An Introduction to Modern CBT
Praise for An Introduction to Modern CBT

An Introduction to Modern CBT by internationally known researcher and clinical psychologist Stefan Hofmann is exactly the right book for the busy clinician who wants to know the latest research, how it is relevant to clinical practice, and what to do with patients who need help now. Written in a clear, compelling, and caring style, this book will be invaluable for graduate students interested in the application of empirically supported approaches—and for experienced clinicians who need to know the latest innovative CBT treatments.

Robert L. Leahy, Director, American Institute of Cognitive Therapy, New York

A world leader in the treatment of social phobia, Stefan Hofmann has written the ideal introductory guide to 21st century cognitive-behavior therapy. Lucid and accessible, An Introduction to Modern CBT will be especially valuable for students and for seasoned therapists keen to learn the latest evidence-based interventions for the most common problems therapists see today.

Richard J. McNally, Professor of Psychology, Harvard University, and author of “What is Mental Illness?”
An Introduction to Modern CBT
Psychological Solutions to Mental Health Problems

Stefan G. Hofmann, Ph.D.
To Aaron T. Beck for his ground-breaking work that has changed the field of psychotherapy forever. His therapy has helped countless of patients with debilitating mental disorders, and his theory has been an inspiration for generations of clinicians and researchers.
Contents

About the Author ix
Foreword xi
Acknowledgment xiii
Preface xv

Chapter 1 The Basic Idea 1
Chapter 2 Empowering the Mind 23
Chapter 3 Confronting Phobias 47
Chapter 4 Fighting Panic and Agoraphobia 61
Chapter 5 Conquering Social Anxiety Disorder 79
Chapter 6 Treating Obsessive-Compulsive Disorder 93
Chapter 7 Beating Generalized Anxiety Disorder and Worry 105
Chapter 8 Dealing with Depression 121
Chapter 9 Overcoming Alcohol Problems 135
Chapter 10 Resolving Sexual Problems 151
Chapter 11 Managing Pain 165
Chapter 12 Mastering Sleep 177

References 191
Index 205
About the Author

Stefan G. Hofmann, Ph.D., is Professor of Psychology at the Department of Psychology at Boston University where he directs the Psychotherapy and Emotion Research Laboratory. His main research focuses on the mechanism of treatment change, translating discoveries from neuroscience into clinical applications, emotion regulation strategies, and cultural expressions of psychopathology. His primary area of research is on cognitive behavioral therapy and anxiety disorders. His research has been supported by the National Institute of Mental Health, the National Alliance for Research on Schizophrenia and Depression, pharmaceutical companies, and other private foundations. He has written more than 200 scientific publications and nine books. He is currently an associate editor of the Journal of Consulting and Clinical Psychology, the former editor of Cognitive and Behavioral Practice, a Board member of the Academy of Cognitive Therapy, and an advisor to the DSM-V Development Process. He also works as a psychotherapist using cognitive behavioral therapy. For more information, visit http://www.bostonanxiety.org/.
Foreword

Cognitive therapy is an evolving field. After an initially stormy adolescent period, it has now moved into the stage of maturity. Although pharmacotherapy has proven beneficial, it may have reached its limits, making it clearer that there will likely never be a “magic pill” for every psychiatric condition. Consequently, it has become apparent that psychotherapeutic interventions are needed to effectively treat the range of mental disorders.

A number of disorder-specific cognitive therapy protocols have been developed over the years. These treatments target many different problems, including pain, sleep disorders, sexual dysfunctions, depression, anxiety, and substance use, to name only a few. Despite the various specific symptom focus of these cognitive therapy protocols, they all share features that ground them within the same conceptual framework. The basic approach of cognitive therapy, which applies to virtually all mental disorders, can be separated into three parts: first, there are external triggers that activate maladaptive beliefs that subsequently lead to automatic, maladaptive thoughts; second, there is an attentional focus on these beliefs and thoughts; and third, there are maladaptive control mechanisms. For example, in the case of panic disorder, the external trigger may be feelings of heart palpitations. The person's belief may be that the bodily symptoms are harmful and uncontrollable. In an attempt to control these feelings, the person may engage in avoidance behaviors that serve as maladaptive control mechanisms. These control mechanisms worsen the problem. As a result, the person is compelled to focus even more on the feared symptoms and engage in more avoidance behaviors that lead to the further maintenance of the problem.

A number of treatment techniques arise from the adoption of this triad in the conceptualization of mental dysfunction. For instance, the therapist can identify and evaluate maladaptive beliefs, target maladaptive control mechanisms, and address attentional focus by, for example, encouraging the person to focus his or her attention on to other, nonthreatening stimuli.

The present book has adapted these fundamental principles of cognitive therapy to a wide range of mental disorders. Although the specific treatment
techniques are very specific and tailored to a particular problem and patient, all techniques are grounded on the same basic treatment model. I believe this text will be a valuable resource for therapists in training and a handy reference tool for the practicing clinician.

Aaron T. Beck, M.D.
Professor of Psychiatry
Department of Psychiatry
University of Pennsylvania
Acknowledgment

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