

Innovations in CBT: Integrating Religion and/or Spirituality



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Current Status: Late-life Anxiety Treatment

- Most patients seen in primary care
 - Many unrecognized and without treatment
 - Medication effective
 - Side effects, fears, & preferences
- Cognitive behavioral treatment
 - Modest positive outcomes
 - Attrition
 - Limited reach

Calmer Life Program

- Personalize Treatment
 - Integrate religion-spirituality
- Expand Reach
 - Build community partnerships
 - Underserved, low income, minority communities

Why Religion-Spirituality?

- **Clinical experience**
 - Patients in our prior trials incorporate R/S into coping
 - Religion as coping fits many clients' world views
- **Data**
 - Importance of R/S coping for older adults
 - Treatment outcome literature - R/S - CBT produces outcomes \geq CBT

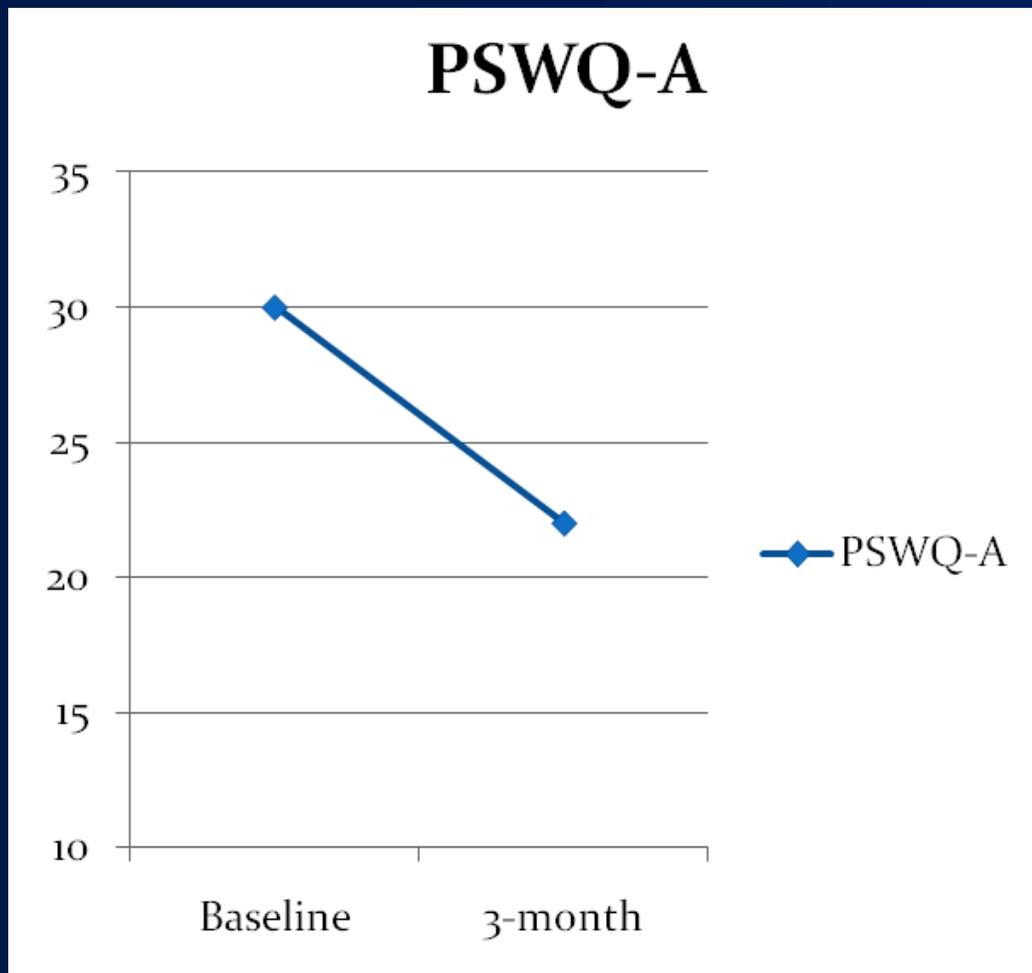
Survey of prior CBT study participants

- 66 adults age 55+ (of 120 eligible patients)
- 71% had received CBT for anxiety/depression
- 73% said R/S played important role in lives
 - 82% Christian
- Preferences for including R/S in counseling
 - Majority preferred R/S
 - Primary advantage – support, acceptance
 - Primary barrier – R/S mismatch between patient and counselor
 - R/S introduced by counselor, woven into all skills

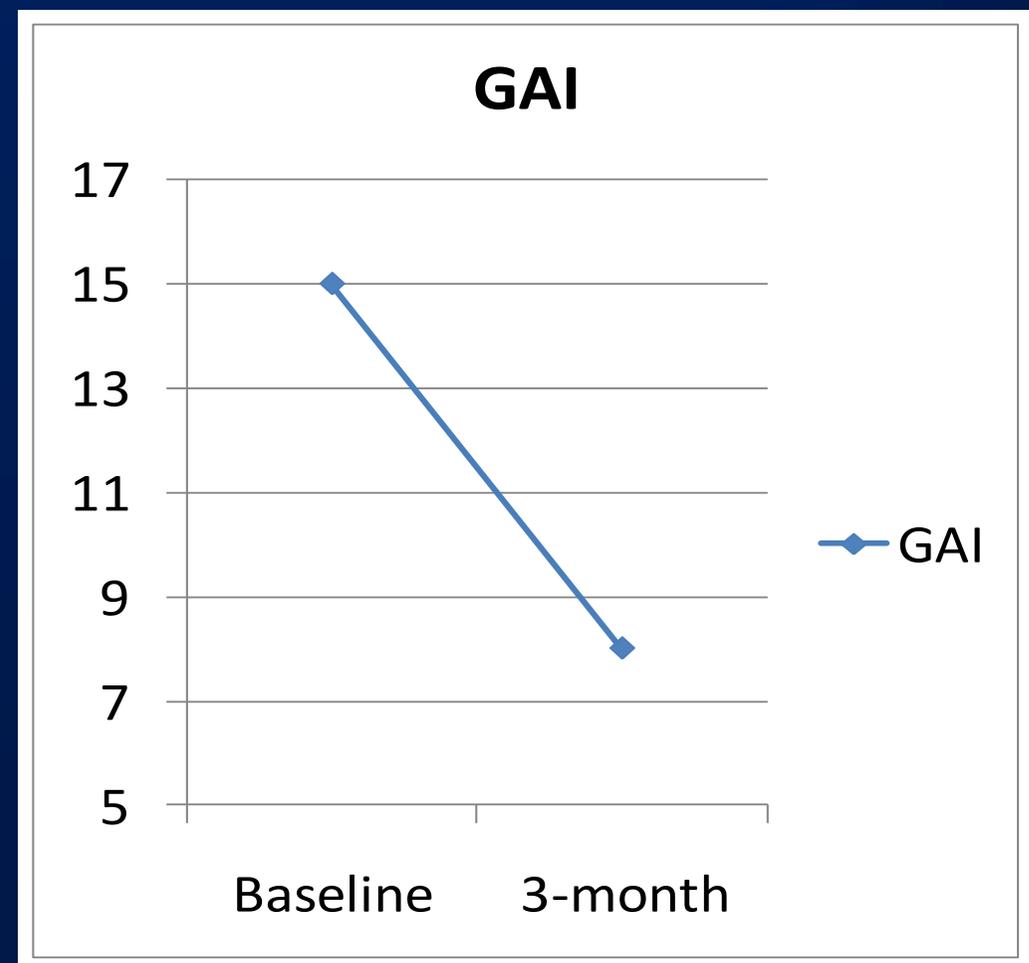
Calmer Life Treatment:

- **Offer option for integrating R/S, not required**
- **Incorporate R/S into existing modules**
 - Breathing – add R/S image or word
 - Calming statements – based on scripture, prayer
 - Behavioral activation – R/S activities
- **Additional options**
 - R/S assessment module
 - Forgiveness module
 - Gratitude focus (Calming Thoughts; Behavioral Activation)

Case Series: 3-month Worry & Anxiety Outcomes



Effect size: $d = .94$



Effect size: $d = 1.29$

Testing intervention in Community Settings: Developing Partnerships

- Identify geographic regions
 - Low income, underserved
 - Mostly minority (African American)
- Choose organizations
 - Faith-based
 - Social service
 - Health care
- Connect with key community leaders
- Establish Community Leadership Advisory Council

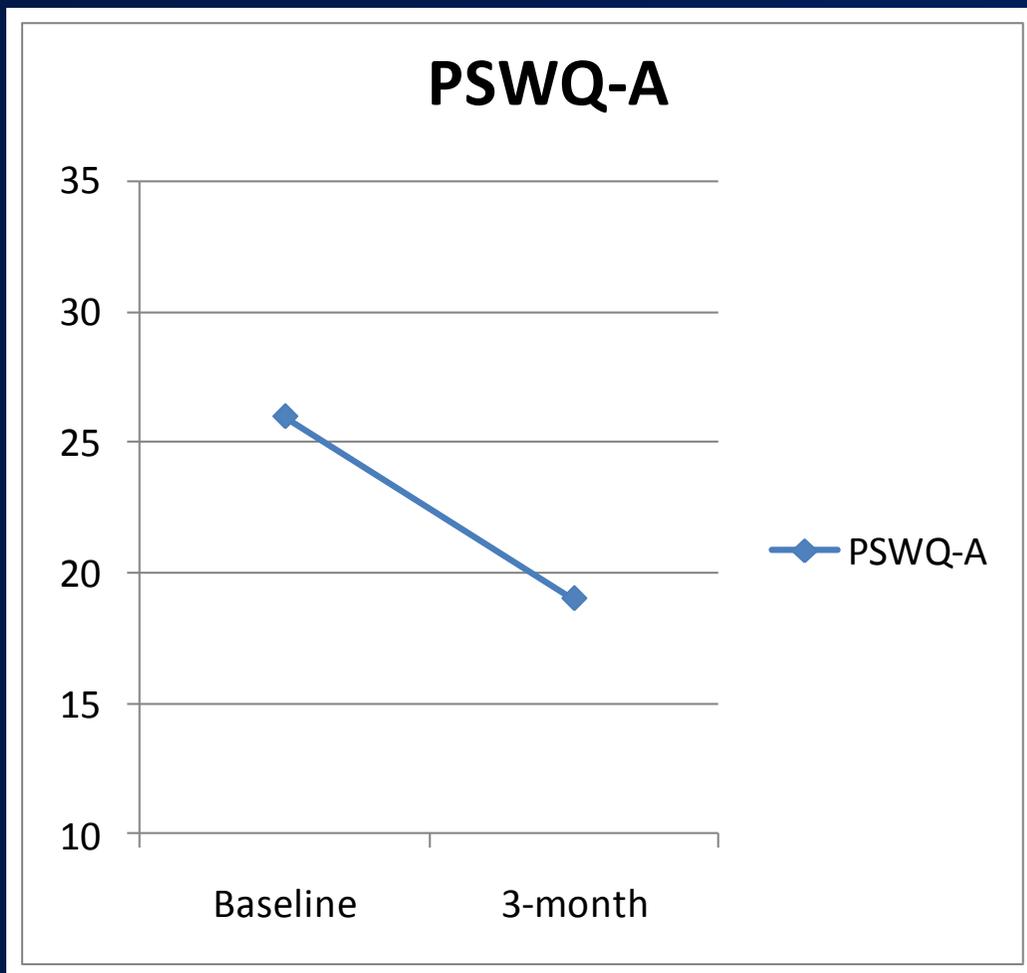
Calmer Life Pilot Study

Demographics	<u>N</u> = 10
Gender	100% Women
Age	62 years
Ethnicity	90% African American
Education	14 years
Diagnosis	90% GAD; 10% ADNOS
Religious affiliations	50% Baptist; 30% Methodist 20% Other Protestant

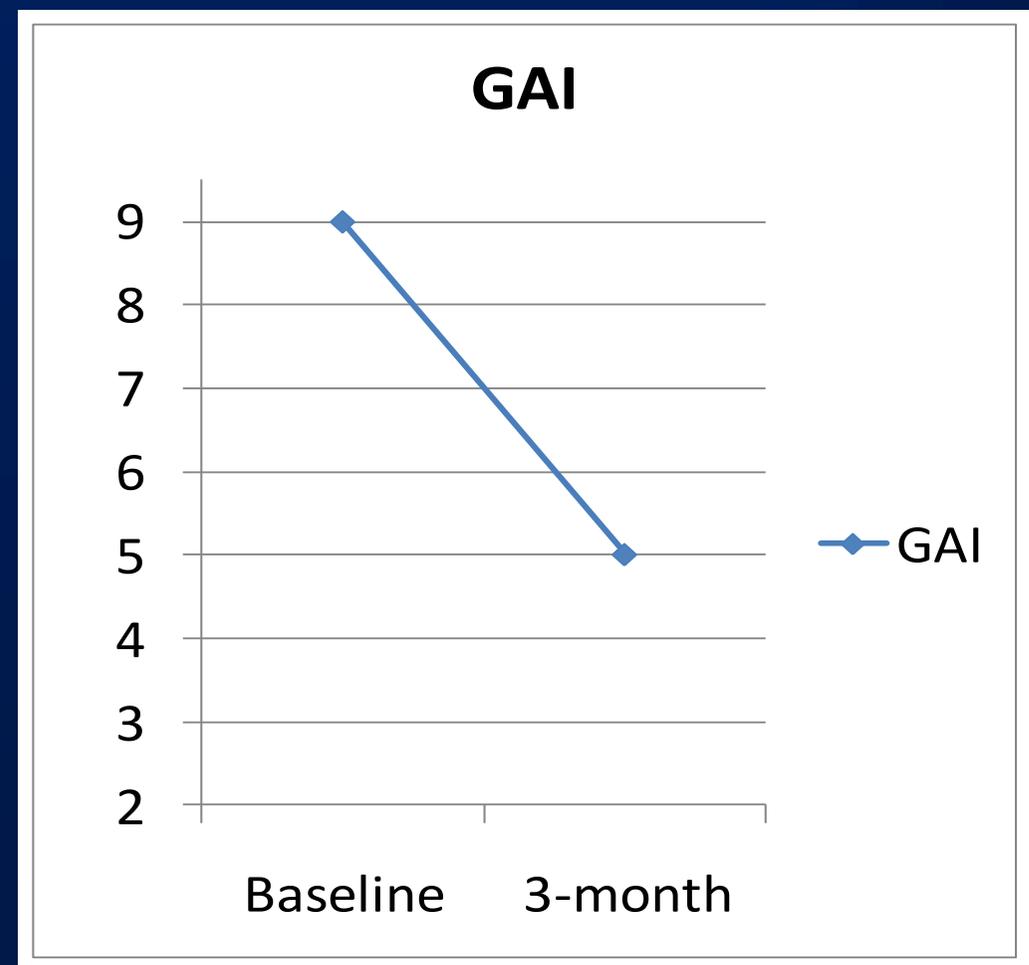
Treatment Characteristics (n = 10)

- Setting: 50% in home; 50% in community setting
- 52% telephone sessions
- Average 6 sessions
- 80% included R/S

Worry – Anxiety Outcomes: 3 months



Effect size: $d = .74$



Effect size: $d = .75$

Conclusions and Next Steps

- Integrating R/S into CBT for late-life anxiety has promise clinically and scientifically
 - Continue pilot data collection
 - NIMH resubmission 3/1/11
 - VA version