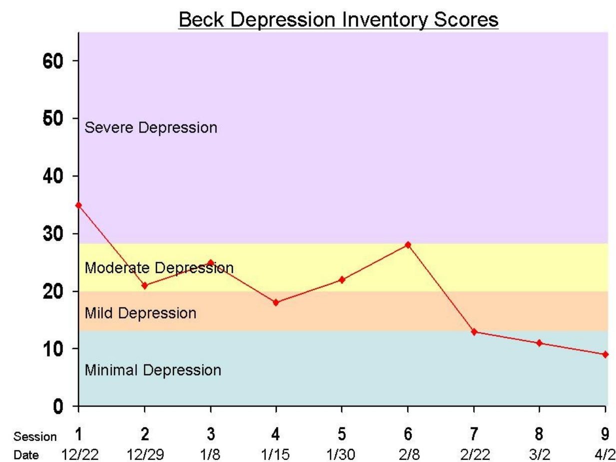
- Chronic Pain/Fibromyalgia
- Neuromuscular Disorders
- Chronic GI Disorders
- Irritable-Bowel Syndrome
- Sleep Disorders
- Pre-Menstrual Syndrome
- Eating Disorders
- Substance Abuse

CBT focuses on correcting underlying distorted beliefs about one's world, self, and future that are often expressed in negative or dysfunctional automatic thoughts. Therapists using CBT work in partnership with patients to help them change the dysfunctional thinking and beliefs that *contribute to negative moods*. They also help patients learn specific skills they can use on an ongoing basis. Some of the skills deal with learning to self-correct dysfunctional thoughts (cognitions) and replacing faulty beliefs with more realistic ones. Other skills deal with adopting new, better, specific behaviors that will result in better outcomes. Because learning and practicing improved *cognitions* and *behaviors* are the purpose of the therapy, it is called *Cognitive-Behavioral* therapy.

How is CBT different?

CBT differs from other therapies in that it focuses much more on **specific problems that are occurring right now** without spending too much time delving into the early origins of the problems or disturbance. Although information about one's past can offer some insights into the problems experienced today, CBT shifts quickly back to the **present** and helps the patient investigate specific situations occurring **now** that are samples of the problem or disturbance. The therapist works with the patient in a very **collaborative partnership** to dig into specific dysfunctional thoughts, beliefs, and behaviors that are causing or supporting the problem. Specific methods such as *Dysfunctional Thought Record,* are used to examine a situation, rate emotions, examine the evidence (or its lack) for dysfunctional thoughts/beliefs and arrive at a more correct perception of reality without distortion.

CBT differs from other therapies in that it uses much more frequent (usually each session) **assessments** of depression, anxiety, etc. and often this data is plotted so that patients can see their improvement—in real numbers—from session to session. This helps people to become more **objective** about their progress and is a huge **encouragement** to them to keep working to make improvements (see actual patient example below).



Unlike some other therapies, the course of CBT is **time-limited** and averages between 5 and 15 sessions. Sessions occur weekly at first and, toward the end, may taper to 1 or 2 per month and then only as needed. CBT seeks to ***transfer skills and abilities*** *to enable* ***the patient*** *to* ***act as his/her own therapist in the future****, making continued visits with the therapist unnecessary*.

What is a typical CBT session like?

The first session includes a brief assessment of depression, anxiety, etc. using a easy-to-use standard written form. A history of the patient's problems, background, medications, etc. is taken and, at the end, a initial treatment **goal** and **plan** is co-created. Patients will be asked to do some reading about CBT after this initial session and may be given handouts to review. Patients usually feel much more **hopeful** after the initial session because they can see a **clear, structured** plan to help them feel better.

The second and following sessions start with another brief mood assessment, a review of reading or other **homework**, an **agenda** for the session is mutually created, and then agenda items are discussed. Specific problems that are important to the patient are reviewed, associated dysfunctional ideas are identified and evaluated, a reasonable plan is devised, and the patient and therapist assess the effectiveness of the intervention. Problems discussed may come from all areas of the patient's life: work, marriage, family, partnerships, parenting, friendships, school, church, spirituality, health, sexuality, career and personal goals, etc. After all agenda items have been covered, homework assignments for between-session work are **co-created** *based on the specific issues discussed in the session*, and patient **feedback** about the session is requested and used to modify future sessions.

The last two or three sessions are scheduled with greater time between each and, when the patient feels ready, therapy is terminated with the understanding that the patient can come back anytime s/he wishes for support or additional work ("booster" sessions).