Challenging Issues in CBT: Handling the Difficult Patient

Judith S. Beck, PhD
President, Beck Institute for Cognitive Therapy and Research
Bala Cynwyd, Pennsylvania
Clinical Associate Professor of Psychology in Psychiatry
University of Pennsylvania
Philadelphia, Pennsylvania

Agenda
- Conceptualizing Challenges
- Practical Problems
  - Therapist Error
  - Dysfunctional Beliefs of Patients
- Case Example and Cognitive Conceptualization
- Cognitive Formulation of Personality Disorders
- Therapy Interfering Beliefs
- Information Processing Model

Readings

Readings

Specifying the Difficulty
Too broad: The patient is …
- Unmotivated
- Resistant
- Manipulative
- Aggressive
- Passive

Specifying the Difficulty
What is the patient doing (or not doing) in session or between sessions that is a problem?
Or, what is the patient saying (or not saying) in session or between sessions that is a problem?
**Specifying the Difficulty**

- The patient is unmotivated vs the patient doesn't do homework.
- The patient is resistant vs the patient says, "Therapy can't help." 
- The patient is manipulative vs the patient says, "You're abandoning me," when we discuss tapering sessions.

**Specifying the Difficulty**

- The patient is aggressive vs the patient criticizes me when I make a suggestion he doesn't like.
- The patient is passive vs the patient continually says "I don't know."

---

**Diagnosing Therapeutic Problems**

- Is there a practical problem?
- Does the patient have interfering assumptions?
- Both?

**Practical Problems**

Factors External to Therapy

- Amount of treatment
- Format of treatment
- Organic problem
- Medication
- Adjunctive treatment

**Practical Problems**

- Therapist Error

---

**Diagnosing Therapist Error**

1. Do I have a strong therapeutic alliance with the patient?
2. Did we set concrete, achievable behavioral goals that are under the patients' control and that he/she really wants to achieve?
3. Does the patient really agree with all parts of the cognitive model?
Diagnosing Therapist Error

4. Have I varied treatment according to the cognitive formulation of the patient’s disorder?

Targeted Cognitions for Different Disorders

- Depression: Self, world, and future
- Obsessive-Compulsive Disorder: Appraisals of obsessive cognitions
- Anorexia: Control, worth, perfection
- Panic: Catastrophic misinterpretation
- Paranoia: Trust, vulnerability

Diagnosing Therapist Error

5. Do I have a valid conceptualization of the patient and do I base treatment on this conceptualization?
6. Did I structure the session adequately?

Diagnosing Therapist Error

7. Did I socialize the patient to therapy adequately?
8. Am I implementing techniques effectively?

Dysfunctional Assumptions that Interfere with Treatment

If I __________, then what bad thing could happen?
Or what bad thing could it mean?

Dysfunctional Assumptions

- If I engage in treatment, ______________.
- If I let myself experience negative emotion, ______________.
- If I try to solve my problems, ______________.
- If I get better, ______________.
Case Example: Jane

- 32-year-old woman
- Complex history of substance abuse
- Chronically depressed
- Avoidant personality disorder with strong dependent features

General Cognitive Model

- Situation
  - Automatic Thoughts and Images
  - Reaction
    - Emotional
    - Behavioral
    - Physiological

Situation: Jane feels distressed

- Reaction:
  - Emotional: Anxious
  - Physiological: Tension in body
  - Behavioral: Smokes marijuana

Complex Cognitive Model

Sequence leading to impulsive behavior

Situation: Sitting at home, feeling lonely

- Automatic thoughts: "No one cares about me. No one ever will."
- Reaction:
  - Emotional: Sad, hopeless.
**Situation:**
Notices feeling of sadness

**Automatic thought:**  "I hate this feeling."

**Reaction:**
- Emotional: Anxious

**Automatic thoughts:**
Memories of wonderful feelings after smoking marijuana.

**Reaction:**
- Emotional: Excited
- Physiological: Craving

---

**Situation:**
Recognizes uncomfortable cravings

**Automatic thoughts:**
"I've got to smoke. I know I shouldn't but there's nothing else I can do."

**Reaction:**
- Emotional: Relief
- Behavioral: Buys marijuana; smokes

---

**Situation:**
Afterwards, realizes what she's done

**Automatic thoughts:**
I can't believe I did that. I'm so weak. I'll never beat this addiction.

**Reaction:**
Increase in belief of helplessness

---

**Core Beliefs about the Self**

- Helplessness
- Unlovability
- Worthlessness

---

**Jane’s Core Beliefs**

- I am vulnerable/helpless/out of control; I'm bad/unlovable.
- Other people are critical and will reject me.
**Situation:**
Therapist and Jane discuss alternatives to smoking

Situation is perceived through lens of core belief

**Automatic thoughts:**
[My therapist] is probably thinking how bad I am. She might tell me that she doesn't want to see me anymore.

**Reaction:**
- Emotional: Anxiety
- Physiological: Tension
- Behavioral: Changes subject

---

**Core Beliefs about the World and Other People**

---

**Cognitive Conceptualization Diagram**

**RELEVANT CHILDHOOD DATA**

**CORE BELIEFS**

**CONDITIONAL ASSUMPTIONS/ BELIEFS/ RULES**

**COPING STRATEGIES**

---

**Situation #1**
Thinking about doing therapy homework

**Automatic thought:** I won't do it right.

**Meaning of AT**
I'm helpless, a failure.

**Emotion**
Hopeless

**Behavior**
Turns on TV

---

**Situation #2**
Thinking about revealing marijuana use to therapist

**Automatic thought:** If I tell her, she'll judge me.

**Meaning of AT**
I'm bad.

**Emotion**
Anxious

**Behavior**
Avoids revealing

---

**Situation #3**
Therapist asks about progress in looking for a job

**Automatic thought:** Uh, oh. I don’t really want to think about that.

**Meaning of AT**
I'm vulnerable.

**Emotion**
Anxious

**Behavior**
Changes the subject

---

**Cognitive Conceptualization Diagram**

**RELEVANT CHILDHOOD DATA**

7th of 8 children in poor family Emotionally neglected and deprived Few friends Poor grades, early school dropout

**CORE BELIEFS**

I am helpless/a failure/out of control. I'm bad/unlovable. I'm vulnerable.

**CONDITIONAL ASSUMPTIONS**

Negative assumptions:
- If I try anything difficult, I'll fail.
- If I get in relationships, I'll be rejected.
- If I let myself feel bad, I'll fall apart.

Positive assumptions:
- If I avoid challenges (or quit early), I won't have to face inevitable failure.
- If I avoid people, I'll be okay. I'll be all right.

**COPING STRATEGIES**

Avoids challenges Avoids relationships Avoids assertion
Avoids negative emotions Avoids job quickly Avoids alcohol avoidance
Distracts self when feeling bad; takes drugs

---

**Genetic Predisposition**

**Childhood Experience**

**Core Belief**

**Dysfunctional Coping Strategy**

**Personality Disorder**
## Typical Overdeveloped and Underdeveloped Strategies

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Overdeveloped Strategies</th>
<th>Underdeveloped Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive-Compulsive</td>
<td>Control Responsibility Systematization</td>
<td>Spontaneity Impulsivity</td>
</tr>
<tr>
<td>Dependent</td>
<td>Help-Seeking Clinging</td>
<td>Self-sufficiency Mobility</td>
</tr>
<tr>
<td>Passive-Aggressive</td>
<td>Autonomy Resistance Passivity Sabotage</td>
<td>Intimacy Assertiveness Activity</td>
</tr>
</tbody>
</table>


### Personality Disorder Beliefs and Strategies

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions About Others</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>I'm unlovable.</td>
<td>Other people will evaluate me negatively.</td>
<td>If people know the real me, they'll reject me.</td>
<td>Avoid intimacy.</td>
</tr>
<tr>
<td>Dependent</td>
<td>I'm helpless.</td>
<td>Other people should take care of me.</td>
<td>If I rely on myself, I'll fail.</td>
<td>Rely on other people.</td>
</tr>
</tbody>
</table>

©2016 Beck Institute for Cognitive Behavior Therapy

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions About Others</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid</td>
<td>I'm vulnerable.</td>
<td>Other people are malicious.</td>
<td>If I trust other people, they will harm me.</td>
<td>Be wary of others.</td>
</tr>
<tr>
<td>Antisocial</td>
<td>I'm vulnerable.</td>
<td>Other people are potentially aggressive.</td>
<td>If I can be hurt, I can exploit first, I can be on top.</td>
<td>Exploit others.</td>
</tr>
</tbody>
</table>

©2016 Beck Institute for Cognitive Behavior Therapy

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions About Others</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcissistic</td>
<td>I'm inferior. (The manifest compensatory belief is I'm superior.)</td>
<td>Other people are inferior. (The manifest compensatory belief is others are inferior.)</td>
<td>If others regard me in a non-special way, it means they consider me inferior.</td>
<td>Demand special treatment.</td>
</tr>
<tr>
<td>Histrionic</td>
<td>I'm nothing.</td>
<td>Other people will not value me for myself alone.</td>
<td>I'm not entertaining, others won't be attracted to me.</td>
<td>Entertain.</td>
</tr>
</tbody>
</table>

©2016 Beck Institute for Cognitive Behavior Therapy

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Core Belief about the Self</th>
<th>Belief about Others</th>
<th>Assumptions About Others</th>
<th>Behavioral Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenic</td>
<td>I'm defective.</td>
<td>Other people are threatening.</td>
<td>If people sense that others are feeling negatively toward me, it must be true.</td>
<td>Assume hidden motives.</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>I'm defective.</td>
<td>I'm helpless.</td>
<td>If others will abandon me.</td>
<td>Validate in extremities of behavior.</td>
</tr>
</tbody>
</table>

©2016 Beck Institute for Cognitive Behavior Therapy

©2016 Beck Institute for Cognitive Behavior Therapy

## Typical Borderline Beliefs

1. If people get close to me, they will discover the “real” me and reject me.
2. Unpleasant feelings will escalate and get out of control.
3. Any signs of tension in a relationship indicate the relationship has gone bad; therefore, I should cut it off.
4. I am needy and weak.
5. I need somebody around and available at all times to help me carry out what I need to do or in case something bad happens.

## Typical Borderline Beliefs

6. I am helpless when left on my own.
7. I can’t cope as other people can.
8. People will get at me if I don’t get them first.
9. People will pay attention only if I act in extreme ways.
10. I cannot trust other people.
11. I have to be on guard at all times.
12. People will take advantage of me if I give them the chance.
13. People often say one thing and mean something else.
14. A person whom I am close to could be disloyal or unfaithful.

## Avoidant Personality Disorder

**Therapy Interfering Beliefs**

- If I trust my therapist, I’ll get hurt.
- If I focus on problems in therapy, I’ll feel too overwhelmed.
- If I experience negative emotions, I’ll fall apart.
- If I reveal negative parts of my history and current experience, my therapist will judge me negatively.
- If I try to work toward achieving interpersonal goals, I’ll be rejected.
- If I assert myself, others (including my therapist) won’t like me.

## Avoidant Personality Disorder

**Therapy Interfering Behaviors**

- Puts on a false front.
- Avoids revealing self.
- Changes subject when feeling distressed.
- Discusses problems and cognitions at a superficial level.
- Avoids giving negative feedback.
- Avoids homework assignments that could lead to distress.

## Therapy-Interfering Assumptions of Specific Personality Disorders

**Histrionic Personality Disorder**

- If I entertain my therapist, she will like me.
- If I dramatize my problems, she will want to help me.
- If I act “normally,” I’ll be average and boring.

**Narcissistic Personality Disorder**

- If I impress my therapist, she’ll see me as superior.
- If she grants me special favors, I’ll feel special.
- If I put her down, criticize her, I’ll feel one up.

**Anti-Social Personality Disorder**

- If I’m aggressive with my therapist, I’ll maintain control.
- If I play on her vulnerabilities, I’ll be the strong one.
- If I manipulate and lie to her, I’ll get what I want.

**Paranoid Personality Disorder**

- If I’m vigilant for harm from my therapist, I’ll be okay.
- If I mistrust what she says, I can protect myself.

**Dependent Personality Disorder**

- If I depend on my therapist, I’ll make progress.
- If I avoid making decisions and solving problems, I won’t fail.
Practical Take-Aways

Building the Therapeutic Alliance with All Patients
- Foster patients’ sense of safety in session.
- Basic counseling skills: empathy, accurate understanding, compassion, genuine regard, caring, attunement, etc.
- Collaboration and collaborative empiricism.
- Monitor affect shifts in session.

Coping Card for Therapists
- Help every patient feel safe in session.
- Be a nice human being in the room with every patient. Treat every patient with the respect with which I’d like to be treated.
- Patients are supposed to be difficult; that’s why they’re patients.
- I shouldn’t be able to cure (or substantially help) every patient (but I should try).

Negative Reactions to Patients
- Respond to own dysfunctional thoughts/beliefs
- Consult with colleagues
- Do appropriate self-care

When Patients Display Negative Affect Shift in Session
- Elicit “hot cognitions” about therapist/therapy (including fears, hurts, and predictions)
- Reinforce patient for expressing negative feedback
- Conceptualize difficulty and plan strategy

When Appropriate . . .
- Model apologizing and problem solving.
- Summarize distorted automatic thoughts in context of cognitive model.
- Help patient test validity of automatic thoughts and assumptions.
- Evaluate assumptions in context of other relationships.
- Provide honest, positive feedback.
Negative Reactions to Patients

Every morning, ask yourself:

“Who do I wish would not come in today?”

• Examine your expectations (for self and patients)
• View as opportunity to re-conceptualize patient
• Assess limit-setting

Negative Reactions to Patients

• Respond to own dysfunctional thoughts/beliefs
• Consult with colleagues
• Do appropriate self-care

CBT Training

• Beck Institute for Cognitive Behavior Therapy: www.beckinstitute.org
• Academy of Cognitive Therapy: www.academyofct.org
• Association for Behavioral and Cognitive Therapies: www.abct.org
• Online Training (www.beckcbtonline.org)