

Spring 2005

# COGNITIVE THERAPY

136 East 57<sup>th</sup> Street  
Suite 1101  
NEW YORK, NY 10022  
TEL: (212) 308-2440



**Recent books by  
Dr. Robert Leahy:**

I am pleased to announce the publication of several of my new books on cognitive-behavioral therapy covering the treatment of depression, anxiety, bipolar disorder and the application of the cognitive therapy model to the psychology of economics. These books may be purchased through the publishers or through Amazon.com.

***Roadblocks in Cognitive-Behavioral Therapy : Transforming Challenges into Opportunities for Change***

***Cognitive Therapy Techniques : A Practitioner's Guide***

***Psychological Treatment of Bipolar Disorder*** (ed. with Sheri Johnson)

***Clinical Advances in Cognitive Psychotherapy: Theory and Application*** (ed. with E. Thomas Dowd)

***Psychology and the Economic Mind: Cognitive Processes and Conceptualization***

***Contemporary Cognitive Therapy : Theory, Research, and Practice***

**Dating After Divorce:  
No More Excuses**  
Laura Oliff, Ph.D.

Meeting people sometimes happens by accident, but for most of us, it will require time, effort and money. You'll need to give up the comfort of your home and go out and mingle with strangers. You will also need to be willing to be rejected and hurt once again.

Divorced people often have less time for socializing than single people who have never been married. The responsibilities of caring for children and maintaining a home require a daily commitment of time and energy. Divorcees also have unique concerns about looking for someone who not only meets their personal needs, but is kind and considerate of their children. Although there are many good reasons to be cautious when considering a new relationship, several common excuses often prevent divorced people from reaching out.

How many times have you heard someone comment that "only losers are out there". If you believe this, then you must assume that winners get married and stay married. In fact, marital status has no relationship to psychological health or personal effectiveness. There are tens of millions of single people in the US alone. Individuals within this large a group fall along a continuum from miserable to very happy, surviving to successful and from bitter to open and loving.

Fear of being too old is another popular excuse for not dating. Being older does not mean you've lost your attractiveness to people in your own age group. They've actually gotten older and wiser along with you. However, the innocence and enthusiasm you once brought to dating when you were younger may not be as strong ten or fifteen years later. Gradually, as the healing process continues, you will become less weary and more interested in the idea of a new relationship.

Many divorced people worry about being "unattractive" physically or psychologically. Attractiveness is more a matter of the spirit than physical appearance. Self-acceptance is probably one of the most valuable and attractive qualities you could have. If you accept your own failures and flaws rather than apologize for them, others are more likely to do the same with you. You can't redo your life at this point, but you can recognize how your positive and negative experiences have created a unique person – you. Believing there are people who will find you attractive will help you find them.

Other popular excuses include the belief that the kids need you. Although parents often sacrifice for their children, maintaining your own emotional life also makes you a happier individual and a better parent. Self-care is an important part of being a good parent. Feeling confused about where to look to meet other single people does not need to be an obstacle. Try some new and different things that can increase the number of single people you come into contact with: Let people know you're available again, go dancing, attend parties, sporting events, join a special interest group, take a class,



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attend special events like art openings, lectures or museum exhibits, join a singles organization that specializes in introducing singles to one another.

Allow yourself some time to become comfortable again as a single person. You can find other desirable single people if you choose to give up the excuses, make the effort and take the risks.

### **Living With Bipolar Disorder**

Dennis Tirch, Ph.D.

Bipolar disorder, also known as manic-depressive illness, can be a distressing diagnosis, and is often misunderstood. In addition to periods of depression, people with bipolar disorder also may experience mood changes known as episodes of “mania”. Mania involves an elevation in mood, which can take the form of euphoria, expansiveness, or irritability. Symptoms of mania also include pressured speech, decreased need for sleep, racing thoughts, an increase in goal directed activity, an inflated sense of self-esteem, and growing involvement in pleasurable activities that have a high risk of negative consequences. At its most severe, the mood disturbance in bipolar disorder can even lead to psychotic symptoms. Sometimes, bipolar disorder involves “hypomania” which is a milder form of mania. A hypomanic episode may be experienced as merely a positive change in mood, and, as such, may be overlooked. Some research has indicated that up to 40% of patients with bipolar disorder are misdiagnosed with unipolar depression. This sort of misdiagnosis can be a serious problem, because treatment with anti-depressant medication alone can actually increase the likelihood of a manic episode. When enduring a manic episode, some patients have a difficult time maintaining their medication treatment, because the elevation in mood involved in mania may seem pleasurable or compelling.

Despite the challenges involved in the treatment of bipolar disorder, many patients are able to successfully manage their illness, and live healthy and productive lives. Medication is the focus of most treatment. Mood stabilizers are typically the main medication used, but psychiatrists may also use anti-depressants and other neuroleptics to treat various aspects of bipolar disorder. Research has demonstrated that medication can be quite effective in

treating patients with bipolar disorder.

Cognitive-behavioral therapy (CBT) is often used in conjunction with medication treatment. In such cases, CBT may be used to help patients maintain their medication compliance. CBT can help patients to overcome the stigma and shame associated with the disorder. Cognitive therapists and patients may pursue a range of treatment goals that include improved impulse control, challenging hopelessness, maintaining healthy lifestyle choices, and increasing a patient’s ability to make rational decisions. CBT methods may also be used to help a patient avoid the abuse of drugs or alcohol, which can exacerbate the symptoms of bipolar disorder.

Relapse prevention is a particularly important part of CBT for bipolar disorder. Patients with bipolar disorder typically experience periods of a normal mood, between manic and depressive episodes. CBT teaches the patient to use self-monitoring methods to observe fluctuations in their social behavior, mood, and habits. As a result, a patient may be able to notice the earliest signs of a mood disturbance, and take steps to manage their mood and behavior. Often a core circle of supportive family and friends are involved in helping a patient to live a healthy life and manage the disorder.

Although bipolar disorder is a serious psychological problem, treatments such as CBT and medication can be used to help patients manage their symptoms and live more fulfilling lives. For more information about bipolar disorder, please visit our website at <http://www.cognitivetherapynyc.com>.

### **Making the Best of a Bad Situation**

Danielle A. Kaplan, Ph.D.

For many of us, the most challenging problems are those for which there are no immediate solutions. Life events such as the end of a relationship, a chronic illness, or a perpetually noisy upstairs neighbor may be stressful in part because we have limited control over how or when they begin to improve. Although we may not always be able to change a difficult situation right away, there are several steps we can take

to make it more tolerable.

**Accept Where You Are:** It is impossible to make a bad situation better if we do not first acknowledge reality. For example, a person whose partner has filed for divorce may delay hiring a lawyer or making financial arrangements for living on his or her own if they do not first accept that the divorce is happening. The first step towards taking productive action is to see the situation for what it is. As a colleague said recently, “Liking reality is optional. Accepting it is mandatory.”

**Improve What You Can:** In some cases, a bad situation can be made better through direct action. Someone who is persistently unhappy with their job may be able to improve their situation by speaking with their boss, soliciting advice from colleagues and mentors, or by searching for a new job and sending out resumes. In cases in which a bad situation can be viewed as a problem to be solved, identify the first step in making the situation better. Then take it.



**Tolerate What You Can't:** Unfortunately, not all situations can be improved through direct action. For example, although a chronically ill family member may be helped through medical intervention, the pain of seeing a loved one suffer is not a problem with a specific solution. In cases in which a situation cannot be made better right away, we have no choice but to tolerate it. This may be made easier by reaching out for social support, soothing ourselves by adding relaxing elements to our environments, or finding meaning in enduring the pain. We may also choose to improve an aspect of our lives not directly related to the difficult situation- for example, someone who is unhappy about not being in a relationship may not be able to control that

situation directly, but *can* invest energy in improving their social life in general.

Sometimes our own thinking about a situation may make it difficult to tolerate. Thoughts like, “This will never get better”, “I should always be able to fix a difficult situation”, or “I can’t stand it if things don’t go my way” may interfere with our ability to cope with reality in the most effective way possible. Cognitive therapy can be helpful in identifying and challenging these patterns of thinking, and improve our ability to cope when life throws us an unexpected challenge.

### There’s More to Intelligence Than IQ

Rene D. Zweig, Ph.D.

“Emotional intelligence” is a term coined by Jack Mayer and Peter Salovey and later popularized by best-selling author Daniel Goleman to describe a range of abilities that are independent of knowledge, technical skill, and IQ scores. Emotional intelligence is the capacity to effectively recognize, understand, express, and manage your emotions and the emotions of other people. Professional advancement, leadership, salary, social likeability, parenting skills, stress tolerance, and empathy are all related to emotional intelligence. Conversely, people low in emotional intelligence are more likely to engage in self-destructive behaviors, smoke cigarettes, abuse drugs, have poorer quality relationships, and experience more loneliness. Emotionally intelligent people are, in short, more effective at work, in their social lives, and with their families, and also are more likely to lead balanced lives.

There are four interrelated components of emotional intelligence, according to Mayer and Salovey: 1) *identifying emotions*; 2) *using emotions*; 3) *understanding emotions*; and 4) *managing emotions*. *Identifying emotions* involves the ability to recognize and accurately display your emotions, the ability to accurately read others and know how they feel, and the ability to recognize emotions in others through facial and body language cues. If you are skilled at identifying emotions, for example, you would know how you feel during an argument with your spouse and your body language, words, and tone of voice would match this emotion. As a result, you would not lash out in anger at your spouse when what you are really feeling is sad and hurt.

*Using emotions* involves using your emotions for maximum benefit. Using emotions includes understanding how emotions influence thought and behavior, and then matching your current emotion to an appropriate task. This skill extends to matching your interpersonal interactions to others’ moods. If you are an emotionally intelligent manager, you hold important meetings at a time of day when your staff is most alert, motivated, and likely to participate fully. You could further influence your employees’ positive mood and active participation by providing coffee and a light breakfast just prior to the meeting. Your satisfied and alert employees will then be more productive given this timing than if you held the meeting after lunch or at 4:30 p.m. on a Friday afternoon, for example. Using emotions also includes emotional empathy, or feeling what others feel. Accurate use of emotions allows you to maximize productivity and make emotional connections with others.



*Understanding emotions* is akin to having a good emotional vocabulary. Individuals with this skill are more adept at predicting their own and others’ emotions. In addition, they better recognize how emotions escalate and deescalate in intensity. If you are already feeling sad and unhappy, for example, your emotion is likely to deescalate to blue if you see a funny movie. Conversely, your sadness is likely to escalate into hopelessness and despair if you stay home, avoid seeing friends, and think about the many other things that have gone wrong over the past few weeks. Individuals with this skill also understand how two or more emotions combine to form another feeling. If you are more skilled at emotional understanding, you will more effectively motivate yourself and others, be perceived as more sensitive, and better understand other people’s view-

points.

The final aspect of emotional intelligence is *managing emotions*, which involves the ability to use emotions to solve problems, not becoming overwhelmed or biased by emotion during decision-making, controlling or delaying your reactions to emotions, and adapting yourself to meet the emotional needs of others. For example, you can use anger as a signal that something is wrong in a relationship, identify the source of the frustration, and find a non-explosive solution to the problem. Effectively managing your emotions requires knowing the difference between feeling an emotion and reacting to that emotion. Responding appropriately to your emotions allows you to achieve greater interpersonal, professional, and personal success.

The ability to identify, use, understand, and manage your emotions is critical for personal and professional achievement because emotions communicate important information about the world around you, alert you to situations requiring action, and convey non-verbal messages to the people around you. Emotional intelligence can be learned and enhanced, and doing so will allow you to better cope with stress, to increase productivity, to develop better connections with others, and to improve feelings of balance and mental well-being. Emotional intelligence does not mean experiencing only positive emotions or avoiding negative emotions. Instead, it involves accepting and managing both positive and negative emotions in yourself and others.

To learn more about how Cognitive-Behavioral Therapy can be useful to increase emotional intelligence, improve mood and anxiety, increase self-understanding, and facilitate healthier relationships, please contact the American Institute for Cognitive Therapy.



### Beliefs about Emotions

Lisa Napolitano, Ph.D.

Did you know that your beliefs about emotions affect how you manage and experience them? Many people develop distorted beliefs about emotions as children and maintain these over the course of their lives. They may have learned that negative emotions such as sadness, anger, and anxiety are useless or destructive. Other distorted beliefs or “emotions myths” include the ideas that being emotional means being out of control or weak, and that emotions last forever. People with such beliefs have very little incentive to experience their emotions, and prefer to keep them at a distance. Unfortunately, maintaining a distance from one’s emotions means that positive ones as well as negative ones are not fully experienced. Interestingly, many people also develop distorted beliefs about positive emotions, such as happiness and hope. Happiness may be considered dangerous because of the “letdown” it can bring when it subsides. Similarly, hope makes one vulnerable to disappointment.

At AICT, your beliefs about emotions are assessed at intake. In therapy, you will learn techniques to change distorted beliefs. Incentive to change these beliefs and to experience emotions is developed by learning about the function of emotions, as well as the difference between acting on an emotion and experiencing it. Your therapist can teach you skills to decrease and tolerate negative emotions, as well as ways to enhance the experience of positive emotions.

### 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 fourteen 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. Dr. Leahy has been featured in *The New York Times*, *The New York Times Sunday Magazine*, *Fortune*, *Newsweek*, *Individual Investor*, the *Washington Post* and on numerous television and radio programs. He is currently focused on writing and research dealing with emotional processing, resistance to change, and decision-making processes. His book, *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, will be 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 over-compliance. 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/acclulturation 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 Therapy (DBT) skills training group program. Her research has been presented at the annual meetings of the Association for the Advancement of Behavior Therapy.

**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 and worked on research supported by the National Institute of Mental Health (NIMH). He has co-authored several articles and chapters on CBT, including chapters in the *New Directions in Cognitive Therapy* series of books, edited by Dr. Robert L. Leahy. Dr. Tirch has specialized in the treatment and study of mood disorders, PTSD, panic disorder, mindfulness and acceptance based techniques, and addictive behaviors. Dr. Tirch is a Fellow of the Academy of Cognitive Therapy.

**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 ces-

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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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sation, 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. Dr. Zweig has presented and received awards for her research at the meetings of the Association for Advancement of Behavior Therapy and the Research Society on Alcoholism. She has also been awarded the Gamma Phi Beta Foundation academic fellowship (1999) and a pre-doctoral training grant from the National Institute on Alcohol Abuse and Alcoholism (1999-2003).

**Shelby Freedman Harris, M.A., Clinician**, is a graduate of Brown University and is currently in the doctoral program at the Ferkauf Graduate School of Psychology at Yeshiva University. She has had clinical training at Gracie Square Hospital and has been a primary clinician in the Cognitive Behavioral Therapy Program for Depression and Anxiety Disorders at Yeshiva University. She also acquired neuropsychological testing experience while at the NYU Comprehensive Epilepsy Center. She works as a clinical supervisor for Masters level students at the Ferkauf Graduate School of Psychology. Shelby is currently conducting research on the neuropsychological effects of insomnia in older adults. She has also contributed to research at Brown University, where she assisted in the development of treatment manuals for risk reduction among substance abusers.

**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. Mr. Fazzari has contributed to research at the University of California, Berkeley on the perception of emotion and ethnicity and its manifestations in human physiology. 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.

*For evaluation of anxiety, depression, phobias or couples problems, please contact our Intake Coordinator at (212) 308 2440*

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[www.CognitiveTherapyNYC.com](http://www.CognitiveTherapyNYC.com)

136 East 57<sup>th</sup> Street  
Suite 1101  
NEW YORK, NY 10022  
TEL: (212) 308-2440

### Staff

**Loren Post, Intake Coordinator / Research Assistant**, graduated Cum Laude from New York University receiving a B.A. in psychology and gender and sexuality studies. She has worked as a research assistant in the Department of Clinical Psychology at Temple University and the Department of Social Psychology at New York University. She completed an independent psychology honors thesis investigating gender differences in social perception in terms of individualism-collectivism. The thesis was presented at New York University's undergraduate research conference and the thesis abstract was published in *Inquiry – New York University's Journal of Undergraduate Research* (2004). Ms. Post is a member and past treasurer of Psi Chi – The National Honor Society in Psychology.

**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.

AICT  
136 East 57th Street  
Suite 1101  
New York, NY 10022