

COGNITIVE THERAPY

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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

In this issue:

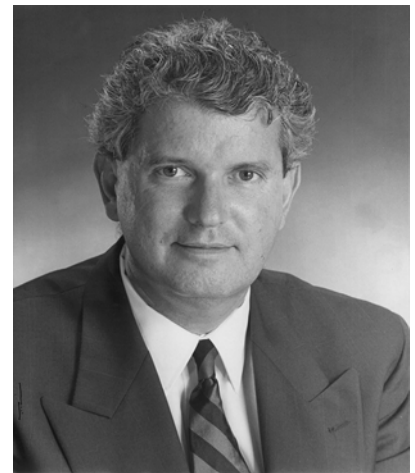
- Anxious Thinking
- Perfectionism
- If I'm a Success, Why Do I Feel Like Such a Phony?
- Beating Self-Defeating Behaviors
- Exercise and Depression
- AICT staff

Anxious Thinking

Robert L. Leahy, Ph.D.
Director of Institute

All of us will feel anxious at times--believing that the worst thing can happen. I am currently finishing writing a book on worry and anxiety and I wanted to share with you some of the intriguing new things that we know about anxiety. First, not surprisingly, people who worry are more likely to predict that negative things will happen. However, not only are they generally wrong about these negative predictions, but when bad things actually do happen, worried people are much better at coping than they anticipate they will be. Second, when we are actively engaged in worry we are actually less anxious. Worry is an abstract and linguistic experience and, therefore, it tends to suppress stronger emotions. When researchers measure the physical arousal while someone is worrying it is actually lower. However, the anxious arousal rebounds later into "free-floating anxiety". Third, a core aspect of worry is the intolerance of uncertainty---worriers believe that not knowing something for certain is equivalent to knowing that it will turn out badly. Fourth, worriers tend to demand close to perfect solutions---which is related to their need for certainty. Thus, they worry until they can find that perfect solution---which, of course, does not exist. Fifth, worriers equate being able to come up with a negative "story" is close to equating this imagined story with the idea that it is likely to happen. It is easy for a chronic worrier to jump to conclusions---"I can imagine it, it's possible, it's likely, it's imminent". Sixth, worriers believe that their worry protects them and prepares them for the worse---even though their predictions seldom come true. Seventh, because the worries seldom come true, the worrier will actually believe (emotionally) that the worry in

fact protected them. And, finally, since worry suppresses emotion it is not surprising that worriers have negative views of emotion. Our research demonstrates that worriers believe that their negative



feelings (anxiety or sadness) will go out of control, that they need to "watch for these feelings and guard against them", and that their feelings do not make sense.

During the last seven years there has been an immense amount of new research and clinical work focusing on worry. Fortunately, we now have a number of interesting---even "counter-intuitive"---interventions that can help with worries. Since these habits of worried thinking have persisted for years, it is important to give yourself time in using new techniques to handle these anxious thoughts. Various outcome studies show that cognitive-behavioral therapy (and treatments utilizing a variety of newer techniques from other approaches) can substantially reduce worry.

Perfectionism

Lisa Napolitano, Ph.D.

Are you a perfectionist? Many successful people are. Perfectionists tend to be self-starters, constantly striving to attain the standards of excellence that they set for themselves. Perfectionists typically have a heightened attention to detail, which enhances the quality of their work product. Their superlative organizational skills help things run smoothly whether at home in or in the office. The pay offs of perfectionism can be considerable. Perfect performances can lead to feelings of great self-satisfaction, as well as professional recognition and career advancement. However, perfectionism also has the potential to interfere with happiness and success. If you are unable to derive satisfaction from your accomplishments, or constantly feel that you are not good enough, perfectionism has become problematic. For many perfectionists, each flawless performance brings only temporary relief from the fear of failure, criticism, and rejection. Rather than build on their successes, these perfectionists are often plagued by self-doubt. Perfectionists often hold themselves to a more stringent standard than others, deeming mistakes acceptable for others, but not for themselves. Not surprisingly, the quest for perfection can cause considerable stress. Further, when the rewards associated with perfection are not forthcoming, the perfectionist can become vulnerable to feelings of depression and despair.

The potential pitfalls of perfectionism may also be apparent in the workplace. The perfectionist's fear of making mistakes and of being criticized can limit the potential for success in fields where creativity and risk-taking are assets. Self-doubt can interfere with decision-making. The tendency to redo things until they are "just right" or to get "lost in the details, can cause unacceptable delays in the completion of projects.

Perfectionism can also create problems in relationships. Perfectionists are frequently disappointed by the failure of others to meet their high expectations. The search for perfection in a mate can lead to loneliness.

In CBT, the perfectionist learns to use perfectionism to his/her advantage by identifying its productive and counterproductive aspects. In therapy, the dysfunctional beliefs that underlie the counterproductive aspects of perfectionism are examined and challenged. For example, many perfectionists believe that they must be perfect to prevent "something bad from happening," or that perfection is a precondition of acceptance by others. The therapist helps the perfectionist to consider the evidence for and against these beliefs, as well as the costs and benefits of maintaining them. Modification of these beliefs helps the perfectionist to overcome the debilitating aspects of perfectionism and to derive greater satisfaction from his/her accomplishments.

If I'm Such a Success, Why Do I Feel Like a Phony?

Elissa Tolle Lefkowitz, Ph.D.

The term "impostor phenomenon" was coined by researchers Harvey and Katz, and encapsulates a sense of having fooled others into overestimating one's ability, a fear of being exposed as a fraud, and a tendency to attribute success to some factor other than intelligence, skills or ability. While these thoughts and feelings are understandable in certain contexts (i.e., at the start of a new job), they are troublesome and maladaptive when they continue to persist despite one's objective successes.

Researcher Pauline Clance believes that the impostor phenomenon is comprised of six potential characteristics, the first of which is the "Impostor Cycle" which starts with anxiety when one is faced with a new task. Despite this anxiety, there is a tendency to succeed, bringing a sense of temporary relief. However, these successes intensify a sense of fraudulence and the cycle is repeated. The second characteristic is "The Need to be Special, to be the Very Best". Individuals with impostor beliefs may have been the best in their childhood or adolescent years, yet in an environment such as a

work setting, they realize they are only one among many exceptional people. This may lead to discounting their talents, presuming they are "stupid" if they are not the very best. "Superwoman/Superman Aspects" refers to an assumption that one should do everything flawlessly and with ease. When individuals with this belief inevitably fail at being perfect, they feel defeated. "Fear of Failure" has to do with being terrified of failing at a goal. This fear prompts a tendency to work extra hard, or to give up on the goal entirely. "Denial of Competence and Discounting Praise" describes the inclination to deny evidence that one is competent or intelligent. By discounting praise or positive feedback, one maintains a belief of being an impostor. Finally, "Fear of and Guilt About Success" reflects apprehension that success will be difficult to handle.

Cognitive-behavioral therapy can be useful in treating people who hold these impostor beliefs. A therapist can help monitor these thoughts and feelings, and look for objective evidence to refute these ideas. For instance, if you are prone to "Superwoman/Superman" thoughts, your therapist can help you ultimately feel good about doing something "well enough" instead of "perfectly". For "Denial of Competence and Discounting Praise," your therapist can help you identify, integrate and enjoy positive feedback received. Interventions to assist individuals with impostor beliefs include self-monitoring, bibliotherapy, identifying, challenging and modifying cognitions, outlining advantages and disadvantages of impostor beliefs, and imagery and behavioral exercises to help apply your new learning to the outside world.

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More articles on page four...

AICT STAFF

Institute Director

Robert L. Leahy (B.A., Ph.D., Yale) is the President of the International Association of Cognitive Psychotherapy, Associate Editor of *The Journal of Cognitive Psychotherapy* and he serves on the Executive Committee of the International Association of Cognitive Psychotherapy and with the Executive Board of the Academy of Cognitive Therapy. He is the Founder and Director of the Institute. Currently, Dr. Leahy is Clinical Professor of Psychology in Psychiatry at Weill-Cornell University Medical School, the author of 130 articles and papers, and the editor and author of thirteen books. 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. Dr. Leahy's books include *Cognitive Therapy: Basic Principles and Applications*, *Practicing Cognitive Therapy*, *Treatment Plans and Interventions for Depression and Anxiety Disorders* (with Holland), *Overcoming Resistance in Cognitive Therapy*, *Bipolar Disorder: A Cognitive Therapy Approach* (with Newman, Beck, Reilly-Harrington, & Gyulai), *Clinical Applications of Cognitive Psychotherapy* (ed. with Dowd), *Psychology and the Economic Mind*, *Cognitive Therapy Techniques: The Practitioner's Guide*, *Roadblocks in Cognitive-Behavioral Therapy* (ed.), and *Psychological Treatments of Bipolar Disorder* (ed. with S. Johnson). He is completing a popular-audience book on *Worry* to be published by Simon and Schuster and he is completing an edited book in honor of

Aaron Beck (the founder of cognitive therapy). Eight of his books have been main selections of the Psychotherapy Book Club and the Behavioral Science Book Club.

He has been a keynote speaker and invited workshop presenter at the World Congress of Cognitive Behavioral Therapy, the British Association of Behavioral and Cognitive Psychotherapy and the European Association of Behavioral and Cognitive Psychotherapy. He is a frequent invited lecturer nationally and internationally and has presented his work at Yale, Harvard, McGill, Cornell Medical School, the University of Vienna Medical School, Columbia University and at many national and international conferences.

Director of Clinical Training

Laura Oliff (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.

Clinical Staff

Danielle A. Kaplan (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. Dr. Kaplan has taught Cognitive Behavior Therapy in the Counseling Psychology program at Northwestern University and has run the Dialectical Behavior Therapy group program at the Advocate Illinois Masonic Behavioral Health Center in Chicago. In addition, she holds an honorary faculty appointment in the Department of Psychiatry of the Instituto Nacional de Ciencias Exactas in Santo Domingo, Dominican Republic, where she is a consultant on the use of Cognitive Behavior Therapy with children and adolescents. Dr. Kaplan has co-authored several book chapters and has presented at national conferences on assessment and therapeutic approaches with diverse populations.

Elissa Tolle Lefkowitz, Ph.D., graduated with distinction from Cornell University and with distinction from Columbia University, where she received an Ed.M. in Psychological Counseling and a Ph.D. in Counseling Psychology. She was awarded the Dean's Grant for Dissertation Research (2001) for her work on the influence of coping strategies and personality traits on adjustment to college, and was also the recipient of the Rose Biller Endowment Fund (1999). Dr. Lefkowitz has led workshops on stress reduction, theories of advisement and test anxiety. She has presented her work at meetings of the American Psychological Association and the Society for Research on Identity Formation on working mothers' coping strategies, identity statuses, role conflicts and career salience.

Lisa A. Napolitano, Ph.D., earned her doctorate in clinical psychology at Fordham University, and completed a pre-doctoral internship at the Manhattan Veterans Affairs Medical Center. Dr. Napolitano received her undergraduate degree from Barnard College, and graduated with honors from Benjamin N. Cardozo School of Law. Prior to obtaining her doctorate, she practiced law in New

York and Washington, DC. Dr. Napolitano's primary clinical interests include the cognitive-behavioral treatment of personality disorders, chronic depression, post-traumatic stress disorder, and in the dialectical behavioral therapy of borderline personality disorder and compulsive self-injury. She is experienced in both the neuropsychological and psychological assessment of adults. Dr. Napolitano developed a group therapy protocol for stress management employing mindfulness techniques and cognitive therapy principles. Her research has been presented at the annual meetings of the Association for the Advancement of Behavior Therapy.

Carrie B. Spindel, M.A., is a graduate of Cornell University and is currently in the doctoral of psychology program at Ferkauf Graduate School of Psychology at Yeshiva University. She has had clinical training at Bellevue and has been a primary clinician at the Ferkauf Graduate School as well as the Jacobi Center. She has presented her research work at the meetings of the American Psychological Association and has been a teaching assistant in cognitive-behavioral therapy.

Dennis D. Tirsch, Ph.D., graduated Magna Cum Laude, and went on to earn a Ph.D. from Fairleigh Dickinson University. He received the Michael J. Fink scholarship for his work with persons with disabilities for two consecutive years. He completed a pre-doctoral internship and post-doctoral residency at the Edith Nourse Rogers Memorial Veterans Affairs Medical Center in Bedford, Massachusetts. During his residency, Dr. Tirsch served as the acting director of the hospital's Cognitive Behavioral Therapy (CBT) Center, and coordinated the delivery of outpatient CBT services. Also during this period Dr. Tirsch developed a group therapy protocol for persons with post-traumatic stress disorder, employing the principles of cognitive therapy and mindfulness-based interventions. He has co-authored over a dozen articles concerning the application of cognitive therapy principles to persons with disabilities and persons with addictive dis-

orders. He has also co-authored two chapters in the New Directions in Cognitive Therapy series of books, edited by Dr. Robert L. Leahy. Throughout his clinical work, Dr. Tirsch has focused on the assessment and treatment of depression, substance misuse disorders, neuropsychological deficits, and post-traumatic stress disorder.

David A. Fazzari received his B.A. with honors from Boston University and is now a Doctoral candidate in Clinical Psychology at Teachers College, Columbia University. He has developed clinical treatment plans, engaged in individual counseling, and facilitated crisis intervention with adults affected by severe and persistent mental illness, drug addiction, and homelessness. Mr. Fazzari has also served as a residential counselor with severely emotionally disturbed children and assisted in maintaining a therapeutic milieu for the residents. In addition, 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. He currently assists Dr. Leahy as Assistant to the President of the International Association.

Rachel Moser graduated Magna Cum Laude from the University of Pennsylvania with a B.A. in Psychology and a minor in Italian. While at Penn, she researched the psychological aftereffects of September 11th on Search and Rescue Canine Handlers who were deployed after the terrorist attacks, and she studied an expressive writing intervention designed to help alleviate post-traumatic stress symptoms for the rescue worker population. She received the Miles Murphy Award for outstanding psychology research and the Rose Award for exceptional research by an undergraduate. She has also examined explanatory style and depression in children.

Beating Self-Defeating Behaviors Dennis Tirsch, Ph.D.

People frequently decide that it might be time to begin cognitive therapy because of how they feel. For example, a person might want to rid herself of the ongoing sadness related to a depression, or the piercing anxiety involved in a panic attack. Often, however, our behavior itself is a sign that something is wrong. Procrastination and avoidance of important tasks can lead to work piling up, increasing our anxiety and stress. Forgotten telephone calls and cancelled appointments can strain personal and professional relationships. In some cases, people might use alcohol or other drugs to escape from difficult feelings. Cognitive therapy views all of these self-defeating behaviors as targets for an effective therapy intervention. As such, many people are drawn to cognitive therapy as a way to pursue direct behavior change.

Breaking self-handicapping patterns of procrastination, for example, involves change on several levels. Sitting down to pay the monthly bills might lead one to tell oneself, "I can't handle all of this. I'm a failure." These thoughts can lead to anxiety and despair. Rather than face self-criticism and difficult feelings, people often choose to avoid the task altogether, leading to more trouble and pessimistic thinking.

Through cognitive therapy, the patient identifies and challenges the negative automatic thoughts that arise around typically avoided tasks. These thoughts are restructured and replaced by more rational, balanced, and positive thoughts. Our bill payer might restructure her thoughts by telling herself, "Taking care of finances can make me anxious, but tackling this task now will lead to greater success and less anxiety

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in the coming weeks.” Beyond simply challenging these thoughts, patients in cognitive therapy learn stages of self-instruction and problem solving, to overcome self-defeating behaviors. They learn to break down avoided tasks into smaller, more manageable units. Furthermore, they train themselves to look at the costs and benefits of undertaking each step of the task, overcoming their negative thoughts and developing alternative, rewarding behavioral strategies. While many people are drawn to therapy by how they feel, many patients in cognitive therapy learn that by changing their self-handicapping behaviors, they are able to live with less distress and a greater chance for success in the things they set out to do.

Exercise and Depression **Carrie Spindel, M.A.**

Depression is one of the most common problems suffered by Americans today. Approximately 12% of men and 25% of women will suffer from depressive symptoms over the course of their lifetimes. The physical symptoms of depression include change in appetite or body weight, disturbed sleep, loss of energy or feelings of fatigue, and agitation. Psychological symptoms include depressed mood, decreased interest in various activities, negative self-concept, poor self-esteem, difficulty concentrating and making decisions, and even thoughts of death. The good news is that individuals have the opportunity to choose from various methods of treatment that have been shown to be effective in eliminating the symptoms of depression. One such treatment that is becoming more popular among clinicians and researchers is exercise. Studies have shown that exercise can be as effective as medication or psychotherapy. As such, experts suggest that exercise be

used to supplement other types of treatment, such as anti-depressant medication or cognitive behavioral psychotherapy (CBT).

How does exercise affect depression?

Exercise combats both the physiological and psychological symptoms of depression. First, exercise reduces muscle tension and increases energy level. It also increases the metabolism of excess adrenalin and thyroxin in the body. Excess adrenalin and thyroxin have been found to produce states of increased arousal. Thus, exercise has a soothing effect. In addition, exercise stimulates the production of endorphins, which have been shown to increase a person's sense of well-being. Finally, exercise can suppress appetite and therefore lead to weight loss. Psychologically, it has been reported that exercise can improve one's sense of mastery and pleasure, therefore leading to improved self-esteem and sense of well-being. In addition, it improves quality of sleep and concentration, reduces dependence on alcohol and drugs, and distracts attention from worries and concerns.

Set up an exercise plan today!

Exercise is an inexpensive and readily available treatment that can be utilized by individuals of all ages. First, it is useful to anticipate barriers to exercise. For example, many individuals suffering from depression experience low motivation, have little energy, and feel tired. It is suggested, therefore, to make exercise part of your daily routine. Second, make your exercise routine fun and vary your activities to keep it interesting. Furthermore, it is beneficial to keep your expectations realistic – this helps prevent self-criticism and self-blame. Finally, reward yourself for engaging in exercise. This will help maintain compliance and bring you closer to experiencing the benefits of exercise.

Visit our website at

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for detailed information about panic, social anxiety, worry, fear, post-traumatic stress disorder, depression and couples problems.

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