

Cognitive Behavioural Analysis System of Psychotherapy (CBASP)

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The problem...

- Chronic depression misdiagnosed, understudied and under-treated (Harrison et al 1993)
- Unipolar depression can be a chronic life long illness (Judd, 1997)
- Risk of relapse increases with each previous episode with a 20% chance of developing chronic depression (Keller, 1986)
- 2 or more years of symptoms with less than 2 weeks of no symptoms

The problem....

- Data on how best to proceed with chronic depression is lacking (Stimpson 2000)
- Clinical experience shows that standard CBT is very difficult with this population
- Undoubtedly need **very** experienced CBT practitioners and these are “thin on the ground”
- Variants of CBT needed.... MBCT and Behavioural Activation... but.....

Potential solution????.....

- Cognitive Behavioural Analysis System of Psychotherapy (CBASP)
- Specifically formulated for chronic depression
- Series of publications of a large multi-centre trial since 2000
- Central publication is in *The New England Journal of Medicine*, volume 342(20) 2000: 1462-1470 [Keller, McCullough, Klein *et al*]

The evidence (1)

3 treatment groups (no placebo)

- Group 1 CBASP alone
 - Group 2 Nefazodone alone
 - Group 3 Combination of 1 and 2
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- 681 adults randomised
 - 662 attended at least one treatment session
 - 519 completed the study

The evidence (2)

○ **The population studied**

- Chronic major depressive disorder (MDD) i.e., minimum 2 years duration
- Current MDD superimposed on dysthymic disorder (“double depression”)
- Recurrent MDD with incomplete inter-episode recovery
- Patients aged 18-75 years old
- NB., 1/3 of all depressive episodes exceed 2 years
- HDRS > 20

The evidence (3)

Treatment

- Duration: 12 weeks
- Nefazodone: max of 600mg
- CBASP: 16-20 sessions
 - individual sessions of CBASP occurred twice weekly during weeks 1 through 4, weekly thereafter until week 12
 - additional sessions permitted up to a maximum of 20.

The evidence (4)

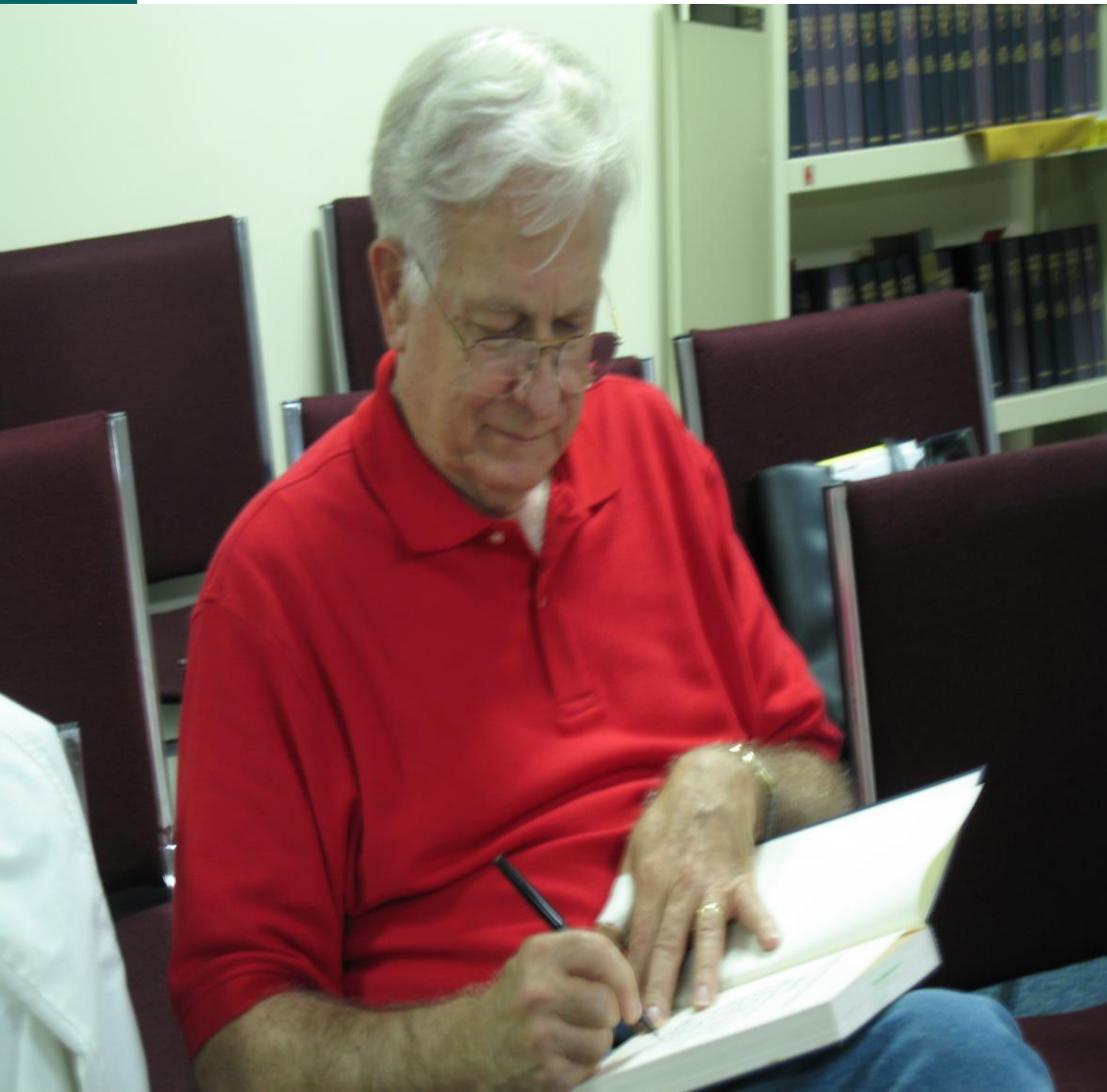
Results

- % improved as measured using HAMD
 - Combination 73%
 - CBASP alone 48%
 - Nefazodone alone 48%
 - Remission 8 or < on HDRS and improvement 50% reduction
- Combined had significant greater effect upon psychosocial improvement than either alone
- CBASP had an effect upon psychosocial function relatively independent of symptom change
 - i.e., change in depressive symptoms does not fully explain psychosocial improvement

Promising.....

- This Keller study is producing impressive results in a very difficult to treat population
- Text book.....intriguing!....complicated!
- Next steps?..... Get some CBASP “buddies” and work on it.....
- Get in touch with “The Master” and off to Richmond, Virginia USA for 10 days!

The Master.....



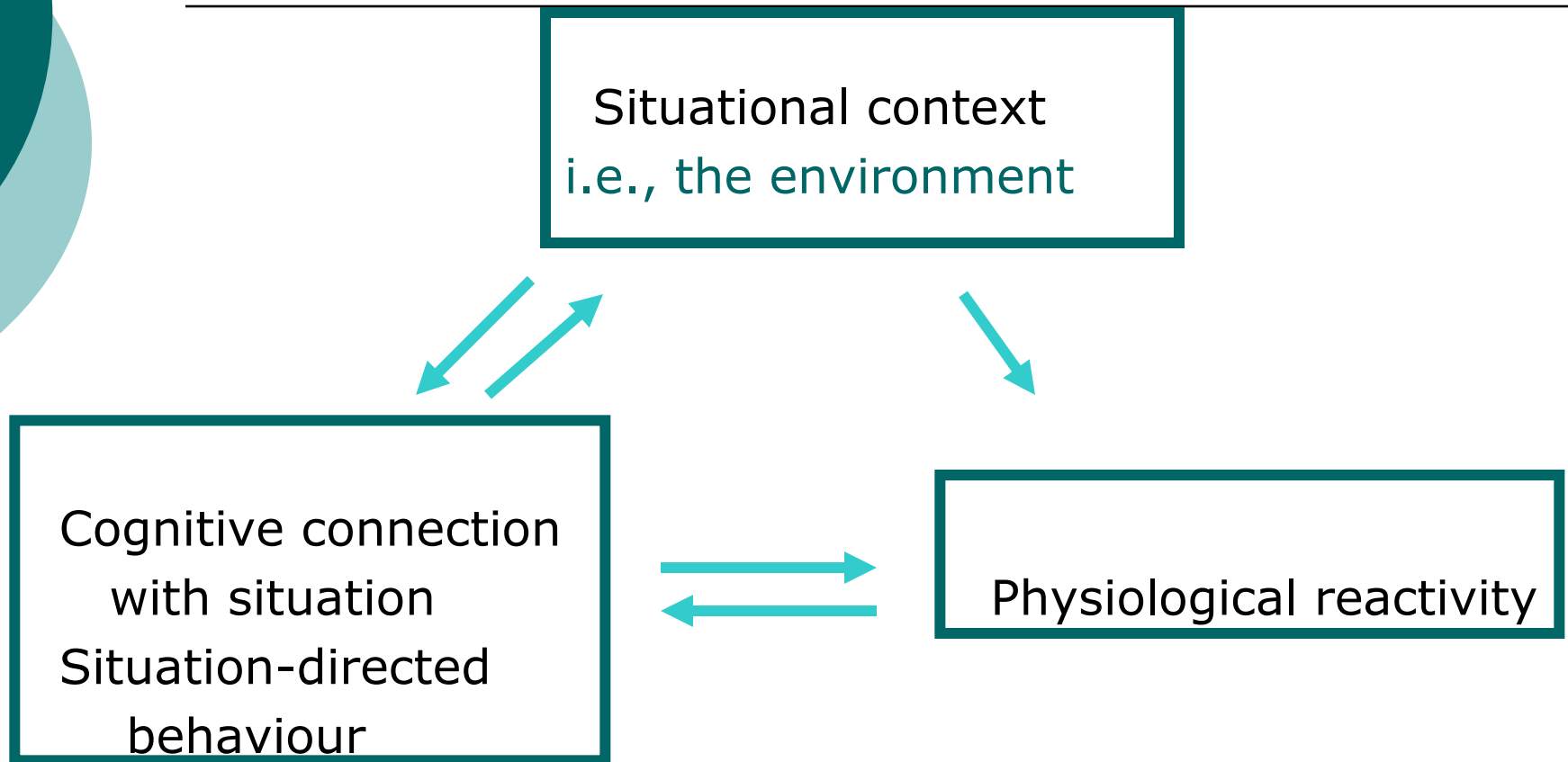
- J. P. McCullough (Jnr)
- Virginia Commonwealth University, Richmond, Virginia USA.



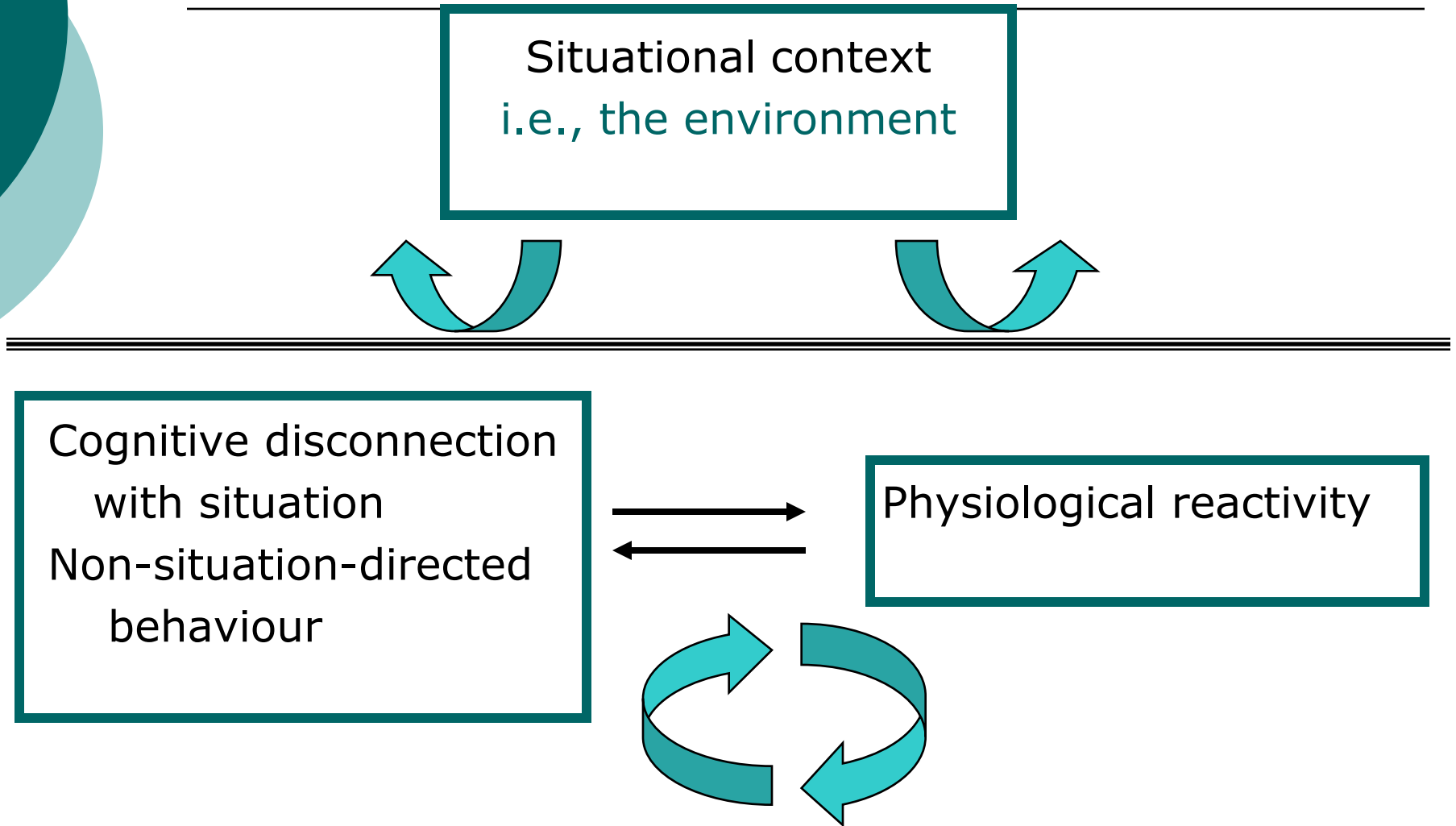
CBASP – the model

- To date, the only therapy designed specifically to treat chronic depressive disorders
- Arrested maturational development is viewed as the aetiological basis of chronic depression
- “Person x environment” focus and teaching person their “stimulus value” within that environment

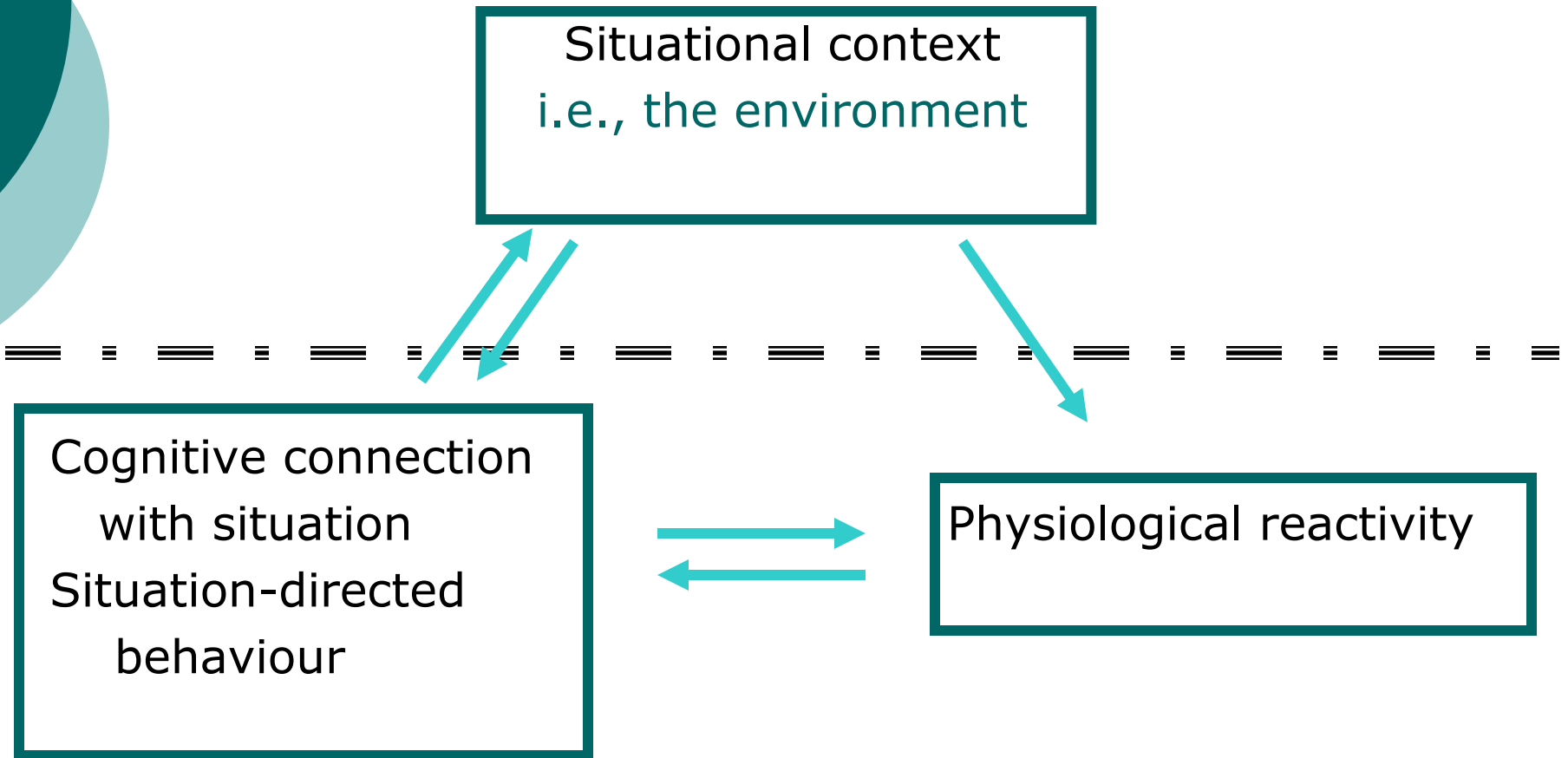
Person x Environment interactions where emotional change is possible



Preoperational disconnection with the environment where emotional change is precluded



CBASP aims to change this barrier to feedback from the situational context – to make the barrier permeable



CBASP- the model II

- Teach “Piagetian formal operations problems solving” and empathic responsiveness in conduct of social interactions
- Therapists have “disciplined” personal involvement with patients to modify behaviour through use of Interpersonal Discriminatory Exercise and Contingent Personal Responsivity
- Transference issues made explicit PRIOR to therapy through Significant Other History and proactively challenged throughout therapy whenever arise

CBASP – vehicles for change

- Main therapy technique is Situational Analysis which is used to exacerbate psychopathology in session
- Negative reinforcement methodology is viewed as the essential motivational strategy
- Teach a range of techniques designed to facilitate behavioural change and move from “Actual Outcomes” to “Desired Outcomes”
- Interpersonal Domain: Transference Hypothesis; Interpersonal Discrimination Exercise and Disciplined Personal Involvement.



Summary

- **Data suggests CBASP efficacious for CD**
- **The therapy model presents challenges to therapists**
- **CD patients present particular challenges to psychological therapists**
- **CBASP framework enables therapists to meet these challenges**
- **Training and supervision essential**