

## COGNITIVE BEHAVIOR THERAPY FOR THE UNEMPLOYED

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Unemployment continues to be a major problem in North America and throughout most of the world, with millions of people facing long-term unemployment which contributes to significant health risks, long-term scarring effects, reduced life-time coping, and significant psychological costs. In a study in Finland people who had been unemployed in prior years had higher mortality rates than people never unemployed. Rates of mortality for previously unemployed people were also higher for men (141%) than for women (35%). And those who had experienced unemployment at two points in time over a three year period had even higher rates of mortality: the increased rate of mortality among men was 279% and among women was 107% (Martikainen & Valkonen, 1996).

The unemployed are likely to have problematic health habits characterized by excess drinking, smoking, lack of exercise, and a sedentary life-style. The higher death rates of previously unemployed individuals (followed over a 24 year period) were related to higher rates of suicide, accidents, cancer and cardiovascular disease (Voss, Nylén, Floderus, Diderichsen, & Terry, 2004). For individuals with no prior health problems being fired or laid off increased the risk of fair or poor health by 83% (Strully, 2009).

The psychological effects are pervasive. People who are unemployed have greater risks for a wide range of medical and psychiatric problems including depression, insomnia, anxiety, worry, suicide, feelings of helplessness, low self-esteem, malnutrition, cardiovascular conditions (especially heart attacks), alcoholism, increased smoking and generally poor physical health (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). The unemployed are at greater risk to abuse drugs and engage in crimes, especially burglary (Peck & Plant, 1986; Thornberry & Christenson, 1984). Relationship conflicts, marital distress and the loss of friends are not uncommon among the unemployed (Pew Research Center, 2010, July 22). And many of the unemployed delay important life decisions, such as marriage and having children (Pew Research Center, 2009, November 24).

I have developed a systematic CBT approach to coping with the psychological fall-out of unemployment (Leahy, 2013). Unemployment may be a difficult transition period, but taking a problem-solving, proactive, engaging, committed approach to action, training, networking, coping with dysfunctional thoughts, rumination, and family conflicts can make a significant difference. All therapists should be prepared with a plan of action for the unemployed person, since many of these people feel lost, forgotten, helpless and hopeless. The systematic CBT approach has several components.

First, validate the right to the feelings of anger, sadness, confusion and helplessness, while engaging the individual in commitment to change.

Change can begin immediately with the goal of looking for a job and taking care of oneself, by using behavioral activation to plan meaningful and pleasurable behaviors, networking, applying for jobs, and—if possible—developing marketable skills.

Second, focus on self-esteem issues, such as labeling the self as a failure, discounting positives, personalizing the unemployment and over-identifying one's self with the job ("work-role centrality"). Expand the defining values of the self beyond a job title to include roles as spouse, parent, friend, member of the community, hobbies, pleasurable activities, and spiritual values. Use the double-standard technique to develop a compassionate voice toward the self and to normalize the experience of unemployment.

Third, focus on rumination by using metacognitive, acceptance, and mindfulness techniques, addressing the issue of whether rumination is useful or whether it interferes with productive action. Set aside rumination time and practice delay of engagement with intrusive thoughts.

Fourth, identify if the individual is stuck in a victim role that leads to more rumination, anger, helplessness, and complaining and refocus to a model of personal empowerment based on clear daily and monthly goals, accountability, tolerance for discomfort, and investing in productive behavior.

Fifth, evaluate financial budgets, resources, and alternative sources of income or support and put money in its place. Prioritize activities and experiences that are free that involve valued action (like time with family).

Sixth, develop a mutual understanding in families that the unemployed individual will be proactive while the other family members will encourage respect rather than criticism.

Seventh, use a multifaceted CBT treatment for worry, based on identifying the costs and benefits of worry, asking if worry is productive or unproductive, focusing on problem-solving, directing one's attention to the present moment, accepting what cannot be controlled, challenging worry distortions (such as "slippery slope thinking", "trap door thinking", fortune telling, catastrophizing, discounting the positive) (Leahy, 2005).

Eighth, help the individual get out of isolation and shame and engage in anti-shame behavior (tell people you are unemployed), join volunteer groups, and get involved in helping other people.

Ninth, develop a daily plan of exercise, diet, reducing or eliminating drinking and smoking, and becoming more physically and mentally engaged.

Unemployment is the time in between jobs. You have to live every day. Helping our patients realize that they have choices that can empower them may give them tools that they can use throughout their lives.

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## STANDING ON THE SHOULDERS OF GIANTS

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has shifted the attention of patients away from preoccupations with internal experiences and dysfunctional attitudes to identify their basic aspirations and the interfering problems (Perivoliotis, Grant, & Beck, in press).

ACT advocates a commitment to values such as family and friends. In theory, refocusing re-energizes the schemas. The humanistic movement, including Dialectic behavior therapy (DBT), has emphasized the investment of the individual away from preoccupation with problems, symptoms, and negative attitudes and towards domains generally outside of themselves. This engagement in new domains means a reinvestment in a specific set of goals, expectations, and strategies. It also involves a shift in the reward/pain system to the new orientations. Thus, the individual will get pleasure from activities such as helping other people and they are no longer occupied with a sense of failure or futility.

### Summary

- The expanded cognitive model has emphasized the important role of intense focus in the formation of psychological problems and the role of refocusing as an important therapeutic approach.
- Considerable empirical support has accumulated for the expanded cognitive model and the derived cognitive therapy which has been successfully applied to practically all psychological disorders.
- The humanistic movement instigating an increased focus on different domains such as goals and values is included as an important component of third wave therapies.
- As part of this humanistic trend, the recovery movement, particularly in its implementation by recovery oriented cognitive therapy has successfully shifted the focus away from preoccupation with symptoms in severely mentally ill patients.
- The expanded cognitive model with its emphasis on refocusing integrates relevant components of third wave treatments.

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