

Cognitive Behavioral Therapy A Potential Quick Cure

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Defining the Need for New Forms of Therapy, an Ode to Dr. Beck

Dr. Aaron T. Beck, creator of cognitive behavioral therapy (CBT), died in November 2021, at the age of 100. Dr. Beck pioneered fundamental changes to a century of prolonged, in-depth, Freudian psychoanalysis dogma, moving to brief, effective, and lasting behavioral changing therapies. According to Steven Hollon, PhD, psychologist at Vanderbilt University, we owe Dr. Beck a tribute since he “[saved psychotherapy from itself](#).”¹

Understanding and addressing one’s stresses, anxieties, concerns, and problems have become even more challenging in a complex stressful world of novel pandemics, natural disasters, social unrest, and general dysphoria — all of which continue to push people to a tipping point. In the past, having an intact multigenerational supportive family environment was effective, particularly in the pre-digital age. Now, with 24/7 digital connectivity, economic uncertainty, family dysfunction, and being “always on,” we have created situations with extensive compounding pressure.

Solutions exist, including some newer ones that been gleaned from the stresses noted above: cognitive behavioral therapy. In a fast-paced world, focusing with a CBT-trained, trusted counselor can help a person with a problem self-correct before developing a chronic, disabling mental problem. Often in only five to twenty sessions.



One of the strengths of CBT programs is their structured and systematic approach according to a review in [Psychology Today](#).² By focusing on current, real-time situations, as opposed to deep-seated childhood events, positive results can be immediate. Taking a concrete realistic approach with constructive feedback is quick and efficacious. Once a problem is articulated and placed into manageable bite-sized solutions, early success encourages a continued positive course.

No question, our thoughts and perceptions influence our behaviors. First identifying and then subsequently modifying our response can be therapeutic, moving us beyond the suffering of persistent misery and dysfunction.

CBT'S EFFECTIVENESS

According to the [Mayo Clinic](#), CBT is a useful tool to address emotional challenges.³ For example, it may help individuals:

- Manage symptoms of mental illness
- Prevent a relapse of mental illness symptoms
- Treat a mental illness when medications aren't a good option
- Learn techniques for coping with stressful life situations
- Cope with grief or loss
- Overcome emotional trauma related to abuse or violence
- Cope with a medical illness
- Manage chronic physical symptoms
- Identify ways to manage emotions
- Resolve relationship conflicts and learn better ways to communicate

Mental health disorders that may improve with CBT include:

- Depression
- Bipolar disorders
- Schizophrenia
- Anxiety disorders
- Phobias
- PTSD
- Sleep disorders
- Eating disorders
- Obsessive-compulsive disorder (OCD)
- Substance use disorders
- Sexual disorders

Embedding CBT and mental health services into primary care and traditional psychiatry will help foster access for many common maladies noted above. Physical ailments commonly are exacerbated by mental stresses and vice-versa. Co-locating therapies will help both.

CBT'S GROWTH IN THE DIGITAL AGE

Interestingly, even though the fast pace created in the digital age may exacerbate mental stresses, digital tools can be effective in facilitating CBT. Telemedicine has facilitated access for both CBT and traditional psychiatry. Sessions lasting less than an hour efficiently provide care and maintain privacy. In fact, some patients and caregivers prefer to skip the commuter inefficiency and get right to the interaction. Granted some of the body language communication is lost, but the net result of going remote exceeds the downside loss.

In the past, people seemed to have longer and deeper relationships that perhaps addressed acute self-limited problems. Being able to "talk it out" or "take a walk" together or "just catch up" helped folks ventilate and perhaps address their own concerns. Now, with so many short-term interactions, no one is sure who to trust when they are vulnerable. Getting into a short-term therapeutic relationship with a good listener can allow a person to identify and subsequently address a non-life-threatening problem. Just expressing one's anxieties, thoughts, aspirations, and goals is therapeutic.

Typically, each session lasts 45 minutes with a mental health counselor, psychotherapist or another medical professional and importantly includes specific "homework" due before the next scheduled appointment. Psychosocial problems (such as loneliness), physical concerns,

body image, phobias, anxieties, mild depression, and other common maladies are addressed. Next steps might include a concrete step such as joining a club or faith-based organization, getting a friend to talk with a few times per week, or some other positive activity. For physical concerns such as weight control, suggestions could be vowing to walk 20 to 30 minutes per day, joining a group also interested in a healthy diet, and/or working with a dietician or counselor whose expertise and interest is in well-being and health.





CBT EVOLUTION: GROUP DISCUSSIONS TO DIGITAL SELF HELP

Effective daily and weekly self-help groups have formed and persisted for decades, with Alcoholic Anonymous being a perfect example for the daily experience. A similar long-established weekly group is Weight Watchers. Weekly weigh-ins offer feedback for an individual and encouragement from others. Perhaps Weight Watchers provided a fertile environment for CBT principles to earn general acceptance.

Now many internet-based commercial interests have adapted CBT effectively, subsequently publishing their results in scientific formats. Noom, Jenny Craig, Nutrisystem, Weight Watchers, paid meal plans, restrictive dieting, gym membership, prescription drugs, and surgical procedures have all been tried with varying self-described success. The newer programs are mostly internet based and claim to be effective long-term. The older programs had face-to-face interaction and were therefore local in nature.

Many mentally focused programs exist including Betterhelp, Talkspace, Youper, Headspace, Calm, Happier, and others. Again,

going from physical face-to-face to digital internet contact has increased access, decreased cost, and these services claim to be just as effective.

New therapies are constantly advancing, spurred on not only by new enabling technology, but also sadly by increasing need. In fall 2021, authors published a paper entitled "[Clinical Efficacy and Psychological Mechanisms of App-Based Digital Therapeutic for Generalized Anxiety Disorder: Randomized Control Trial.](#)" This study showed for the first time that digitally delivered mindfulness can be effective treatment for anxiety.⁴

Interestingly, free self-help weight loss programs are also taking advantage of ubiquitous cell phone and text-message usage. Traditional weight loss diets have disappointed users due to the body's natural tendency to protect itself from restricting calories. Using text message reminders to savor foods and eat until only 80% full, folks have had success using a mindfulness app called "[Eat Right Now.](#)"⁵

EFFECTIVE LIFESTYLE INTERVENTIONS FOR PEOPLE WITH CARDIO-METABOLIC SYNDROME EXIST

Examples of successful CBT abound around the world. The Eastern world is now keeping up with the Western world with unhealthy lifestyles. A 2016 [academic randomized study](#) compared two groups of people in China with cardio-metabolic syndrome, and showed success for those using CBT. Over twelve weeks, people who participated in twenty-four workshops (over twelve weeks) that set up an engaged self-motivated patient experienced better outcomes than participants who experienced a "Doctor knows best" approach.⁶

The intervention group learned to act as their own therapists using CBT to control their diet, exercise, and lifestyle. The control group participated in traditional paternalistic therapy.

"Patient-centered" communication that respects and encourages a person's wishes and preferences while increasing patient participation proved to be effective.

CBT has also been an effective motivator to increase and continue exercise to combat obesity as documented in "[Cognitive-Behavioral Strategies to Increase the Adherence to Exercise in the Management of Obesity.](#)" People who are already overweight or obese experience difficulties overcoming a sedentary lifestyle. Starting with education about the benefits of exercise and then continuing the cycle with positive feedback by losing weight is another form of CBT. Obviously, having a patient "self-coach" is key and an important part of CBT.⁷

ADDING VALUE TO MENTAL AND PHYSICAL HEALTH INTERVENTIONS

Co-locating CBT with primary care, traditional psychiatry, and other therapeutic venues will have a synergistic positive effect by increasing access and clinical efficacy. Commonly, mental illnesses accompany physical ailments. Treating both simultaneously is mutually beneficial.

Cognitive behavioral therapy, popularized by Dr. Beck, now with digital availability is again “a new kid on the block” as companies use proven-effective, pre-digital age behaviors in a more modern way — over the internet. With the rising use of telehealth and a rapidly changing environment, clinicians and consumers will increasingly embrace CBT. Welcoming new effective therapies that are cost-effective always makes perfect sense.



SOURCES

1. “Dr. Aaron T. Beck, creator of cognitive therapy, dies at 100,” Becker’s November 2021
2. “Cognitive Behavioral Therapy,” Psychology Today, 2021
3. “Cognitive Behavioral Therapy,” Mayo Clinic, March 16, 2019
4. “Clinical Efficacy and Psychological Mechanisms of an App-Based Digital Therapeutic for Generalized Anxiety Disorder: Randomized Controlled Trial,” Alexandra Roy, Elizabeth Hoge, Pablo Abrante, Susan Druker, Tao Liu, and Judson Brewer, JMIR, December 2021
5. “Eat Right Now,” Judson Brewer, NY Times, January 2022.
6. “Effects of lifestyle intervention using patient-centered cognitive behavioral therapy among patients with cardio-metabolic syndrome: a randomized, controlled trial,” by Ying Zhang, Songli Mei, Rul Yang, Ling Chen, Hang Gap, and Li Li, BMC, November 2016
7. “Cognitive-Behavioral Strategies to Increase the Adherence to Exercise in the Management of Obesity,” Riccardo Dalle Grave, Simona Calugi, Elena Centis, Marwan El Ghoch, and Giulio Marchesini, Journal of Obesity, October 2010

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After graduating from Columbia University's College of Physicians and Surgeons and subsequently completing his training at both the New York Presbyterian Hospital and Hospital for Special Surgery of Cornell University, he had a solo practice in Rheumatology, Internal Medicine, and Geriatrics for twenty-three years. He is recognized both as a Fellow of the American College of Physicians and a Fellow of the American College of Rheumatology.

Dr. Weiss's national commitments and honors include: named as one of the Top 100 outstanding physician leaders of healthcare systems by Becker's Hospital Review multiple times; chosen as a keynote speaker at numerous meetings; served five years on the Regional Advisory Council of the American Hospital Association; elected to the American Hospital Association Board in 2017; selected as Chairman of the Upper Midwest Vizient Board; and continues as a Director of American Momentum Bank. In 2005, he was invited to testify on information technology before the U.S. House Ways and Means Health Subsection.