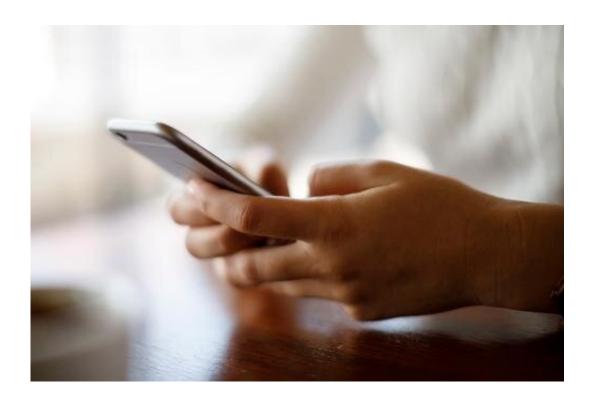


Study could lead to 'cognitive therapy in your pocket'

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CBM-I via smartphone app could help patients with depression, anxiety, and other mental health conditions Credit: McLean Hospital

Based on a study by McLean Hospital researchers, individuals with anxiety, depression, and other mental health conditions may soon be able to use a smartphone app to deliver on-demand cognitive bias modification for interpretation (CBM-I), a way to change mental habits without visiting a therapist.



The study, "Translating CBM-I Into Real-World Settings: Augmenting a CBT-Based Psychiatric Hospital Program," was published in the journal *Behavior Therapy*. It shows the potential effectiveness of CBM-I when combined with cognitive behavior therapy (CBT) in an acute psychiatric setting. It also points the way for adapting this therapeutic approach for use outside the hospital.

The lead researcher of the study is Courtney Beard, Ph.D., director of McLean's Cognition and Affect Research and Education (CARE) Laboratory.

Beard described CBM-I as a "class of interventions designed to shift people's interpretations of ambiguous situations in either a more positive or more negative way." She explained that "CBM-I tries to address interpretation bias, a mental habit that is implicated in many mental disorders."

To do this, individuals undergoing CBM-I treatment can be presented with a series of word association questions that address everyday situations.

For example, the CBM-I task may show a patient a situation about a person yawning during their conversation. Then the patient is asked whether that person is "tired" or "bored." The individual who answers "tired" is told the response is "correct," and "bored" is incorrect. Through repetition, this type of CBM-I therapy helps the person reframe or reassess these daily ambiguous situations.

"People face countless interactions like this every day in their lives," Beard said. "If you have a tendency to jump to a threatening or negative conclusion, it can have a huge impact on how you're feeling and on what you do and how you react. You can get stuck in a cycle that can maintain anxiety or depression."



For their study, Beard and her colleagues developed and implemented CBM-I to augment CBT-based treatment in a partial hospital setting. They presented <u>patients</u> with word-sentence associations that encouraged patients to endorse positive interpretations and reject negative interpretations.

Study results showed that CBM-I was practical and acceptable to acute psychiatric patients. Many stated that CBM-I bolstered their primary CBT-based care. The study also found that the word association exercises were successful in helping reframe potentially negative situations.

Based on these results, Beard and her team are moving forward with a National Institute of Mental Health-backed study to develop a smartphone version of CBM-I.

"With the <u>smartphone app</u>, we can offer CBM-I to many more people at one time," Beard said. "With the app, they can practice new skills, create healthy mental habits, and stop automatically jumping to negative conclusions. And they can do it on demand."

Beard stated that the app could be particularly helpful for individuals who have just been discharged from a treatment program. "They can use it during the month transition period after they leave the hospital, which is a risky and challenging time for them," she said.

Beard sees great promise for app-based CBM-I therapy. "It quickly shows people what their brain is doing," she explained. "The patient sees hundreds of situations in a short amount of time. So, they see how often they jumped to a negative conclusion, and that can be very powerful. It's kind of like cognitive therapy in your pocket—but a little different and a lot faster."



More information: Courtney Beard et al. Translating CBM-I Into Real-World Settings: Augmenting a CBT-Based Psychiatric Hospital Program, *Behavior Therapy* (2018). DOI: 10.1016/j.beth.2018.09.002

Provided by McLean Hospital

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