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# Patient, Fix Thyself

No pills, no shrink's sofa, no whining. Cognitive behavioral therapy sheds long-winded wallowing in past pain—and may be better than Prozac—after only 25 sessions.

BY ROBERT LANGRETH

**K**ERRIN GERSON SURVIVED A TRAUMATIC AND TURBULENT childhood growing up in the Deep South in the 1980s. Her mother died of breast cancer when Kerrin was 15; her relationship with her father disintegrated when he remarried soon after. She left home and spent her last two years of high school living out of her car or crashing with friends. “One moment I had a loving mother, and the next moment I had nothing. Absolutely nothing,” she says.

She married at 26, divorced two years later, in 1996, and fell into even deeper depression. Antidepressants did little to ease her symptoms; Paxil made her anxiety worse. She had suicidal thoughts. “I was convinced I was worthless, unlovable and a fraud,” says Gerson, now 39.

Today Gerson is off medication, out of therapy and happier than she has ever been. She owes her rebound to a startling revolution in psychological counseling that has taken four decades to unfold—and which now is spreading to the farthest reaches of American medicine. She fixed herself with cognitive behavioral therapy.



DOUGLAS B. JONES FOR FORBES

Gerson turned to CBT in 1997 after spotting an ad for a patient trial in a Nashville newspaper. She was surprised when her therapist, Vanderbilt University psychologist Steven Hollon, didn't bother to dwell on her troubled childhood. Instead, he focused on fixing the present. He made her write a log of daily activities and gave her homework assignments, such as a night out with friends. He zeroed in on her negative thoughts about herself and slowly convinced her that they were distortions.

**"There has always been some question about how effective is psychotherapy. CBT now has clear evidence behind it."**

"It turned out to be the greatest gift," says Gerson, a first-grade teacher who has just opened a yoga studio with a friend. CBT, she says, "saved my life and gave me an entirely new worldview."

And that is the essence of CBT: Depression, anxiety and other ills aren't the cause of a cascade of debilitating thoughts and self-loathing—they are, instead, a result of the same. Eliminate bad thoughts and you can short-circuit bad feelings. CBT drops the endless search for past hurts, teaches patients how to prevent negative thoughts from creeping into their minds and coaches them on how to cope. "We are starting to believe that what you

think has a powerful influence on symptoms," says Harvard psychiatrist Arthur Barsky, who has tested CBT. "You first get the anxiety-producing ideas, and *then* you get the emotions." Boston University psychologist Michael Otto adds: "Now there is an alternative to being on the couch."

Moreover, CBT intentionally is finite in duration. It aims to push patients out of the shrink's office after only 10 to 25 visits, in sharp contrast to traditional psychotherapy that can run on for many years. (Some CBT patients need more.) That makes CBT particularly popular among employee health plans and insurers intent on reducing the costs of psychotherapy. "Woody Allen therapy is forever," says Hollon, Kerrin Gerson's shrink. "This is

about taking action."

In dozens of small patient trials staged over three decades, cognitive behavioral therapy has been shown to be surprisingly effective in quelling an ever expanding array of mental maladies: depression, anxiety, panic attacks, obsessive-compulsive disorder, post-traumatic stress syndrome, bulimia, hypochondria—even insomnia (*see box, p. 84*). Now almost 150 clinical trials are under way to learn whether CBT also can help patients with Tourette's syndrome, gambling addiction, obesity, irritable bowel syndrome and more; one trial studies the therapy in children who have been sexually abused.

The rise of cognitive therapy rankles psychotherapists and psychiatrists who ply the retrospective analysis and soulful conversation, whose origins date back to Sigmund Freud and the 1890s. CBT is "a simplistic method of treatment," it is "being oversold," and it appeals to health plans simply because it ends so quickly, says Charles Brenner, a psychoanalyst in New York and past president of the American Psychoanalytic Association.

He practiced analysis for 60 years before retiring in 2001, seeing most patients four to five times a week for two to five years (and sometimes far longer). People need this time to understand why they are neurotic so they can "correct those influences in the past that are causing trouble in the present," Brenner says. CBT "is just telling a patient to stand up and fly right," he snipes. "And that is just not

**Family therapy:** U. Penn's Aaron Beck pioneered CBT; daughter Judith Beck is spreading the doctrine.



enough in very many cases.”

Yet CBT, in numerous trials, has been shown to be as effective in treating depression and anxiety as some of the pricey pills that have defined (and soothed) a generation, potentially undercutting a \$13.5-billion-a-year business in such brand-name remedies as Prozac, Zoloft, Effexor and Lexapro. CBT sidesteps side effects like reduced sex drive and ejaculation problems.

“It is at least as effective as drugs for virtually any nonpsychotic disorder,” says Vanderbilt’s Hollon. “We thoroughly embrace the concept,” says Rhonda Robinson Beale, chief medical officer at the behavioral health unit of UnitedHealthcare. Psychiatrist Hyong Un, a national medical director at Aetna, says he sees “a pendulum shift” away from simply putting patients on antidepressants, a quick fix that gained widespread practice in the 1990s. “There has always been some question about how effective is psychotherapy and should we pay for it. CBT now has clear evidence behind it,” he says.

**P**SYCHOTHERAPY IS THE ULTIMATE COTTAGE INDUSTRY. IN the U.S. the business encompasses 60,000 psychologists, 40,000 psychiatrists and many more social workers, licensed counselors, and marriage and family therapists. Among psychologists, CBT now has almost twice as many adherents as old-guard psychoanalysis, according to a survey by University of Scranton psychologist John Norcross. “This is just a sea change,” he says. “Historically, Freud ruled.”

In 2004, 10 million Americans saw therapists, for a total of 84 million sessions, at a cost of close to \$9 billion, up 40% in seven years, the U.S. Agency for Healthcare Research & Quality says. Cognitive therapy likely reaped a large share of that growth. At Integrated Behavioral Health, which manages mental health benefits for companies employing 1.5 million Americans, over half of the cases now involve CBT, up from 10% or 20% a decade ago, says Samuel Mayhugh, founder of the Costa Mesa, Calif. firm. Old-style psychotherapy, with its protracted bonding of caregiver and patient, is akin to “rent-a-friend,” Mayhugh says. “Employers cannot afford to be renting friends for their employees.”

At managed care provider Kaiser Permanente’s clinic in Hayward, Calif. upward of 70% of mental health patients now use some form of CBT. Psychologist Michael Wetter, who heads adult psychiatry at the site, employs 35 therapists to keep up with the demand and just a dozen psychiatrists who prescribe drugs. Says he: “People are starting to ask for CBT by name.”

Even in New York City, modern-day mecca of psychoanalysis, CBT “is spreading everywhere,” says New York psychologist Robert Leahy, author of *The Worry Cure*. His CBT practice in midtown Manhattan had little competition when he set up shop 24 years ago; now 150 or more rivals claim varying degrees of expertise in the method.

One Leahy patient, a bond trader, had been mildly depressed for years, ignoring the problem until he heard about CBT last year. The trader, 48, had grown up poor, working since age 11

# Trials And Tribulations

CBT transforms how doctors treat all sorts of mental health disorders, thanks to impressive evidence in three decades of clinical trials.

**1977 DEPRESSION**  
Landmark 41-patient trial by CBT creator Aaron Beck finds the therapy works as well as antidepressants.

**1980 CBT**  
The term cognitive behavioral therapy first appears in medical journals.

**1985 DEPRESSION**  
In follow-up study, Beck finds adding drugs produces no clear extra benefit.

**1992 PANIC**  
Beck’s team shows that CBT works in panic disorder.

**1994 PANIC**  
British researchers show CBT is as effective as drugs for panic attacks.

**1994 ANXIETY**  
Scottish study shows CBT better than old-fashioned psychoanalysis for generalized anxiety.

**1995 DEPRESSION**  
Analysis of government study casts doubt on efficacy of CBT in severe depression.

**1999 INSOMNIA**  
JAMA study finds CBT works for chronic insomnia.

**2004 HYPOCHONDRIA**  
Six sessions of CBT ease hypochondria, Harvard researchers show.

**DEPRESSED KIDS**  
Government study finds Prozac and CBT combined is best for depressed adolescents; Prozac is the most effective stand-alone treatment.

**OBSESSIVE-COMPULSIVE DISORDER** CBT and drugs help kids with obsessive compulsive disorder, *JAMA* study shows.

**INSOMNIA**  
Harvard study concludes CBT beats Ambien over the long term.

**2005 DEPRESSION RELAPSE** Study finds that CBT holds its own versus Paxil in severe depression—and is better at preventing relapse.

**LOW BACK PAIN**  
Exercise along with CBT is almost as good as major surgery for chronic low back pain, 349-patient study concludes in *British Medical Journal*.

**SUICIDE**  
*JAMA* study finds CBT prevents suicide attempts in patients who have tried to kill themselves before.

**2006 INSOMNIA**  
CBT beats Lunesta-style drug for insomnia in *JAMA* study.

**2007 TRIALS**  
A total 148 trials study CBT in everything from fibromyalgia to schizophrenia to irritable bowel syndrome.



## Sleep Talking

**E**xhausted, insomniac Americans filled 47.8 million prescriptions for sleeping pills last year, spending \$3.6 billion, or 30% more than the year before, says IMS Health. For some of them this also entailed strange and disturbing side effects: sleepwalking, late-night food binges, even driving in the wee hours while asleep.

The Food & Drug Administration last month ordered that warnings of

such bizarre possibilities should be handed out to patients picking up Lunesta, Ambien and 11 other sleeping pills. The FDA left out what may well be better advice: Skip the pills—and try cognitive behavioral therapy.

For those with chronic insomnia, just four to six sessions of CBT can work better than pills, with fewer side effects, multiple small studies suggest. “The scientific literature is now voluminous. There is no

question that CBT is more effective,” says University of Massachusetts sleep psychologist Gregg Jacobs. Borge Sivertsen, a psychologist at the University of Bergen in Norway, adds: “If you suffer from insomnia for more than a month or two, [pills] are definitely not the way to go.”

Insomnia poses a vicious cycle for some patients: They can’t sleep ... because they worry too much about the fact that they can’t sleep. So CBT practitioners work to ease patients’ exaggerated fears of the consequences of their sleeplessness. They also use behavioral techniques and relaxation exercises to increase the association between bedtime and sleep.

“Usually a negative life event causes the insomnia, but catastrophizing, negative thinking and worrying make the insomnia become chronic,” says Sivertsen. The act of fretting “stimulates the central nervous system just as much as going for a run.”

Sivertsen led the latest study to pit drugs against CBT, published last June in the prestigious *Journal of the American Medical Association*. It compared a Lunesta-style drug (zopiclone) with six sessions of CBT in 46 men and women who had struggled with

insomnia for at least three months. Patients on CBT slashed the time they spent tossing and turning in bed by a full hour; they also got more deep sleep, making them feel refreshed the next day.

Surprisingly, patients on meds showed little objective improvement, the study found. This stunning result for therapy follows a 2004 study led by Jacobs, which compared CBT with Ambien in 63 patients. Ambien’s effect faded when patients stopped taking it; patients on therapy were still sleeping better a year later, according to the results found in the *Archives of Internal Medicine*.

Ambien maker Sanofi-Aventis shies away from critiquing the studies but says, “No single treatment is effective and acceptable for all insomnia patients.” Sepracor, which makes Lunesta, says its drug is “different from zopiclone” and has been proved to work for up to six months in two studies.

Jacobs now has taken the CBT insomnia cure online, devising a Web-based interactive treatment for insomnia. In an initial test on 200 insomniacs, it reduced sleeping pill consumption by 40% in five weeks. —R.L.

and putting himself through college. Though he had millions in the bank, he constantly worried he would go broke. So Dr. Leahy had him review his finances at therapy sessions to convince himself he was in good shape; therapist exhorted patient to stop comparing himself to \$100 million hedge-fund managers. “It’s had a dramatic impact,” the trader says. “Dr. Leahy got me to understand that it wasn’t just about the money; it was about lifestyle and family. I am as happy as I have ever been.”

Thomas Duffy, 59, says CBT helped him conquer his fear of bridges and tunnels. A medical salesman in New Jersey, he must drive to hospitals in four states, but in the late 1990s a car trip over

a big bridge would spark a panic attack that felt like a crushing heart attack. He would leave home at dawn to allow time to drive around major spans such as the Verrazano-Narrows. He tried Xanax, an antianxiety pill, but it made him sleepy. Then Duffy heard a radio commercial about CBT while driving, and he signed up in 2000. In 12 weeks a therapist taught him breathing relaxation exercises, helped him confront his fears and slowly weaned him off drugs. Now he drives wherever he wants. “I would say I am cured.”

The Austrian neurologist Sigmund Freud viewed such matters as far more complicated. He theorized that psychological problems were rooted in a hidden world of past traumas, subcon-

scious emotions and repressed sexual desires and that digging up these hidden forces could prompt a catharsis in patients. It was dubbed “the talking cure.”

**S**OME OF FREUD’S IDEAS, ESPECIALLY THOSE ABOUT SEX, later would come into question, but patients have gone on the couch ever since. By the late 1950s psychoanalysis had become a pillar of psychiatry, though it never had been rigorously tested in trials. Some therapists, however, grew skeptical of the long-winded Freudian methods. By the 1960s two men had broken off to pursue, separately, new techniques that formed what became known as cognitive behavioral therapy: New York therapist Albert Ellis and the University of Pennsylvania’s Aaron Beck.

Ellis today is 93, sickly and nearly deaf, but he still bristles with attitude. “Freud wasn’t working, it was incompetent, so I looked around for something better,” he says. He found inspiration in the words of the ancient philosopher Epictetus: “Men are disturbed not by things but by the principles and notions which they form concerning things.” In 1955 he introduced a method called rational emotive behavior therapy that focused on eliminating irrational, self-defeating thoughts and replacing them with healthy ones.

“If you were abused, you accept it, too damn bad,” he says. “You want to get rid of the idea, ‘It harms me for life.’” Over the ensuing decades Ellis formed his own teaching institute and

Freud theorized that psychological problems were rooted in a hidden world of past traumas, subconscious emotions and repressed sexual desires.

clinic, traveled the world and trained thousands of students.

Beck, now age 85, is methodical, bookish and a fan of bow ties; he threw out his analyst’s couch in 1959 to focus on an approach he had devised that he called cognitive therapy. He had started out intent on giving scientific heft to the prevailing Freudian theory that depression was caused by unconscious rage. It didn’t go well; each experiment he tried seemed to disprove Freud’s claims.

Early on Beck noticed that his depressed patients always put the worst possible spin on everyday events, thinking things that had no real basis in reality: “Nobody loves me” or “It’s hopeless.” He theorized that distorted thoughts were the real cause of their bad bout of the blues. Replace the bad thoughts with better, more realistic ones and happier emotions would follow.

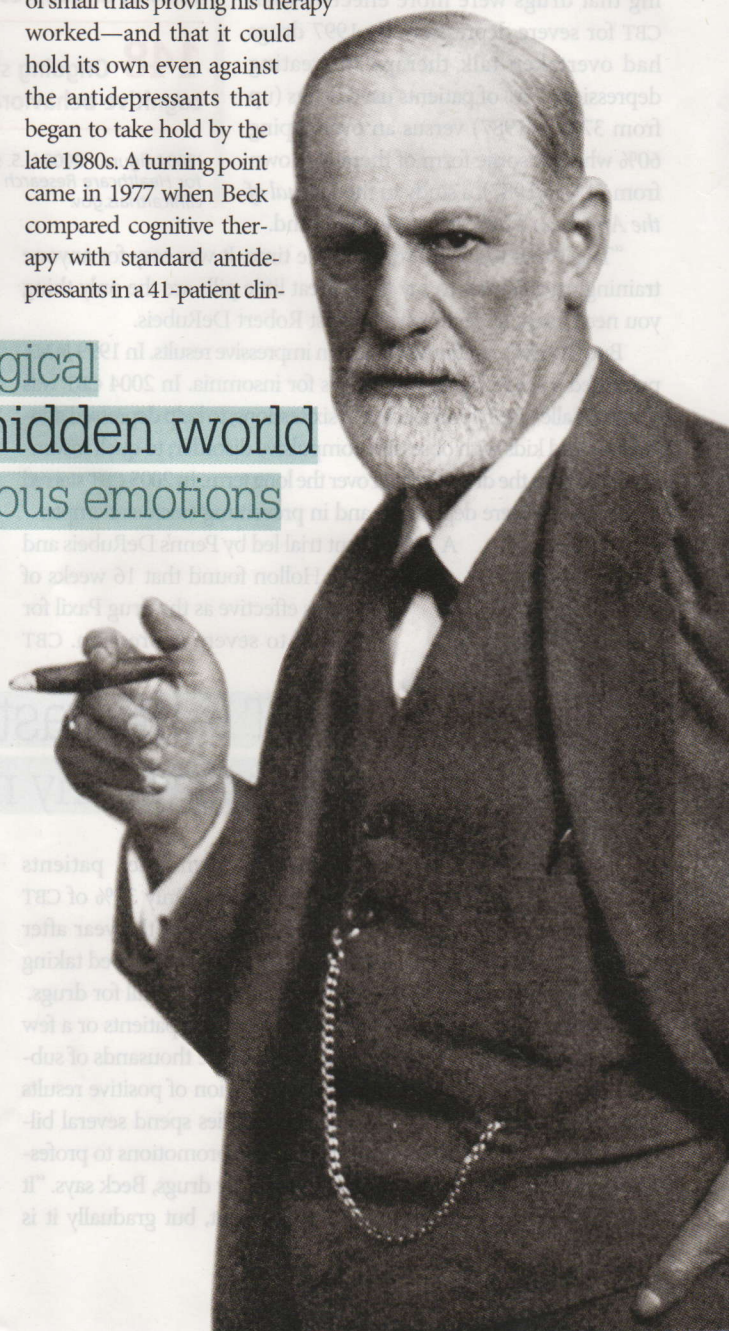
He started coaching patients face-to-face on how to critically evaluate their own fretting, teaching them to interpret everyday setbacks more realistically. The patients got better in just 10 to 12 weekly sessions. In 1975 he founded the Center for Cognitive Therapy at U. Penn, treated thousands of patients, trained 30 disciples who formed their own research programs to study CBT and indoctrinated

another 50 or so who went into private practice; they established their own training programs. In 1994 he founded the nonprofit Beck Institute for Cognitive Therapy & Research to help teach the method more widely. It is run by his 52-year-old daughter, Judith Beck.

Meanwhile, other psychologists rebelling against Freud pursued behavioral techniques, including relaxation breathing exercises and “exposure” therapy for panic attacks. The two methods began merging in the 1970s to form cognitive behavioral therapy. The first mention of it in medical journals shows up in 1980.

Psychoanalysts dismissed it. “It was a knockdown, drag-out fight. The nonbehavior therapists would always make ad hominem attacks,” says University of Washington’s Marsha Linehan, who developed a CBT spinoff for suicidal cases, called dialectical behavior therapy. “They said it was superficial, like treating meningitis with mood music,” Beck recalls.

His bent for scientific proof led him to accumulate three decades of small trials proving his therapy worked—and that it could hold its own even against the antidepressants that began to take hold by the late 1980s. A turning point came in 1977 when Beck compared cognitive therapy with standard antidepressants in a 41-patient clin-



ical trial, the first rigorous test of its kind. The therapy worked slightly better than the drugs.

Over the next decade Beck and a cadre of students developed CBT for anxiety disorder, panic attacks and more. In 1985 a Beck study found adding drugs to CBT produced no clear benefit; in 1992 he showed CBT works in panic disorder. Two years later a Scottish study sang CBT's praises for general anxiety.

All the while, however, the Prozac Revolution swept across America. The antidepressant, approved in 1987, was soon in the medicine cabinets of millions of Americans, pushing therapy out of the limelight. In 1995 an analysis of a government study further dampened enthusiasm by concluding that drugs were more effective than CBT for severe depression. By 1997 drugs had overtaken talk therapy in treating depression: 75% of patients used drugs (up from 37% in 1987) versus an overlapping 60% who got some form of therapy (down from 71% in 1987), a study in the *Journal of the American Medical Association* found.

"The 1990s were all Prozac all the time. It was easy for anyone training psychiatrists to say these great little pills are the only thing you need," says U. Penn psychologist Robert DeRubeis.

But CBT trials continued to turn in impressive results. In 1999 *JAMA* published a study saying CBT works for insomnia. In 2004 CBT was shown to alleviate hypochondria in six sessions; to help depressed adolescents and kids with obsessive compulsive disorder; to quell insomnia better than the drug Ambien over the long term. In 2005 CBT starred in studies of severe depression and in preventing suicide attempts.

A 240-patient trial led by Penn's DeRubeis and Vanderbilt's Hollon found that 16 weeks of CBT was as effective as the drug Paxil for moderate to severe depression. CBT



kept working even after patients stopped treatment: Only 31% of CBT patients had a relapse in the year after they completed treatment, versus 76% of those who stopped taking Paxil. Still, say psychiatrists, severe cases are likely to call for drugs.

Many of these trials involved only a few dozen patients or a few hundred, far smaller than drug trials that involve thousands of subjects. Beck pleads poverty and says the profusion of positive results proves the power of CBT. "The drug companies spend several billion dollars a year on their consumer ads and promotions to professionals. This has created an aura of success" for drugs, Beck says. "It is difficult to compete with such a juggernaut, but gradually it is

## Counseling By the Numbers

**9.6 million** Americans receive psychotherapy annually.<sup>1</sup>

**83.9 million** Total counseling sessions annually.<sup>1</sup>

**\$8.9 billion** Annual spending on psychotherapy.<sup>1</sup>

**\$13.5 billion** Annual sales of antidepressants.<sup>2</sup>

**148** Ongoing studies testing cognitive behavioral therapy.

<sup>1</sup>2004 figure. <sup>2</sup>2006 U.S. sales. Sources: Agency for Healthcare Research & Quality; IMS Health; clinicaltrials.gov.

becoming apparent that human problems are best solved by human solutions." He still works at his institute and lately he has been studying CBT in suicide prevention and in schizophrenia, which had been seen as treatable only with drugs.

**I**MAGING STUDIES HAVE BEGUN TO REVEAL CBT can render long-term physiological changes in the brain, just as antidepressants can. In one study in 2004 researchers at the University of Toronto used positron emission tomography scanning to track the brain activity of 14 depressed patients who had successfully been treated with CBT, comparing them with 13 patients who got better by taking only Paxil. CBT dampened down activity in higher areas of the brain's cortex, indicating patients were learning to quell rampant negative thoughts. By contrast, Paxil ramped up activity in the cortex, while dampening activity in the limbic parts of the brain responsible for emotions.

CBT has its downsides: time commitment, expense and the elusive search for a good practitioner. Few have received rigorous training in the method. Psychiatrists tend to have expertise in drugs, not CBT; hospitals didn't require psychiatry residents to learn CBT until 2001. "There is a serious quality issue no one is talking about," University of New Mexico's Jan Fawcett frets.

Moreover, some say CBT's advantages over other types of therapy are overblown. "There is a kind of arrogance that other types of therapy are less effective," complains University of Wisconsin-Madison psychologist Bruce Wampold. "But it is the therapist that makes the difference, not a particular type of therapy." Emory University psychologist Drew Westen says he has treated "refugees" of failed cognitive therapy and that most of them have

**"CBT is at least as effective as drugs for virtually any nonpsychotic disorder."**

benefited from his longer-term approach. He laments "a tremendous bias" toward quick-fix treatments like CBT.

But Zoloft and its chemical siblings are a quick fix, too. Ultimately the choice between cognitive behavioral therapy and drugs comes down to: Do you want to take extra time to talk to someone or pop a pill and put up with its side effects? Antidepressants historically have far more data backing their benefits, but now CBT has caught up, and ultimately this new wave of therapy offers the possibility of lasting benefits that medications cannot: It may change how you think about yourself. **F**



Check out CBT in action at [www.forbes.com/extra](http://www.forbes.com/extra).