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Greetings!

Welcome to the CBA Summer Newsletter!



Research-Based **Psychotherapy**
with Measurable Results

August Newsletter

2011

Introducing Our New Pain Program

Nancy Robbins, Ph.D.

Cognitive Behavior Therapy has been shown in various research studies to be both a clinically effective and cost effective treatment for pain. In fact, the American Psychological Association has designated psychological treatment of chronic pain to be one of the 25 areas for which there is empirical validation for psychological intervention.

The experience of pain and the degree of severity are made up of many different factors. Pain begins with the physical ailment or injury, followed by muscular tension, physical guarding, inactivity, deconditioning, and disturbed sleep. Catastrophizing, distorted thinking, unhelpful appraisals, increased anger and frustration, feelings of helplessness and hopelessness, depression and anxiety, and lowered self esteem have all been shown to have a powerful effect upon increasing pain.

CBT treatment specifically explores the powerful influence that beliefs, attitudes, negative interpretations, distorted thought patterns and behavior have on the experience and perpetuation of pain. These negative attitudes, beliefs and expectations start a downward spiral of increasing emotional distress, depression, anxiety, and impaired daily functioning.

Traditionally, pain was viewed as being of either physical or psychological origin. A considerable body of contemporary research shows that pain is the

In This Issue

[Introducing Our New Pain Program](#)

[From the Director's Chair](#)

[Research Corner](#)



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intersection of the two, and that there is reciprocal interaction between them. But it is the meaning of the pain for a person's life which will ultimately determine the success of treatment. States Dennis C. Turk, University of Washington School of Medicine, "How persons with chronic pain view their plight, more than the presence of physical pathology, will affect how they present themselves to others and how they respond to treatment."



Watch Dr. Nancy Robbins give a brief introduction of herself and the kind of therapy she practices here at CBA.

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From the Director's Chair

Joel L. Becker, Ph.D.



Recently I was invited to give a continuing education lecture to the San Gabriel Valley Psychological Association on Cognitive Behavior Therapy for Insomnia (CBT-I). The lecture was very well attended and it gave me reason to think about our program for insomnia. We designed and started offering "Soundly Sleeping" about three years ago as a 6-8 session individual or group program that would focus specifically on a patient's sleep difficulties. The success of this program both in terms of patient outcome (we are getting the same kind of results as reported in the original literature--almost every patient rates themselves as improved, most reduce their dependence on medications and some stop medications altogether) and number of referrals has been reinforcing.

Given the fact that both the American Medical Association and the American Academy of Sleep Medicine have stated that medications are not effective for Chronic Insomnia (duration of greater than 6 months) and that CBT-I should be the recommended treatment. Recently, Frank Andrasik, the past president of ABCT described this treatment as "Sleep: The New Frontier for ABCT (tBT, Vol. 34, No.5, p.77). The ability to disseminate this treatment is only hindered by our lack of marketing dollars, as compared to drug companies and the small number of clinician's who have been trained in CBT-I.

Research Corner

Jayson L. Mystkowski, Ph.D

Traditionally, CBT therapists have asked clients with social anxiety to confront the situations of which they are afraid in a gradual manner, starting with

About Us

Cognitive Behavior Associates

is one of the largest clinical practices in the Los Angeles area offering provide short-term, problem-focused therapy from a cognitive-behavioral perspective.

All of our treatments are based on scientific research, and we continually measure and quantify progress for each client so we know when therapy is working.

Each of our clinicians differs in areas of expertise and interest, and these factors are taken into account when matching a client with a clinician. All of our clinicians are Ph.D. level and are licensed to practice in the state of California.

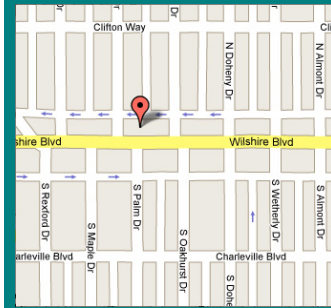
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mild to moderate tasks and progressing to the top of ones fear hierarchy, over the course of a few weeks or even longer. Classic examples include giving a speech on a prepared talk to a small, familiar audience, to interrupting an on-going conversation. It is believed that as anxiety dissipates or habituates from such exposures, one is better able to challenge twisted thinking in future anxiety-provoking situations, and decrease their behavioral avoidance of the social world around them.

However, recent research, detailed in the current issue of *The Behavior Therapist*, has demonstrated that directly attacking the highest-rated feared situations, sometimes termed "absurd exposures," might be a faster, more potent strategy than gradual methods of exposure (e.g., standing in a subway station singing "God Bless America" for 30 minutes). Researchers posit that repeated opportunities to experientially accept the uncomfortable feelings from such dramatic exposures allows them to see how "acting in extreme, outlandish ways, mundane social interactions do not appear to be so bad." To put it simply, if one can handle the most challenging of social exposures, the rest is easy.

Golden, A. (2011). Wrestling With the Beaver: Embracing Absurd Exposure in the Treatment of Social Anxiety Disorder. *The Behavior Therapist*, 34, 87-90.



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