10-Minute CBT in primary care: a brief introduction

Training developed by Dr Lee David
GP with a specialist interest in CBT
MB BS, MRCGP, MA in Cognitive-Behavioural Therapy
PG Cert (Medical Education)

Presented by Danuta Orlowska
Clinical Psychologist
Danuta.Orlowska@10minuteCBT.co.uk
Overview

- Introduction to the principles of CBT
- Video example
- Evidence base and value in primary care
- Questions
Introduction to the principles of CBT

‘Full’ training in CBT is lengthy
……and we don’t have much time……. So…

How people *think* in specific situations

affects how they *feel* emotionally & physically

and how they *behave*
The Five Areas or Cognitive-Behavioural Model (CBM) – see chart in handout
Another way of putting it...

What goes thro’ my mind
How I feel
What I do/don’t do
Body reactions
Situation/context
Using a CBT approach

- Helps to *identify* and then *evaluate* reactions to *specific* situations

- Enables the identification and change of *unhelpful* thoughts and behaviours that contribute to problems

- By changing thoughts and behaviours, the levels of distressing emotions experienced can be reduced
What are ‘Thoughts’?

- Words and visual images that pass through our minds including: attitudes, ideas, expectations, memories and beliefs

- They don’t have to be logical/accurate

- A thought is not a fact
  (though some may be very believable...)
‘Automatic’ Thoughts

- ‘Automatic thoughts’ flow through or pop up in our minds throughout the day
- They can be helpful/unhelpful/neutral in content
- *Negative (or unhelpful) automatic thoughts* are common in emotional disorders…
- These negative thoughts *seem* plausible but may not be accurate or realistic
- And they have *consequences* in terms of altering our feelings and behaviour
Identifying feelings

- In CBT, ‘feelings’ are seen as emotions or moods.
- Can usually be described in one word e.g. happy, excited, angry, sad, frustrated, embarrassed or terrified.
- We can experience a mix of feelings in a situation.
- NB - In English, people often use the word ‘feel’ to describe a thought or belief.
Linking thoughts and feelings

- There should be a logical relationship between thoughts and feelings.

- For example, a patient thinking "Now I’ve got diabetes, I can’t do anything I enjoy any more," is likely to feel depressed and low...

- A patient thinking "The GP should have spotted my diabetes earlier, it’s their fault," is likely to feel angry.

- Cognitive empathy: “If I thought like that then I would also expect to feel…” – without needing to agree with the thought...
Using the CBM in primary care consultations

- The five-areas CBM is one effective starting point for bringing a simple CBT approach into a consultation.

- Valuable for common presenting problems in primary care: depression, anxiety and long-term conditions.

- Health professional ‘maps out’ problems by asking relevant questions from each section of the chart.

- This exploration is part of a sequence of consultation skills with which primary care professionals are generally already familiar.
Consultation skills

1. Introduce the approach and agree written records
2. Write a problem list (agenda-setting) and choose a problem to focus on
3. Identify a specific example of the problem
4. Explore the example using the 5-areas model (CBM)
5. Summarise
6. Ask a handover question
7. Give empowering explanations
8. Feedback / check patient understanding
9. Set agreed actions for patients and health professionals
Video example

- Complete the CBM sheet to show what the patient experiences in terms of:
  - What is going through their mind (thoughts)
  - Their feelings
  - What they do/don’t do
  - Body reactions
  - Any vicious cycles
Highlights of what you’ve seen

◆ Identification of a *specific* example of the problem
◆ Exploration of the example using the 5-areas model (CBM)
◆ Summary
◆ Handover question
Choose a recent, typical and specific example to discuss

- Encourage the patient to choose the most important issue from the agenda to cover first
- Then ask for a specific and ‘typical’ example of the problem
- E.g.: Last Friday morning when I accidentally broke a coffee cup, I started to feel very low and tearful....
xplore the example using the CBM

- **Thoughts**: Includes fears and beliefs about their illness or problems, and images
  - *What was running through your mind? Anything else?*

- **Feelings**: Key distressing emotions associated with the event
  - *How did that make you feel?*

- **Behaviour**: Helpful and unhelpful behavioural factors including safety behaviours and avoidance
  - *What did you do? What did you do differently?*

- **Physical reactions**
  - *How did you feel physically?*

- **Background/ environmental factors**
  - *What else is going on in your life...?*
Summarize and Highlight Links

- Summaries facilitate patient reflection and learning
- Use regular reflective statements and more lengthy summaries of what you have discussed so far
- Use the patient’s own words as much as possible
- Highlight links between different aspects of their problems (e.g. thoughts and feelings)
- Gently point out any vicious cycles (ideally drawing these as arrows on the written chart)
Ask handover (synthesizing) questions

- Crucial stage that encourages the patient to take responsibility for what they learn
- Use questions and silence to enable the patient to make their own connections and discoveries
- Main aim is to encourage patient to think / reflect on their situation
- Much of this reflection may occur at home after the session!
Typical unhelpful reactions in chronic pain

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Feelings</th>
<th>Physical symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain ‘catastrophising’; unhelpful beliefs about the best way to cope with pain (e.g. I should always rest)</td>
<td>Low mood</td>
<td>Pain, weakness and stiffness</td>
</tr>
<tr>
<td>Hypervigilance (constant thinking or worrying about pain)</td>
<td>Anger and frustration</td>
<td>Lethargy and fatigue, Poor sleep</td>
</tr>
<tr>
<td>Low self esteem &amp; self criticism</td>
<td>Anxiety and worry</td>
<td>Anxiety-related symptoms</td>
</tr>
<tr>
<td><strong>Behavioural factors</strong></td>
<td></td>
<td><strong>Side effects of medication</strong></td>
</tr>
<tr>
<td>‘Pain behaviours’ e.g. Sighing, groaning, talking about pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced activity; excessive rest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social isolation and withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance behaviours designed to eliminate pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence for and value of CBT in primary care

- Strong evidence for the effectiveness of CBT for many common primary care problems
- CBT is recommended by several NICE guidelines (e.g. depression, anxiety)
- 25% of GP consultations are for mental health problems\(^1\)
- Patients with mental health problems consult GPs about twice as often as other patients\(^1\)

LTC – Evidence base for CBT

- **CHD** - Moderate benefit for psychological interventions, particularly those using CBT; Many patients attribute their symptoms to stress, depression is a risk factor for cardiac mortality (Cochrane Heart Group 2004)

- **COPD** - CBT strategies improve exercise tolerance and quality of life *(Cochrane review 2002/3)*

- **Diabetes** - Depression common; CBT improves mood and may improve glycaemic control, People who are overweight or obese benefit from CBT strategies to enhance weight loss (SIGN guideline 55, Cochrane Endocrine Disorders Group, 2005)

- **Chronic pain** - CBT associated with change in pain experience, measures of coping, and behavioural expression of pain. CBT plus physical training reduces the number of sick days compared with usual care (Cochrane Back Group, 2008)
LTC – Evidence base for CBT

- **Irritable Bowel Syndrome** - CBT improves symptoms and function

- **Chronic Fatigue Syndrome** *(Cochrane r/v 2003)* - CBT is an effective treatment, improving function and mood

- **Epilepsy** - Relaxation, CBT, biofeedback and educational interventions can reduce seizure frequency and improve quality of life *(SIGN 2003 and Cochrane review)*

- **Cancer**: CBT enhances QOL

- **Multiple Sclerosis**: CBT is beneficial in treatment of depression and in helping people adjust and cope with having MS
Factors affecting adjustment in chronic illness

- Individual health beliefs affect emotional impact, compliance, overall outcome and well-being
- Includes beliefs about the cause of their illness and the value and effectiveness of treatments
- Helpful to shift focus from curing or eliminating problems to **coping and improving life** despite the problem
Aims of psychological approaches in chronic illness

- Improved relationships with health professionals
- Increased functional activities
- Improved mood and quality of life
- Improved symptom control
- Improve self-management in chronic disease
- Reduction in repeat attendances due to emotional factors (e.g. excessive anxiety)
CBT approach to chronic illness and LTCs

- Physical strategies
  - Relaxation, massage

- Behavioural strategies
  - Increase positive and meaningful behaviours, pacing, goal-setting

- Cognitive strategies
  - Acceptance, managing uncertainty, encourage self-reassurance, distraction, distancing from negative thoughts, problem-solving, helpful thinking
Managing emotional aspects of chronic disease

- Give adequate (ideally written) information about the condition, investigations, treatments, referrals etc.
- Use patient-centred communication to elicit and discuss specific health beliefs and fears.
- Prepare for unpleasant procedures – detailed info can reduce anxiety and fear of the unknown.
- Ask about underlying emotional symptoms rather than focussing only on medical aspects of healthcare.
- Ask for feedback to prevent misunderstandings.
- Give empowering explanations for symptoms.
Can’t I just refer or prescribe?

- What might be the benefits of learning brief CBT skills for GPs?
  - Offers choice of resources (referrals / prescribing)
  - Assists in the diagnosis and recognition of common mental health problems
  - Has a positive impact on time management
  - Helps support patients on waiting lists or who have relapsed after standard CBT
And finally…

Asked to explain to a junior doctor what she had gained from CBT sessions for tinnitus, Rose, 70, who had stopped going out said:

I’ve gone from saying ‘I can’t’ to asking ‘how can I?’

This simple phrase covers it all!

a) illustrates a move towards helpful thinking…
b) suggests the possibility of behaviour change
Questions
Further training / information

- Using CBT in General Practice: The 10-minute consultation
  Dr Lee David (Scion Publishing)

- www.10minuteCBT.co.uk
- www.babcp.com
- www.bps.org.uk