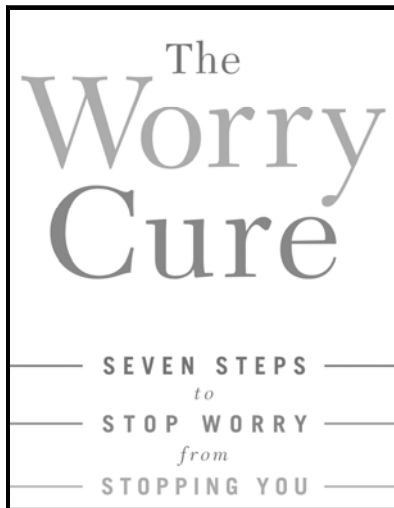


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COGNITIVE THERAPY

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The Worry Cure, by Dr. Leahy Available now



How to Handle Your Worries

Robert L. Leahy, Ph.D.

Worry is one of the most common, most persistent and most difficult problems that people have. In fact, worry is at the core of all of the anxiety disorders, it often leads to chronic depression, eating disorders, alcohol abuse, and even to relationship conflicts. The good news is that we can actually do something about it. About 80% of chronic worriers can find significant benefit from a structured cognitive behavioral therapy approach. In my new book, *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, I provide a straight-forward approach—based on the research of leading psychologists worldwide—on how to get a handle on your worries.

Let's take Betsy who is worried after a breakup with Paul. Betsy sits around ruminating about how bad her life is and thinks she will always be alone. She keeps going over and over in her mind, "What if I never meet the man of my dreams?" What can Betsy do—rather than worry?

Step 1. Distinguish between productive and unproductive worry. Many worriers actually think that their worry is a form of problem-solving. They won't be caught by "surprise" and "they'll find a solution". Is

it working for you? There is productive worry---that leads to a to-do list---action you can take right now. Is there any action Betsy can take to meet the man of her "dreams"---today? The answer is no. So she can categorize her worry as unproductive. Then she can take the next step

Step 2. Accept Reality and Commit to Change. Reality is not always what we want it to be and it is often unfair. Nonetheless, it's where we have to start from. Betsy has a hard time tolerating the uncertainty of the future, which she equates with a terrible outcome. But 85% of the things that people worry about turn out positively. The second step of acceptance of reality means that Betsy can stand back and observe without judging that the breakup has occurred. Rather than generalize this to everything in her life, she can commit to doing productive and rewarding things to help herself---some of which may be uncomfortable things. She will benefit from what I call "constructive discomfort" and "successful imperfection".

Step 3. Challenge Worried Thinking. Betsy is anxious, depressed and lonely and now she is thinking that she will always be alone, she'll never be happy and that other people think of her as a "loser". She now has a lot of "cognitive distortions"---so she can look at the costs and benefits of these ideas, the evidence for and against them, whether she is overgeneralizing and mind-reading, and if she is discounting the positives in her life. A good technique for Betsy is to ask, "If my best friend had this problem, what advice would I give her?"

Step 4. Examine the Deeper Threat. Many of us have "core beliefs" that make us vulnerable to depression. For Betsy, her core belief is that she is unlovable and unwanted. This is traced back to her critical mother and self-absorbed father. Betsy can examine whether her parents were accurate or unfair and neurotic. Why internalize their negative beliefs? Aren't there a lot of people who have loved and cared for Betsy?

Step 5. Turn "Failure" Into "Opportunity". Was this really a "failure" at all? It may be that Paul is doing her a favor by breaking off---he might not be right for her. In *The Worry Cure* I spell out twenty things to say to yourself when something "fails".

Step 6. Use Your Emotions Rather Than Worry About Them. Feelings of sadness and discouragement are often normal and even inevitable. Betsy can learn to validate her own hurt feelings---they "make sense"—and to direct compassion and care toward herself. Since she is "down" she needs more self-nurturance. And she can also recognize that painful feelings are not permanent and not overwhelming--- they may even point to respected values of intimacy and commitment to love. Betsy can benefit from our work on emotional processing and learning how to live a fuller life with emotions.

Step 7. Put Time on Your Side. Like many worriers, Betsy thinks she *urgently* needs an answer to her questions. And, of course, she won't get an answer today. Betsy needs to live in the present moment—to improve the moment, to live free of expectancies and demands about the way "things should be". Moreover, as Betsy thinks about the past, she can recognize that she has moved beyond past breakups to have meaning in her life--- no breakup defines her entire life.

In *The Worry Cure* you can learn specific powerful techniques to defeat your worries and turn your life around (available in hardcover, e-book, and audio-book from Random House).

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Dr. Leahy elected President of the Academy of Cognitive Therapy

The Academy is the leading organization in the world for credentializing therapists in cognitive therapy. Dr. Leahy will serve for two years following Dr. Judith Beck's term in 2006.

Front Row, Left to Right: Leslie Sokol, Aaron T. Beck, Donna Sudak, Judith Beck. Back Row, L to R: Keith Dobson, Lynn Marcinko McFarr, Robert Leahy, Dennis Greenberger, Mark Reinecke, Jesse Wright. (Missing: William Sanderson, Liane Cohen)

“What if it’s O.C.D.?”

Dennis Tirsch, Ph.D.

All of us have thoughts and daydreams that seem strange to us. Images of violent or bad behavior might seem to pop into our heads, or we may begin to wonder if we are susceptible to germs and contamination. Most of the time, we don't pay these random mental events much mind. We simply shrug them off and get on with our day. Sometimes, though, these images can persist. Like a pop song that gets “stuck in our heads” these disturbing ideas keep coming back, again and again. It can seem that the more we try to force such inappropriate, unpleasant, or even “sinful” ideas out of our consciousness, they only return with greater force. Intrusive thoughts that persist in this way may be symptoms of obsessive-compulsive disorder (OCD).

As if these thoughts weren't distressing enough, the prospect of suffering from OCD can seem even more alarming. Media images of people with OCD, such as Jack Nicholson's character from “As Good As It Gets” or the TV detective “Monk” often depict people with overwhelming psychological problems. Of course, some people with OCD do face significant challenges. But OCD doesn't have to be a “life sentence.” Fortunately, Cognitive Therapy has developed a focused and short-term

approach to the treatment of OCD that has been proven effective in numerous clinical trials. Whether you live with a psychiatric diagnosis of OCD or simply struggle with troublingly persistent intrusive thoughts, cognitive therapy can offer a way to potentially master these mental events and to effectively cope with the anxiety involved in dealing with them.

Through cognitive therapy, a patient can learn to demystify the process of obsessive thinking. A qualified cognitive therapist can help a patient to break the cycle of stigma and shame that leads them to label their thoughts as “crazy,” “bizarre” or “blasphemous.” Patients learn how the simplest dynamics of human learning lead some of us to develop distressing thoughts that persist in befuddling ways. In the first few weeks of cognitive therapy, most patients come to realize that all of their efforts to suppress their thoughts have only come to make the problem worse. Such patients come to learn that their over-interpretation of the harmfulness of their thoughts can lead them to futile attempts at thought control, which further propel the cycle of obsessive thinking. Gradually, one can learn that these thoughts, in themselves, aren't harmful or “crazy.” Work-

ing in a respectful and collaborative way, a cognitive therapist and patient can come to approach these thoughts rather than try to suppress them.

Cognitive and behavioral therapists use a method known as “gradual exposure” to guide a patient to confront the things that they fear in a controlled and safe fashion. Using exposure, people with OCD come to accept and face the disturbing thoughts and images rather than suppress them. In doing so, the nagging persistence of the thoughts may decrease, and they may become far less threatening. Exposure is just one of the tools in the cognitive therapist's toolbox, and patients and cognitive therapists work together to define and implement specific solutions for individual challenges.

Some stereotypically “old-fashioned” therapies might suggest that OCD is the result of childhood problems, past emotional conflicts, or deep-seeded “issues.” Cognitive therapists take a different approach, which doesn't suggest that people with OCD are psychologically damaged or suffering from the aftermath of bad parenting. This approach provides useful, evidence-based methods for the management and mastery of obsessional thinking. As a result, living with our intrusive thoughts, cultivating resiliency towards anxiety, and engaging in a life well lived become the aims of therapy, rather than living in fear that we might be “crazy” because of the inevitable, but uninvited, visits from our intrusive thoughts.

“Choosing” to Have a Better Relationship

Laura Oliff, Ph.D.

Many people imagine a loving relationship as one in which they experience an almost “magical”, intense and immediate attraction to another person. This initial feeling of passion is usually based on physical appearance and idealized or romanticized fantasy. Conflict begins when these feelings of love or passion become attached to incompatible people. Over the



course of one's life, it is possible to experience these feelings of love with many different people, only a few of whom are probably appropriate. Making a more careful and deliberate choice about the qualities you seek in a partner is a better strategy for creating a more satisfying relationship.

No matter how unromantic this advice may sound, love needs to be thought through. Couples need to take the time to learn about their partner's beliefs, values and ambitions. They need to know how their partner fulfills his or her own individual needs, resolves conflict, or expresses anger. People need to take the time required to learn about these critical issues before making long-term commitments.

Any successful relationship requires both loving and liking one's partner. "Loving" refers to the romantic bond and sexual attraction a couple experiences while "liking" involves enjoying the other person's company and attributes such as their sense of humor, perspective on life, or sensitivity. If you continue to like and be attracted to your partner over time, you may have the basis for a good relationship. Similarities play an important role in this process as well. Common interests, styles of relating, values and beliefs all make living with another person a bit simpler and easier. Of course, some differences make a relationship exciting, but similarities in priority areas make a couple much more compatible.

Although most people can be flexible and open to change over the course of their lives, there are limits to how much any person will change. Believing that your partner will change after you've made a commitment, or that you can "fix" him or her if you work hard enough on it, often ends in disastrous results. The relationship becomes filled with nagging, arguments, and resentment. Being aware of your own needs, dreams, strengths and weaknesses can also help you choose a more appropriate partner. Ignoring an important dimension of your own personality, whether it be independence and strength or dependence and insecurity, can have a negative impact on relationships if your partner's personality does not compliment your own.

As practical and rational as this may sound, good relationships begin with an accurate and thorough "shopping list". Chances are that whatever you prioritize in

a relationship, you will probably find. Therefore, identifying a set of priorities that reflects your needs and the qualities you value in a partner will help you choose more wisely. Some important areas to consider in creating this list includes physical attractiveness, religious or ethical values, parenting styles and values, sexuality, interests, personality, emotional style, relational style or need for closeness, work and economic factors and even energy level. Remember, you will not find the "perfect" partner, but the better you know yourself and what you value most in another person, the more likely you are to have a good, satisfying relationship.

The Power of Mindfulness

Antonia Pieracci, Ph.D.

What is mindfulness? Mindfulness is a technique adapted from Eastern meditation practice that refers to intentional, nonjudgmental awareness. Jon Kabat-Zinn, one of the pioneers of mindfulness-based practice in therapy refers to mindfulness as, "paying attention to things we ordinarily never give a moment's thought to." Mindfulness involves learning to control attentional processes so that one can be fully present in the moment without evaluating the experience. When being mindful, one participates fully in the task at hand, while also being cognizant of their environment. For example, a ballet dancer may be fully engaged in her routine while also aware of the presence of the other dancers around her and the beat of the music so as to keep time and not bump into others.

Why is mindfulness important? Many of the problems for which people seek treatment stem, in part, from not being in the present moment. For example,



people who seek treatment for anxiety disorders generally are focused on the future and tend to make negative predictions about the future either out loud or to themselves ("What if I get lost?" "What if I make a fool of myself?" "What if I fail the exam?"). Conversely, people who are depressed tend to focus on the past and ruminate about negative things that have happened ("I didn't get the internship I wanted" or "Why did Bill break up with me?"). Additionally, both anxious and depressed people tend to judge themselves negatively and have thoughts such as, "I'm a failure."

How can mindfulness help? The idea is that if anxious and depressed people focus on being in the present in a nonjudgmental way they can drastically reduce their distress. Mindfulness practice encourages people to observe and describe their experience, which includes their thoughts, feelings and behaviors. So, the depressed person having the thought, "I'm a failure" could observe themselves having that thought (even state out loud, "I'm having the thought that I am a failure) which is a way to distance themselves from the thought and help them realize that the thought is simply a thought, nothing more. It is NOT a statement of fact. Or the anxious person that is worried about an upcoming meeting at work may have thought, "I will sound stupid." From a stance of mindfulness they could observe this thought and again, note that it's a thought, a product of their mind, and not necessarily a truth. In addition, the depressed or anxious person can shift their attentional focus to the world around them rather than simply focusing on their thoughts and feelings (see below for examples of mindful eating and walking).

Does mindfulness really work? Research has demonstrated that mindfulness practice is useful in preventing depressive relapse and in the treatment of anxiety disorders, chronic pain, addictions, and stress related problems. In addition, mindfulness is a component of Dialectical Behavioral Therapy (DBT), which has been demonstrated to be an effective treatment for Borderline Personality Disorder. Mindfulness is also being used to treat attention deficit disorders and impulsive behaviors.

How can I practice mindfulness? You can incorporate mindfulness into your life in many different ways. In addition to daily meditation practice, you can be mindful

doing most anything, even routine tasks in life. Mindfulness involves engaging the senses to fully participate in the present moment with awareness. For example, you can be mindful while eating—in which case you can sit and eat without the distraction of TV, the newspaper or telephone conversation. Instead, you can shift your attention to the moment—to the experience of eating—by noticing the smell of the food, the colors of the food, the taste of the food, and the sensation of fullness you begin to feel in your stomach. You can take a mindful walk (even in New York City!), which involves a break from your usual multitasking of talking on the phone, making your mental “to-do list” for the day, or running through the meeting you just attended. Rather, you can focus on the world around you—observe the color of the sky, how the light hits the pavement, the colors of the tiny buds beginning to emerge on the trees, and the sensation of your feet hitting the pavement as they walk.

Mindfulness practice is designed to help us endure difficulties and to enhance our enjoyment of life. One client who began practicing mindfulness commented that although she always hated to cook, when she cooked mindfully it transformed her experience and made it much more satisfying.

Cognitive Therapy in Peru

Danielle Kaplan, Ph.D.

In October of 2005 I had the honor of spending 10 days as an invited guest at the Universidad Catolica de Santa Maria in Arequipa, Peru. Arequipa, a city of several hundred thousand in the South of Peru, is rich in tradition, beautiful architecture, cloudless skies, and some of the warmest hospitality I have ever encountered. It is also home to a vital community of psychologists. One, Dr. Tito Cuentas Butron, has made it his goal to increase the presence of cognitive behavioral therapy in Peru. As part of this effort, I delivered a series of workshops on the applications of CBT to the treatment of Panic Disorder, Post-Traumatic Stress Disorder, Depression, Obsessive-Compulsive Disorder, and marital and family conflict. I also guest lectured in a number of Master’s-level courses and consulted with students on their research.

My experience in Peru led to an ongoing professional relationship with some of the

students and faculty at UCSM. I am currently consulting with students there on a research project about the relationship between cultural beliefs and anxiety. I am also lucky to have come away having established warm friendships with some of the many dedicated students and professionals I met during my stay.



Dr Kaplan with Dr. Butron in Peru

The CBT community in the US and abroad has been extremely generous in support of Dr. Cuentas’ endeavors. Many of our colleagues have provided him with materials on state of the art cognitive therapy theories and techniques. Some of them will be traveling to Arequipa in the upcoming months to lecture on their areas of specialization. My sincerest thanks goes to them for joining in this effort. I am also very grateful to Dr. Robert Leahy for facilitating and encouraging this cultural exchange, to Dr. Cuentas and his family for their extraordinary hospitality, and to all the wonderful students and their families who made my stay so unforgettable.

AICT STAFF

Institute Director

Robert L. Leahy (B.A., Ph.D., Yale) is the President of the International Association of Cognitive Psychotherapy, President-Elect of the Academy of Cognitive Therapy, and Associate Editor of *The Journal of Cognitive Psychotherapy*. He is the Founder and Director of the Institute and he is Clinical Professor of Psychology in Psychiatry at Weill-Cornell University Medical School. He is the editor and author of fifteen books, nine of which are Book Club Selections. His research has been supported by the National Institute of Mental Health. He also serves on the Scientific Advisory Committee of the National Alliance of the Mentally Ill as well as the Advisory

Committees of numerous national and international conferences on cognitive-behavioral therapy. His book, *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, was published in Fall 2005.

Laura Oliff, Ph.D., Director of Clinical Training

(Ph.D., New School for Social Research) has over eighteen years of clinical experience with individuals, couples and families focused on the treatment of depression, anxiety, eating disorders, marital conflict, and women’s issues. She has also worked extensively with children and families. Her research has focused on women’s self-esteem, assertion, rejection-sensitivity and overcompliance. Dr. Oliff has additional experience in child and adolescent assessment. She has conducted staff-training workshops on Attention-Deficit Hyperactivity Disorder and has appeared as a panelist on eating disorders and body image issues for Metro-Learning Center TV. She is a Founding Fellow of the Academy of Cognitive Therapy.

Danielle A. Kaplan, Ph.D., Senior Supervising Clinician

(B.A., Cornell University, M.A., Ph.D., University of North Carolina), received her Ph.D. from the University of North Carolina at Chapel Hill, where she was a recipient of the Pogue University Fellowship and the Martin S. Wallach Award for the Outstanding Graduate in Clinical Psychology. Dr. Kaplan has substantial clinical experience with individuals, couples and families, focused on the treatment of depression, anxiety, women’s self-esteem issues, relationship conflict, family violence and immigration/accluturation issues. She has worked extensively with Latino children and adults, and is bilingual in English and Spanish.

Lisa A. Napolitano, Ph.D., Senior Supervising Clinician

is a graduate of Barnard College, and earned her doctorate in clinical psychology at Fordham University. Prior to obtaining her doctorate in psychology, Dr. Napolitano graduated with honors from the Benjamin N. Cardozo School of Law and worked as an attorney in New York and Washington, D.C. Dr. Napolitano has extensive clinical experience with the treatment of depression and anxiety disorders, eating disorders, self-esteem problems, perfectionism, and relationship issues. Dr. Napolitano is Director of the Institute’s Dialectical Behavior

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Support FACT!

FACT is the **Foundation for the Advancement of Cognitive Therapy**, a non-profit organization that supports training and research on the treatment and nature of depression and anxiety disorders. We are working to train therapists and conduct research to develop more effective treatments for these devastating problems.

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The Foundation supports training of qualified therapists in cognitive therapy. We provide support to interns, post-doctoral Fellows, and workshops. In addition, we support ongoing research programs on depression, anxiety, emotional regulation, worry, decision-making and personality disorders.

FACT has received grants from the George F. Baker Trust and The Robert Wood Johnson, IV, Charitable Trust.

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Therapy (DBT) skills training group program.

Dennis D. Tirch, Ph.D., Director of Education. Dr. Tirch serves as an Adjunct Assistant Professor and Clinical Supervisor at the Ferkauf Graduate School of Psychology of Albert Einstein Medical School. His internship and post-doctoral fellowship took place at the Veterans Affairs Medical Center in Bedford, MA, where he served as the Assistant Director of the hospital's CBT Center. He has co-authored several articles and chapters on CBT and has specialized in the treatment and study of mood disorders, PTSD, panic disorder, mindfulness and acceptance based techniques, and addictive behaviors.

Rene D. Zweig, Ph.D., Clinician, received her B.A. in psychology from the University of Michigan and her Ph.D. in clinical psychology at Rutgers University. She completed a pre-doctoral internship at Yale University School of Medicine. Dr. Zweig has specialized training in cognitive-behavioral treatment for substance abuse, eating disorders, smoking cessation, and depression. Her other clinical interests include anxiety disorders, gender-specific psychological treatments, body image, weight loss, emotional regulation, and leadership development. She co-authored a chapter in *Treating Substance Abuse: Theory and Technique (Second Edition)*, which was published in 2003.

Antonia M. Pieracci, Ph.D., Clinician, graduated Summa Cum Laude from the University of Pennsylvania and earned her graduate degree from Temple University where she was awarded a University Fellowship. Dr. Pieracci completed her pre-doctoral internship at Maimonides Medical Center in Brooklyn, NY. She has experience in the treatment of a wide range of issues including depression, bipolar disorder, personality disorders, anxiety, substance abuse, marital conflict, and psychosis. She also has specialized training in cognitive-behavioral therapy for weight loss and binge eating disorder.

David A. Fazzari, M.S., Clinician and Research Assistant received his B.A. with honors from Boston University and is now a Doctoral candidate in Clinical Psychology at Teachers College, Columbia University. Currently he is conducting research at Columbia University where he is investigating the effect of relationship-attachment patterns on coping ability

among World Trade Center survivors. In addition, he assists Dr. Leahy as Assistant to the President of the International Association for Cognitive Psychotherapy. He will begin his internship training program at the Payne Whitney Clinic-Weill Cornell Medical Center this June.

Jenny Taitz, Clinician, graduated Magna Cum Laude from New York University where she earned departmental Honor's in psychology for her research on altruism. Ms. Taitz is currently pursuing a doctoral degree in Clinical Psychology at Yeshiva University's Ferkauf Graduate School of Psychology. She has served as a primary clinician at Bellevue Hospital and has experience co-leading psychosocial groups, performing forensic evaluations and psychological assessments.

Jon D. Rogove, M.A., Clinician, is currently pursuing a Ph.D. in clinical psychology at Fairleigh Dickinson University. Mr. Rogove has had doctoral-level clinical training at North Shore University Hospital, White Plains Hospital Center, and the Center for Psychological Services at Fairleigh Dickinson University. He has experience treating adults and children with a wide range of problems and issues. Mr. Rogove's clinical interests include cognitive-behavioral therapy, depression, stress and anxiety disorders, anger, relationship issues, and personality problems.

Staff

Ginger Villareal Armas, Intake Coordinator, received her B.A. with honors from Manhattanville College in Art History where she also studied at St. Clare's, Oxford, England. At Manhattanville she was the sole recipient of the Art History Departmental Honors, the Dean's Prize, and Portfolio Honors. A member of Psi Chi – The National Honor Society in Psychology, she is pursuing a Master's degree in General Psychology at New York University.

Norise Rivera, Research Assistant, is currently pursuing an undergraduate degree at New York University. She is a double major in sociology and psychology. In addition, she has worked as a tutor and a counselor with youths in the New York area. She hopes to continue her education in psychology and pursue a Ph.D in Clinical Psychology.