CBT skills for general practice

Where to begin

KATIE DIMARCO MB BS(Hons), BMedSci, FRANZCP

Appropriate use of cognitive behaviour therapy techniques can empower patients to feel their problems can be understood and something can be done about them.

The busy and diverse nature of general practice means there are many opportunities for cognitive behaviour therapy (CBT) skills to be applied to both mental and physical health problems. The 2007 National Survey of Mental Health and Wellbeing revealed that of the 16 million people in Australia aged 16 to 85 years, 11.7% had both a mental disorder and a physical condition.[1]

A common analogy of CBT skills is that they are like having 'tools in your (psychological) toolbox' – tools that are practical, and focus more on the 'here-and-now' of symptom management. It is possible that consideration of CBT skills in general practice may result in doctors doing something similar to what they already do but in a more structured or explicit manner.

MedicineToday 2015; 16(4): 58-59

Dr Dimarco is a Consultant Psychiatrist and Psychotherapist working in private practice in Sydney.

Getting started: the CBT approach

The engagement phase of CBT involves developing a common understanding of symptoms and their maintaining factors, setting goals, psychoeducation and fostering a collaborative therapeutic alliance through a curious, empathic and realistic but optimistic stance.[2] All of these would appear to be basic building blocks of general practice.

Using CBT, the aim is, over time, to help patients develop strategies to better identify, understand and manage symptoms. CBT works best when patients are active participants in the process, and when there is a willingness to tackle problems by trying new approaches. However, even for less-engaged patients, techniques such as using symptom-monitoring diaries may increase awareness of symptoms and their impact, creating more motivation for change.

There is manifest power for the creation of effective change when people discover and experience things for themselves in a supportive environment. This is reflected in the questioning style often incorporated into CBT, which leads patients to make links, draw their own conclusions or come up with ideas. For example, 'So you're worried about talking to your boss and avoiding it, what is the impact of that? What do you think could be some ways to approach this?'

Resources giving further information about CBT are listed in the Box.

CBT strengths and weaknesses

A strength of CBT is the incorporation of active strategies such as relaxation, diarising, writing things down (e.g. thought challenging), attempts at objectifying what can seem diffuse or

intangible symptoms (e.g. self-report pain or anxiety symptom scales) and following through with graded exposure experiments or other counteravoidance strategies such as structured problem solving. This can empower patients to feel that there is some way of understanding their problems and something can be done.[3]

However, for patients who struggle to understand or implement strategies, or for whom CBT strategies are used in a way that misidentifies or dismisses complex problems (e.g. symptoms overlaying a personality disorder, complicated grief, unrecognised severe depression), CBT can result in feelings of failure and or invalidation. CBT can also be less effective for people who are ambivalent about addressing their problems, and in these situations it is more constructive to explore their ambivalence (e.g. using principles of motivational interviewing) rather than to reinforce a sense of failure through ongoing lack of progress with CBT.

Some basic CBT skills in general practice

The following fictional case scenario illustrates how CBT skills could be applied in general practice.

Case scenario

Brett is an obese 45-year-old man who survived a myocardial infarction and was diagnosed with type 2 diabetes and hypercholesterolaemia. He has a long-standing tendency towards excessive worrying, excessive smoking and using alcohol to deal with stress. Following the infarction, he became depressed.

Discussion

Below are some examples of how CBT could be employed in this case.

- **Formulating the situation.** Several areas for action are raised by Brett's scenario, including validating the impact of his recent experience; exploring his worries and concerns; negotiating goals for treatment; addressing his weight, smoking and alcohol use; and encouraging better stress-management and self-care strategies. Writing down a list of goals could form the basis of a treatment agenda.
- **Monitoring diaries.** Brett could be asked to keep a diary of any or all of his mood states, worrying thoughts and cigarette and alcohol consumption.
- **De-arousal and stress management strategies.** Brett could be taught simple strategies such as controlled breathing and progressive muscle relaxation, and encouraged to engage in regular exercise for physical and psychological benefits. He could also keep an exercise diary.
- **Thought diaries/thought challenging.** Brett could be asked to keep a diary about, or list off the top of his head, his worrying thoughts. If he is prone to excessive worrying, he might be catastrophising, 'jumping to conclusions' or have a very 'black and white' view of his situation. These 'thinking biases' could be discussed, and alternative more flexible thinking patterns could be encouraged.
- **Activity scheduling.** If Brett is withdrawn, a discussion could ensue about the value of maintaining daily routines and social connections during times of stress. Brett could be encouraged to maintain structure in his day, making sure to include some pleasurable activities.
- **Structured problem solving.** Brett could feel overwhelmed about the changes he needs to make to improve his health. Brainstorming some initial steps in terms of addressing his diet and exercise may help, such as see a dietitian, order pre-made meals, join a weight loss group, start walking with his partner and buy an exercise bike. All the options should be listed and then an initial course of action selected.

COGNITIVE BEHAVIOUR THERAPY: WHERE TO GO FOR MORE INFORMATION?

- *CBT for Beginners* is a very practical, easy to understand and relatively brief book (Simmons and Griffiths, 2nd ed, 2014)[2]
- Free downloadable CBT worksheets and tools are available from the Get Self Help website (GET.gg Therapy Resources), at http://www.getselfhelp.co.uk/freedownloads2.htm
- An online course aimed at teaching clinicians practical CBT skills for the management of depression and anxiety is available from the This Way Up website (Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW) at https://thiswayup.org.au/clinicians/cognitive-behavioural-therapy
- Referring patients to online CBT courses can be an effective and low-cost intervention to offer in general practice. A GP education link about these online courses (webinars) is available from the Black Dog Institute, at http://www.blackdoginstitute.org.au/healthprofessionals/gps/emhprac.cfm

Conclusion

In conclusion, the CBT 'stance' encourages an active and collaborative therapeutic alliance that lends itself well to general practice. Becoming familiar with several CBT strategies may help GPs use them flexibly across a range of situations involving physical and/or psychological issues. MT

References

1. Australian Bureau of Statistics. 4326.0 – National Survey of Mental Health and Wellbeing: summary of results, 2007. Canberra: Commonwealth of Australia; 2008.
2. Simmons S, Griffiths R. CBT for beginners. 2nd ed. London: SAGE Publications; 2014.
3. Andrews G, Creamer M, Crino R, Hunt C, Lampe L, Page A. The treatment of anxiety disorders. 2nd ed. Cambridge: Cambridge University Press; 2003.

COMPETING INTERESTS: None.