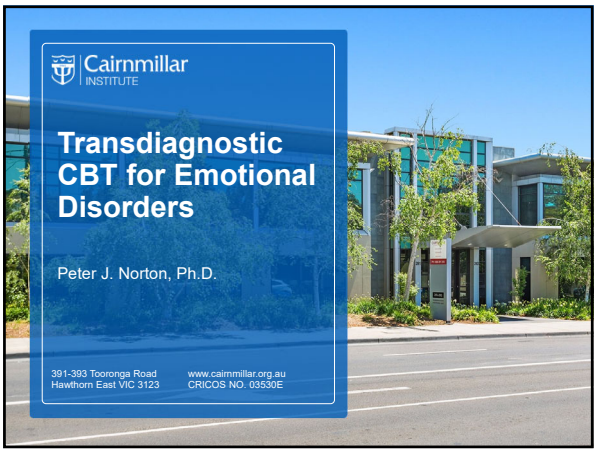
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INSTITUTE
Transdiagnostic CBT for Emotional Disorders
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391-393 Tooronga Road
Hawthorn East VIC 3123
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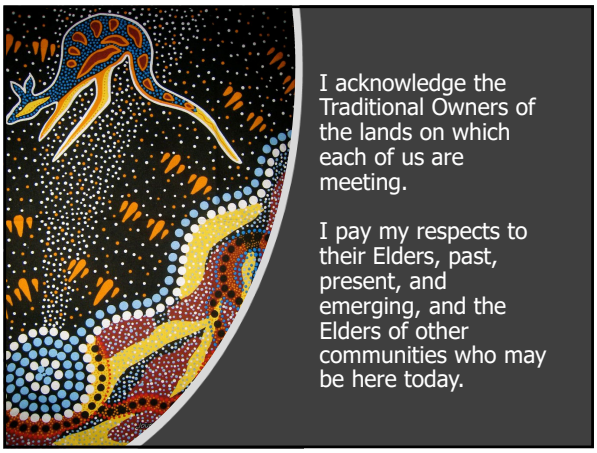
I acknowledge the Traditional Owners of the lands on which each of us are meeting.
I pay my respects to their Elders, past, present, and emerging, and the Elders of other communities who may be here today.

1


Disclosures
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The Anti-Anxiety Program 2e (Guilford)
Group Cognitive-Behavioral Therapy for Anxiety: A Transdiagnostic Treatment Manual (Guilford)
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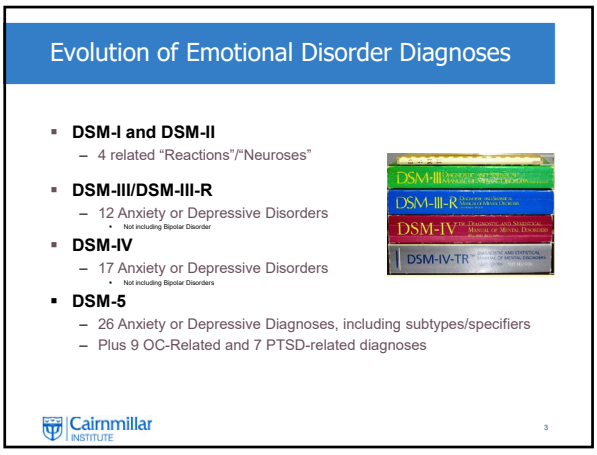
Evolution of Emotional Disorder Diagnoses
DSM-I and DSM-II
4 related "Reactions"/"Neuroses"
DSM-III/DSM-III-R
12 Anxiety or Depressive Disorders
Not including Bipolar Disorder
DSM-IV
17 Anxiety or Depressive Disorders
Not including Bipolar Disorders
DSM-5
26 Anxiety or Depressive Diagnoses, including subtypes/specifiers
Plus 9 OC-Related and 7 PTSD-related diagnoses
DSM-III
DSM-III-R
DSM-IV
DSM-IV-TR
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CBT History – in brief

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Evolution of Emotional Disorder Diagnoses

- Prev. / Contin.
- Comorbidity
- Genetics
- Neurobiology
- Learning
- Cognition
- Development

Norton & Paulus (2017). *Clin. Psychol. Rev, 56*, 122-137.

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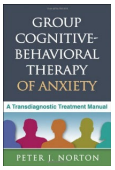
tCBGT Research History – in brief

- 2000-2003 – Transdiagnostic Group CBT Protocol Development



[…Formally published in 2012…]

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Protocol Structure

- Session 1 - Introduction and Education
- Session 2 - More on Emotions & the Importance of Thoughts
- Session 3 - Challenging Automatic Thoughts
- Session 4 - Graduated Emotional Engagement *
- Session 5 - Graduated Emotional Engagement *
- Session 6 - Graduated Emotional Engagement *
- Session 7 - Graduated Emotional Engagement *
- Session 8 - Graduated Emotional Engagement *
- Session 9 - Graduated Emotional Engagement *
- ~~Session 10 - Getting Back to Thoughts~~
- ~~Session 11 - Adjusting Negative Affective Styles~~
- Session 12 - Relapse Prevention and Moving Forward

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Differences from CBT?

- Structurally and functionally, not much
  - If you are comfortable identifying and challenging negative automatic thoughts and beliefs

    AND
  - If you are comfortable conducting graduated exposure or behavioral activation

    THEN
  - You already know the technical side of tCBT

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Differences from CBT?

- Primary difference is mindset
  - Unlearning years of Abnormal Psych, Psychopathology, and DSM
  - Not seeing a client as:
    - An individual with "prototypical" X disorder
    - An "unusual" case or subtype of Y disorder
    - X with comorbid Y
- Formulating the individual's presenting problem, *not using diagnosis as a proxy for case formulation*

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Initial transdiagnostic conceptualization of anxiety disorders

- At their core, all these diagnoses share:
  1. Biased or irrational cognitions and beliefs around _____
  2. Tendency to engage in defensive or preventative behaviors to reduce the likelihood or impact of _____
- The blank is much less important than the processes themselves

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Case Example

- Marie (*pseudonym)
  - 27-year old single Caucasian woman in rural region
  - Relocated one year ago after living in a large metropolitan city Moved to "get away from some bad history," but didn't elaborate
  - Recently become engaged to be married
  - Presented complaining that she was anxious "all the time" and that she "couldn't even get out of the house any more"

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Case Example

- Diagnostic assessment using the Anxiety Disorders Interview Schedule for DSM-IV (Brown, DiNardo, & Barlow, 1994)
- Met diagnostic criteria for:
  - Panic Disorder
  - Agoraphobia
  - Generalized Anxiety Disorder
  - Obsessive-Compulsive Disorder
  - Specific Phobia
  - Possible Anorexia Nervosa
- Self-report assessments also indicated significant elevations on each

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Case Example

- **Panic Disorder**
  - Sensitive to internal sensations (nausea, feeling "ill") leading to symptom escalation and a panic attack
- **Agoraphobia**
  - Avoidance of places because of panic and fear others may have the flu
- **Generalized Anxiety Disorder**
  - Frequent worry about a range of topics (usually tied to vomiting)
- **Obsessive-Compulsive Disorder**
  - Washing/cleaning due to germ or contamination fears
- **Specific Phobia**
  - Vomiting
- **Possible Anorexia Nervosa**
  - Restricted food intake because of vomit fears

Central theme was a fear of vomiting

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Parsimonious Conceptualization

BT for SpPh

SpPh

Psychoeducation
Cognitive Restructuring
In vivo exposure
- Interoceptive exposure?

~~Response Prevention~~
~~Feared Foods~~
~~Worry Exposure~~

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Comprehensive Conceptualization

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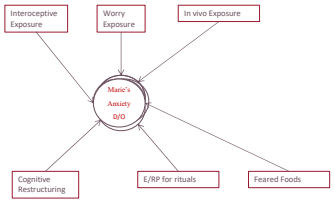
Transdiagnostic Conceptualization

Focus on evidence-based treatment elements, rather than protocols tied to diagnosis



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Treatment Components

- 1. Education
- 2. Cognitive Restructuring Skills
- 3. Exposure & Response Prevention
  - Interoceptive
  - In vivo – situational
  - In vivo – touching "contaminated" items
  - Imaginal – trauma memories
  - Introducing feared foods

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Treatment Components

4. Belief/Schema-Based Cognitive Restructuring **(2 Sessions)**
   - Beliefs about loss of control
5. Termination/Relapse Prevention **(1 Session)**
   - Continued self-exposure and CR; Lapses vs. relapses; Emergency Action Plans

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- Session 12 - Relapse Prevention and Moving Forward

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What's the Evidence?

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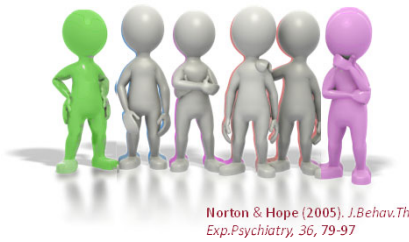
tCBGT Research History – in brief

- 2005 – tCBGT Waitlist Trial



Norton & Hope (2005). *J.Behav.Ther. Exp.Psychiatry, 36*, 79-97

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tCBGT Research History – in brief

- 2005 – Comorbid Depression Analyses

Norton, Hayes, & Hope (2004). *Depr Anx, 20*, 198-202.

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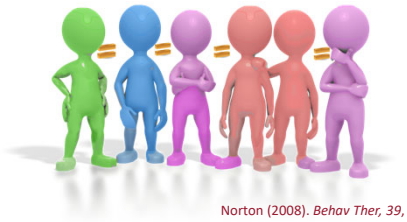
tCBGT Research History – in brief

- 2008 – tCBGT Open Trial



Norton (2008). *Behav Ther, 39*, 242-250.

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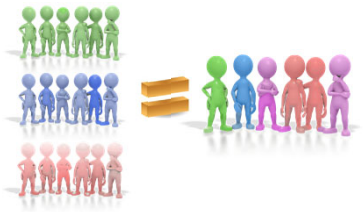
tCBGT Research History – in brief

- 2012 – RCT: tCBGT vs DxSp CBGT



Norton & Barrera (2012). *Depr Anx, 29*, 874-882.

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tCBGT Research History – in brief

- 2017 – Meta-Analysis: tCBGT vs DxSp CBGT

- **Meta-Analysis of 67 clinical trials** (n = 3,872) **of tCBT or dxCBT for anxiety**
  - **tCBT:**
    - g = 1.059, (.876-1.242)
  - **dxCBT:**
    - g = .951, (.874-1.027)

p = .008

Pearl & Norton (2017). *J Anx Dis, 46*, 11-24.

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tCBGT Research History – in brief

- 2013 – Comorbidity Analyses

Norton et al. (2013). *Depr Anx, 30*, 168-173.

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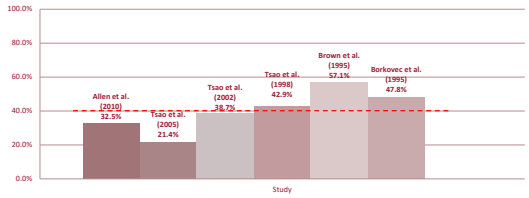
tCBGT Research History – in brief

- 2013 – Comorbidity Analyses



Norton et al. (2013). *Depr Anx, 30*, 168-173.

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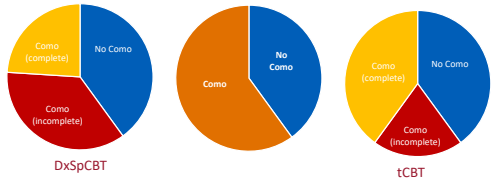
tCBGT Research History – in brief



Norton et al. (2013). *Depr Anx, 30*, 168-173.

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tCBGT Research History – in brief

- 2015 – Comorbid Depression Analyses

Talkovsky et al. (2017). *J Anx Dis, 46*, 56-64.

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tCBGT Research History – in brief

- 2019 – Principal Depression Open Trial

- **Principal Depressive Dx CSR**
  - Pre-Post = $F(1,11) = 22.40$, $p = .001$, $\eta^2_p = .671$
  - Pre-4mo = $F(1,11) = 17.41$, $p = .002$, $\eta^2_p = .613$
- **Comorbidity**
  - Post-tx = 14 (77.78%) assigned subclinical CSR
  - 4m FU = 13 (72.22%) assigned subclinical CSR

Harris & Norton (2019). *J.Behav.Ther.Exp. Psychiatry, 65*, 101487.

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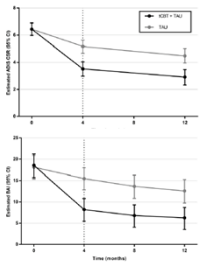
tCBGT Research History – in brief

- 2020 – Community ***Effectiveness*** Trial vs. TAU



Roberge et al. (in press). *Psychol Med.*

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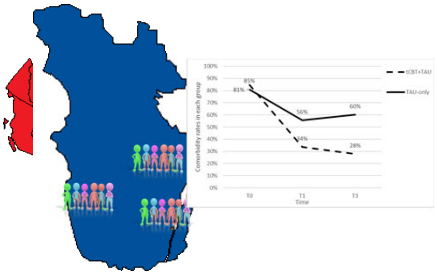
tCBGT Research History – in brief

- 2020 – Community ***Effectiveness*** Trial - COMORBIDITY



Norton, Kilby, et al. (submitted for publication).

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tCBGT … without the "G"

- Adapted manual to 50-minute individual session format
  - Also 10-sessions to fit with Better Access scheme

n = 18 clients with principal anxiety disorder diagnosis

Pre-post open trial design

Clinician-Report: Hedges g = 1.06 – 1.08

Self-Report: Hedges g = 0.53 - 0.75

Comorbidity: 47% remission

Pearl & Norton (in press). *Behav Change*.

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The point…

- Anxiety and depressive disorders are the most prevalent mental health conditions
  - Roughly 300 million individuals with depression and 264 million with anxiety disorders globally
- Worldwide – Years Lost to Disability (YLDs)
  - Depression: 7.5% of all YLDs, Rank #1
  - Anxiety Disorders: 3.4% of all YLDs, Rank #6
- Globally, anxiety and depressive disorders are estimated to have an annual economic impact of $1 trillion annually
- Only 20% ever receive "minimally effective dose" of evidence-based treatment for Negative Emotional Disorders

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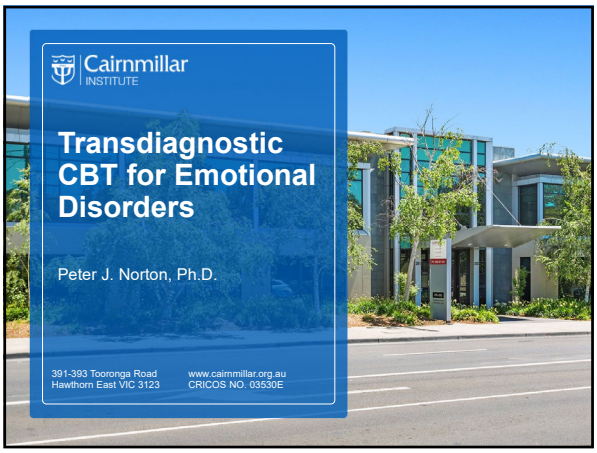

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