

Emotional Processing in CBT: The View from Both Chairs

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Session Outline

- Overview of evidence-based treatment for trauma
 - Emotional reactions and their value
- Components of modern exposure-based treatment
 - Client reactions
 - Clinician Reactions
- Components of cognitive processing therapy
 - Client reactions
 - Clinician reactions
- Questions and discussion



Evidence-based Treatment for Trauma – Clinical Practice Guidelines

- ▶ APA Clinical Practice Guidelines (Courtois, et al., 2017)
 - ▶ Recommended treatments: cognitive-behavior therapy; cognitive processing therapy; cognitive therapy; and prolonged exposure
 - ▶ Other interventions suggested, but generally after use of first line therapies
 - ▶ Evidence-based practice: clinician integrates components of empirically supported treatments as part of client treatment conceptualization
- ▶ World Health Organization (2013) similarly recommends cognitive-behavior therapy for trauma



Emotional Reactions: Our clients and OURS

- Numerous variations on the saying “the brain is designed to keep you alive, not happy”
- Accordingly, any emotional reaction should be viewed for the evolutionary value it confers
- Treatment of trauma reactions thus evokes strong emotional reactions
 - ...and it should be no surprise it will evoke a strong reaction in the clinician

Burnout – A Significant Challenge for Mental Health Professionals

➤ Personality Qualities:

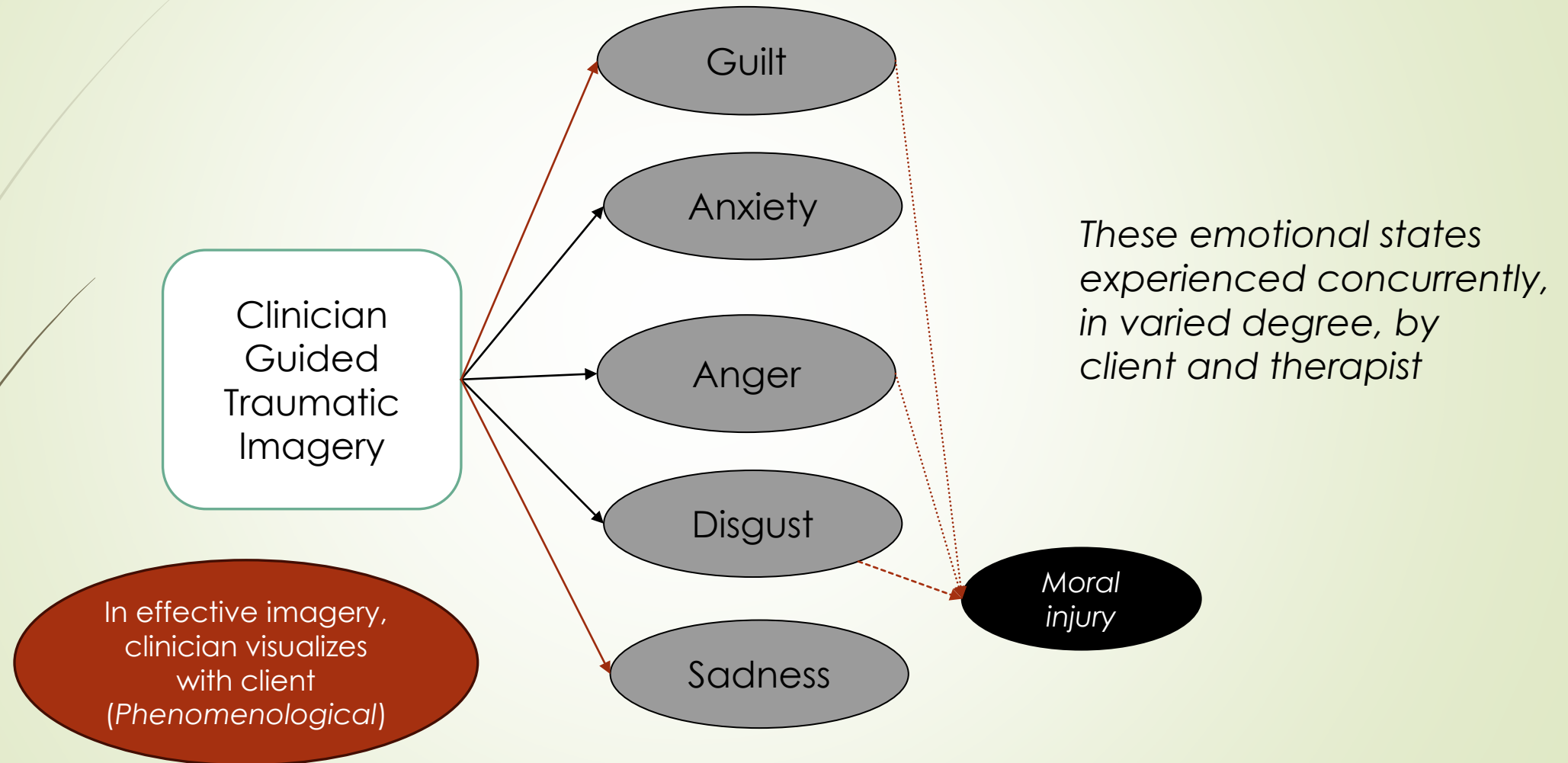
- *Openness to experience*
 - Protective
 - Benefits on cardiovascular health as well as stress buffer
- *Neuroticism*
 - People who enter mental health care professions typically high achievement oriented
 - High achievement generally associated with neuroticism
- *Empathy*
 - A required component for the job

➤ Professional Demands:

- *High caseloads*
 - Most full time clinicians have high caseloads
- *High demand for services*
 - Ha'aretz reported on strain to a mental health system that was already underfunded prior to Oct 7, 2023 (Efrati & Shpigel, Nov 16, 2023, Ha'aretz)
- *Limited specific resources woven into training to manage stress*
 - Work-life balance challenges


The specific and unique nature of evidence-based treatments for trauma heighten the above concerns

Exposure-based treatment and emotional responses





Critical dimension of outcome and evidence-based treatment: beyond anxiety

- ▶ Original conceptualization of treatment models emphasized anxiety reduction, and associated reactions
 - ▶ Prolonged exposure alleviated moral injury (Griffin et al., 2019); Cognitive processing therapy does, as well, although fewer investigations demonstrate this (also reviewed in Griffin et al.)
 - ▶ Cognitive processing therapy beneficial for alleviating guilt (discussed in LoSavio et al., 2019)
 - ▶ Both prolonged exposure and cognitive processing therapy alleviate depression (Asmundson et al., 2019; Galovski et al., 2012)
 - ▶ Not yet clear impact of any interventions on disgust related to trauma
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Clinician-centered factors

- ▶ Underappreciated in CBT/Evidence-based practice – clinician reactions to client content and responses
- ▶ And yet, many interventions demand clinician immersion in client problem to provide effective treatment (i.e., imagery for exposure; identifying and targeting cognitions; interpersonal reactions)

Self-Knowledge Moment

- ▶ Contextual and Componential Intelligence (from Sternberg, 1984): Relies on integration of the environmental conditions and one's own internal experiences to adapt to situations.
- ▶ *Translation for clinicians*: Utmost importance to remain attentive to internal emotional reactions, and the accumulation of inner emotional stress. Include necessary steps to manage.
 - ▶ Sometimes necessary to do less in order to do the most good
 - ▶ We cannot continue to provide care if we are disabled from the care delivered

Additional self-knowledge

- ▶ Componential Intelligence (sometimes also called *experiential intelligence*):
 - ▶ Illustration #1: What percentage of cases can you treat within a specific diagnostic/symptom dimension category?
 - ▶ Illustration #2: Are there diagnoses/symptom dimensions that, despite your knowledge of treatment model, is not a 'fit' for you?
- ▶ Contextual Intelligence:
 - ▶ Illustration #1: An emotionally demanding session (or series of sessions), and checking internal (emotional) state and steps necessary to recover
 - ▶ Illustration #2: Inner experience of uncertainty regarding benefit of intervention

Prolonged Exposure in Contemporary Context – Inhibitory Learning

- ▶ Modern exposure emphasizes new learning rather than habituation (Craske et al., 2014, 2022)
- ▶ Emphasizes several strategies for exposure
 - ▶ Expectancy violations
 - ▶ Elimination of Safety Signals
 - ▶ Exposure in Multiple Contexts
 - ▶ Affect Labeling
 - ▶ Variable Exposure along Hierarchy (advanced approach; Craske et al. 2022)
 - ▶ Deepened Extinction (advanced approach; Craske et al., 2022)
 - ▶ Can view webinar on inhibitory learning, at no cost, here:
<https://www.betterlivingbh.org/product/exposure-employing-inhibitory-learning-a-talk-by-dean-mckay-phd-abpp/>
 - ▶ Collectively, the ILL may be considered the original “clinician’s model” for exposure (Frank & McKay, 2019).

Focus on...affect labeling

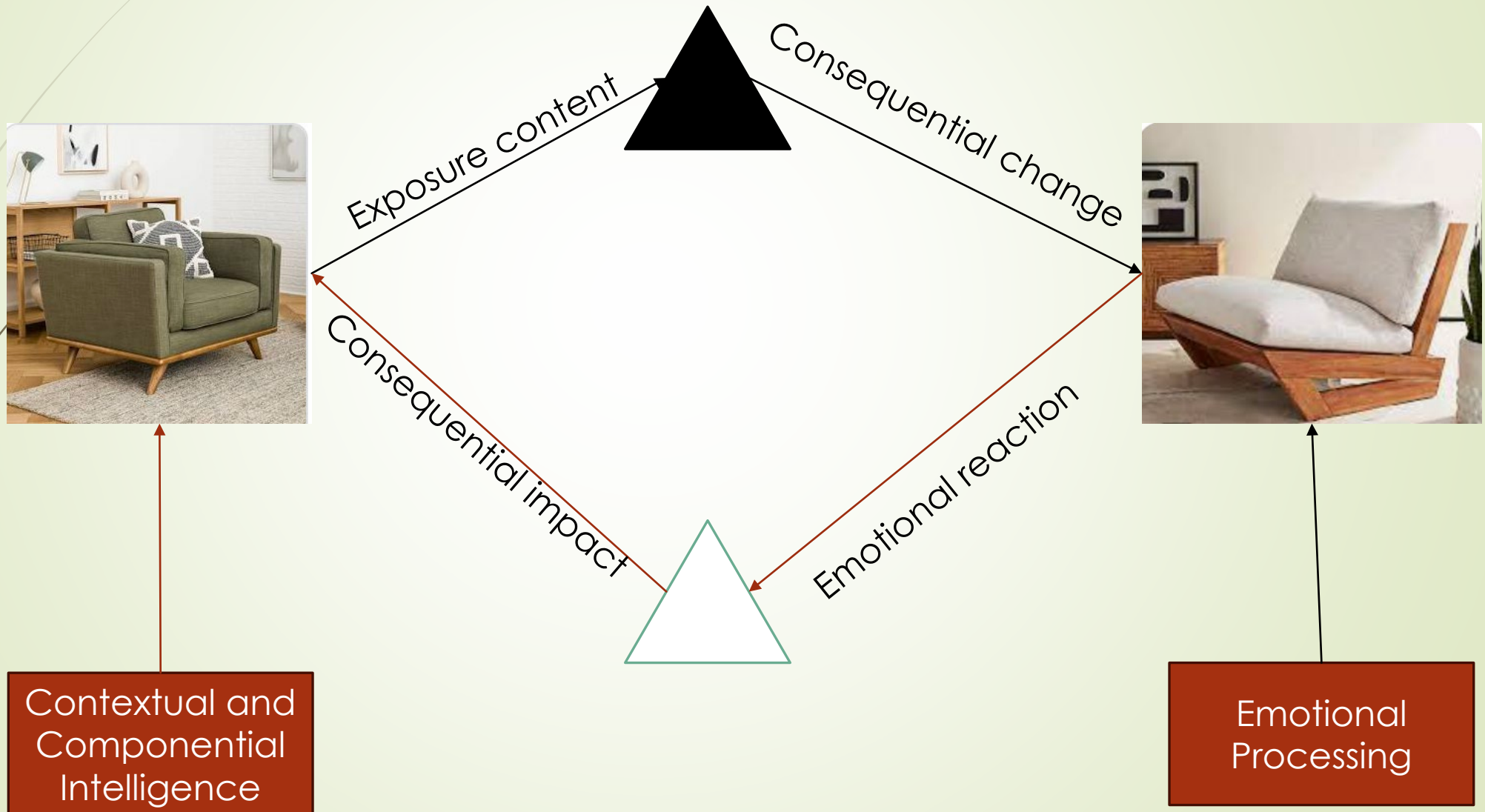
- Aids in changing the 'loop' for internal experiences
- By labeling the emotional experience during exposure, narrative for the internal experience shifts (see Marks et al., 2019 for discussion)
- Illustration: Client verbalization of traumatic experience, and label emotions during exposure, not as a memory of the event
- Clinician experience: As a phenomenological event, briefly label our own emotions during exercise, and reference back to contextual and componential intelligence



Focus on...expectancy violations


- For trauma treatment, best in conjunction with affect labeling
- Once new emotions named, can plan for those emotions to recur when memory of trauma emerges naturally; may rename affect in subsequent sessions
- Illustration: affect named previously as sadness, whereas might have *expected* more intense experiences prior to session.
- Clinician experience:
 - Mirror client affect? (componential intelligence)
 - Guilt at not feeling comparable affect? (contextual intelligence)
 - Other possibilities?

A general visualization: Exposure





Cognitive Processing Therapy (CPT)

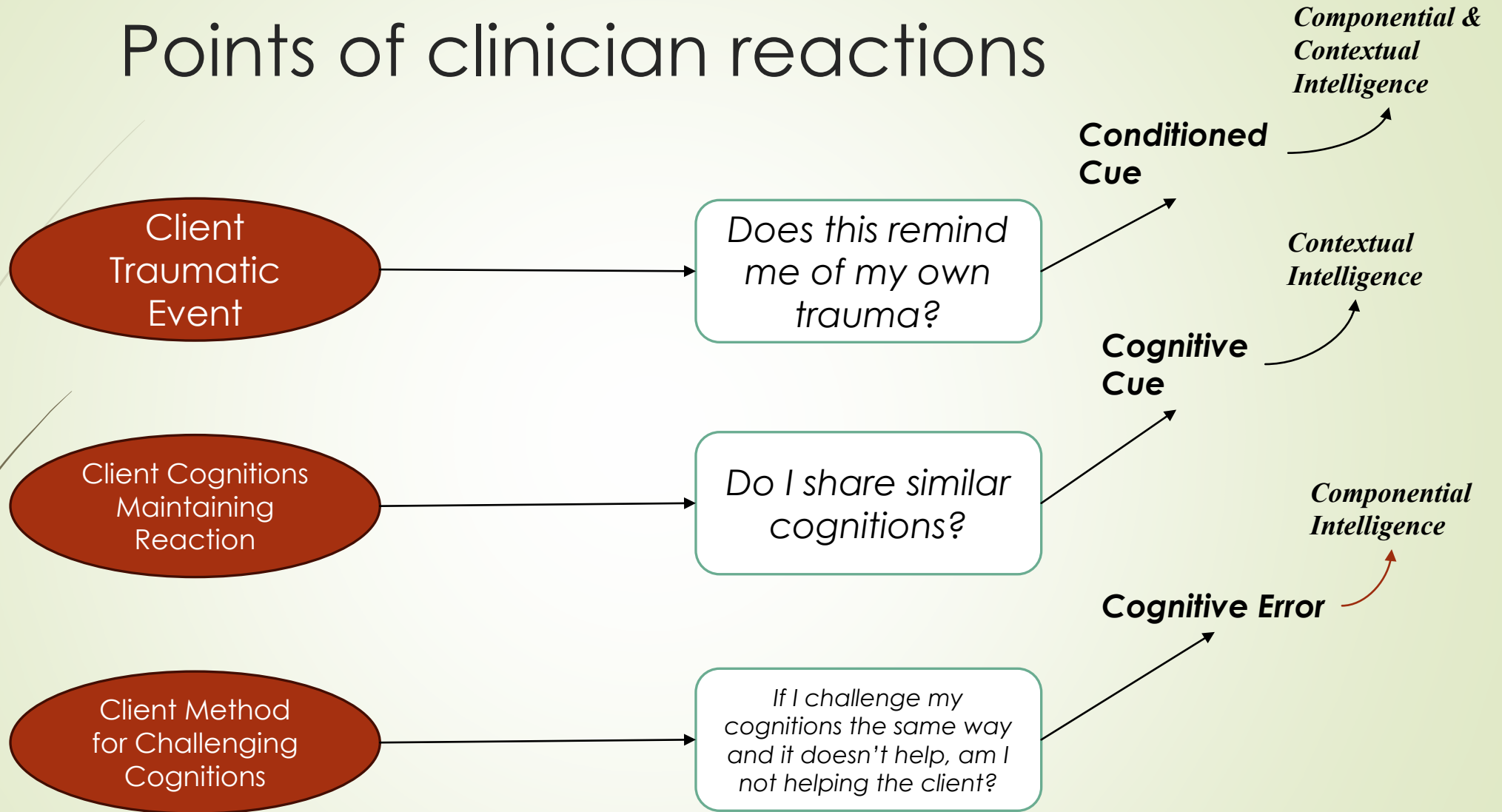
- ▶ Recommended treatment in APA Clinical Practice Guidelines, and by World Health Organization
 - ▶ Highly effective in reducing acute traumatic reactions (Asmundson et al., 2019)
 - ▶ While settings with objective low security associated with higher symptoms, CPT reduces traumatic reactions to similar degree to those in secure settings (Kaysen et al., 2020)
 - ▶ Contains exposure elements, integrated with cognitive intervention
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Components of Cognitive Processing Therapy

- ▶ Education regarding traumatic reactions; include component regarding traumatic reactions being ordinary responses to overwhelming experiences.
- ▶ Exposure involves writing a narrative account of traumatic event
- ▶ Identify negative/unhelpful thoughts that contribute to ongoing traumatic reactions
- ▶ Develop strategies for challenges negative thoughts to lessen traumatic reactions

Points of clinician reactions





Summary



- Effective treatments for trauma have been developed, and are part of clinical practice guidelines. Two prominent and complementary approaches involve exposure and cognitive processing therapy.
- These interventions are emotionally demanding for clients. It is less well appreciated how demanding these are for clinicians.



Summary

- ▶ Knowing oneself (componential intelligence) and understanding the circumstances (contextual intelligence) can frame effective clinician emotional management
- ▶ Componential intelligence for how specific treatment components may impact the clinician can mitigate clinician emotional reactions, and enhance effectiveness in interventions
- ▶ Contextual intelligence for client circumstance and their reactions can be used to manage emotional responses



Thank you!

Questions?