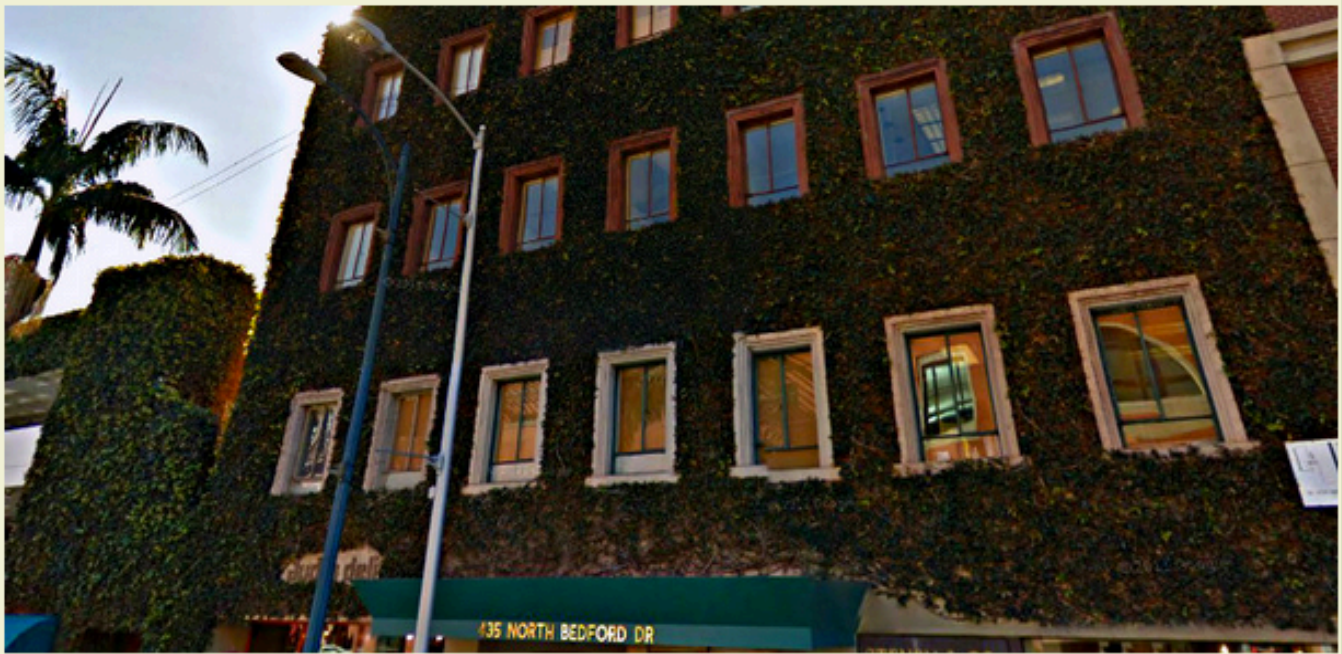


# *Greetings!*

*Welcome to the CBA Summer Newsletter!*

**September Newsletter**

**2012**



*We welcome our new child & adolescent psychologist to our practice!*

*Thais Doyle, Ph.D*



There is evidence from a range of studies that anxiety disorders are the most frequent psychological disorders in children and adolescents, and seem to be the earliest presenting disorders. The lifetime prevalence of any anxiety disorder in children ages 13 to 18 in America is 25%. The most frequent disorders among children and adolescents are separation anxiety disorder and specific and social phobias. Research shows that untreated children with anxiety

disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse.

## **In This Issue**

[Welcoming Thais Doyle, Ph.D.](#)

[From the Director's Chair](#)

[Research Corner](#)



[Find Us](#)

Cognitive Behavior Therapy has been shown by research to be effective in treating many disorders in children. For example, the FRIENDS program is an empirically supported cognitive-behavioral program that treats depression and anxiety in children ages 7-16. This is a 10-session program which deals with issues such as self esteem, problem-solving, verbalizing feelings, and building positive relationships with peers and adults. Research shows that up to 80% of children with anxiety disorders no longer meet criteria for the disorder after completing the program (Barrett, et al, 1996). This effect has been confirmed at up to 6 years posttreatment (Barrett, et al, 2001).

CBT is a short-term therapy that teaches skills and techniques to your child that they can use to reduce anxiety and depression. Your child will learn to identify and replace negative thinking patterns and behaviors with positive ones. They will practice confronting their fears and overcoming them. They will also learn to separate realistic from unrealistic thoughts and will receive "homework" to practice what is learned in therapy. Children learn new skills in therapy such as how to interact socially with others and make friends, or how to be assertive without being aggressive. These are techniques that your child can use immediately and for years to come.



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

Find us on Facebook 

View our videos on YouTube 

## 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.

To learn more, [click here](#) to visit our website!

## Our Staff

**Joel L. Becker, Ph.D.**  
 Founder and Clinical Director of CBA & CBT  
 Clinical Professor, Dept. of Psychology, UCLA

**Jayson Mystkowski Ph.D.**  
 Associate Clinical Director CBA  
 Assistant Clinical Professor, Dept. of Psychology, UCLA

**Nancy Robbins, Ph.D.**  
 Director, Pain Management and Eating Disorders Programs

**Thais Doyle, Ph.D.**  
 Clinical Psychologist

**Pamela Elfenbaum, Ph.D., M.P.H.**  
 Clinical Psychologist

## *From the Director's Chair*

*Joel L. Becker, Ph.D.*



### Consumer Oriented Treatment Approaches

Beginning with my doctoral dissertation, I have always had a keen interest in how treating patients as consumers would or would not relate to therapy outcome. My dissertation, entitled "The Customer Approach To Patienthood," was based on work being done at the Massachusetts General Hospital by Aaron Lazare. The hypothesis, which was borne out in my research, was that the more a patient feels treated like a "customer," the better the outcome. When patients are evaluated here at CBA, we try to be as clear as possible about our formulation and what is going to be involved in their treatment. This will include descriptions of each of the therapeutic approaches we will use and our estimate of how long it will take to complete them.

Increasingly, we are moving towards offering time-limited treatments for various problems. Examples include our treatments for insomnia, IBS, and pain. There

protocols for more general problems like depression and anxiety disorders. Of course, we will continue to offer on-going and long-term therapy for those patients who have more severe or chronic disorders. The day when psychotherapy patients are ready to "buy" a product/service, that is not able to be described in these ways, is passing us by. Clients/patients, as consumers, want to be well informed about the product or service that they are buying before-hand in order to choose wisely.

**Rusty A. Wiggs**  
Executive Administrator

**Gilberto Quiroz**  
Administrative Assistant

## Contact Us

### *Research Corner*

*Jayson L. Mystkowski, Ph.D*



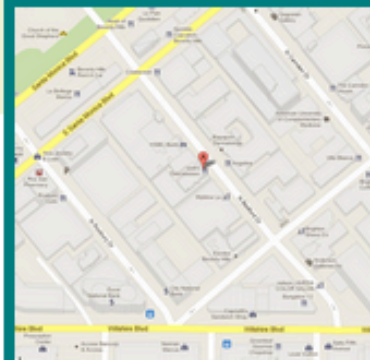
While ample research demonstrates the effectiveness of cognitive-behavioral therapy (CBT) for a wide variety of psychological disorders, the feasibility of providing such treatment in a backdrop of increasing healthcare costs remains a major concern for both clinicians and their patients. Recently, a group of anxiety disorder researchers sought to address this problem by testing an ultra-brief treatment for Panic Disorder (Otto et al., 2012). The aim of their treatment study was to attempt to enhance dissemination of an empirically supported treatment

protocol, given the typical cost of CBT for Panic Disorder (i.e., 12 weekly sessions and several booster sessions).

In particular, the researchers winnowed down the standard model for Panic Disorder treatment to a mere 5 sessions. The first session (60mins) provided a condensed introduction to the model of Panic Disorder/CBT and thought monitoring, without incorporating breathing retraining exercises. Session two (60mins) jumped right into deliberate interoceptive exposure exercises and introduced cognitive restructuring. The remaining three sessions, each 90mins, presented patients with repeated exposure exercises in the office, and planned real-world exposures to be conducted at home. Patients were encouraged to take an "active learning" approach, to seek out experiences that were anxiety provoking, as well as to recall past ones. Additionally, patients were instructed to combine exposures with anxious thoughts and other provoking cues.

After analyzing the patient data across several treatment sites, the researchers found that their brief protocol not only provided patients with clinically significant gains in reducing their symptoms, but the effectiveness of the brief treatment was just as good as the longer, standard protocol for Panic Disorder. Clearly, this research champions the cause of further research to optimize CBT treatments. While the goal of treatment protocol dissemination is important, the affordability of such treatments needs to be considered as well.

Otto, M.W., Tolin, D.F., Nations, K.R., Utschig, A.C., Rothbaum, B.O., Hofmann, S.G., & Smits, J.A.J. (2012). [Five Sessions and Counting: Considering Ultra-Brief Treatment for Panic Disorder](#). *Depression and Anxiety*, 29, 465-470.



435 N. Bedford Dr., Suite 407  
Beverly Hills, CA  
90210

Phone: (310) 858-3831

Email: [cbabeverlyhills@gmail.com](mailto:cbabeverlyhills@gmail.com)