

APPROACH TO PSYCHOTHERAPY IN PRIMARY CARE

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Disclosure of Potential for Conflict of Interest

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Objectives

- 1. Gain exposure to models of supportive and behavioural psychotherapy
- 2. Learn how to decide when to use specific forms of therapy
- 3. Learn the principles of applying cognitive behavioural therapy

Introduction

- 25 - 35% of patient visits to a Family Physician may involve predominantly psychological issues.
- Definition of psychotherapy: (Sullivan)
 - “A verbal interchange between two individuals, one an expert, the other a help seeker, together working on the patient’s life problems in the hope of producing behavioural change.”
- Psychotherapies share:
 - learning component
 - corrective emotional experience
 - ventilatory component

Two Main Types

- Supportive
- Change Therapy
 - CBT is a type of change therapy

Choose Appropriate Therapy/Appropriate Time

- Factors to Consider:
 - Long term problem vs. acute situational problem
 - Psychological mindedness of client/capacity for insight
 - Motivation to change/ability to delay gratification/face difficult issues (e.g. changing a light bulb)
 - Fragility of personality style
 - Presence of depression, psychosis, suicidality
 - Does the patient recognize that he/she has a problem?
 - Internal vs. external locus of control
 - Past psychotherapy trials and outcomes

Supportive Therapy

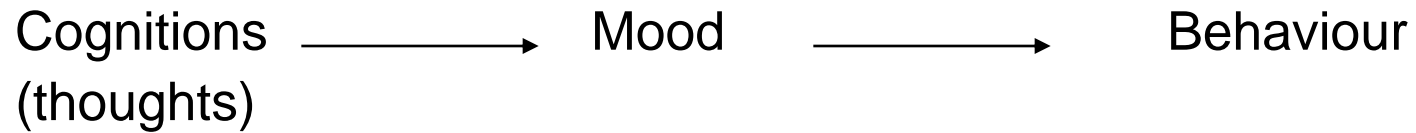
- Supporting defences; helping through a rough time
 - Not trying to change personality structure
 - Provides encouragement; ventilation for patient
- Reduce anxiety, sadness
- Restore sense of balance, control
- Empathic, non-judgmental listening
- Widely applicable

Supportive Therapy

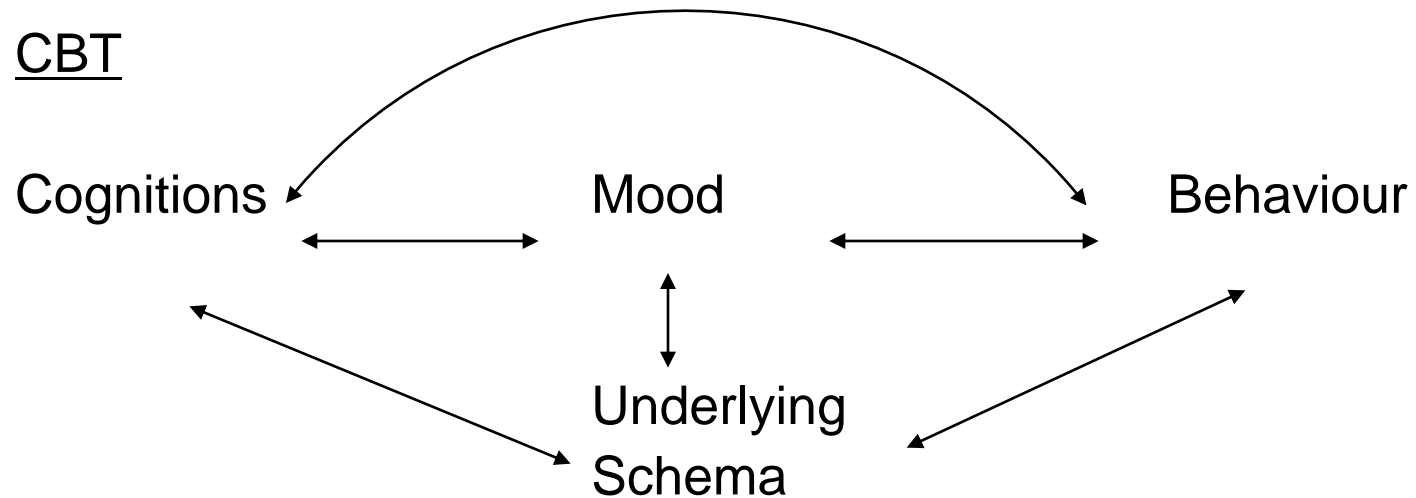
- Clarifies problems
 - Normalizes problems
 - Needs of patient clarified
 - Coping strategies identified/environmental manipulation
- Stays in the here and now
 - Does not go back to the past
- Can be combined with psychotropic medication
- Often weekly or biweekly; 15-20 minutes

CBT

Traditional Psychodynamic:



CBT



CBT

- Individual's moods and behaviour are determined by a person's cognitions.
 - Cognitions are “automatic thoughts” and images; synthesis of one's life experiences, synthesis of external and internal processes; reflect one's view of himself and his world
- Cognitions can be distorted
 - Cognitive distortions can affect one's mood (affect) and behaviours
- In therapy, make person aware of automatic thoughts, look at the distortions, re-formulate cognitions into more adaptive ones

Daily Record Of Dysfunctional Thoughts

Date	Situation Who? What? When? Where?	Moods a) What did you feel? b) Rate each mood (0 – 100%)	Automatic Thoughts (Images) a) What was going through your mind just before you started to feel this way? Any other thoughts? Images? b) Circle the hot thought.

Daily Record Of Dysfunctional Thoughts

Date	Evidence That Supports the Hot Thought	Evidence That Does Not Support the Hot Thought

Daily Record Of Dysfunctional Thoughts

Date	Alternative/Balanced Thoughts 1. Write an alternative or balanced thought. 2. Rate how much you believe in each alternative or balanced thought (0-100%)	Rate Moods Now Re-rate moods listed in Mood column as well as any new moods (0 – 100%)

Common Thinking Errors

- “All or None” thinking
- Overgeneralization
- Mental filter
- Disqualifying the positive
- Jumping to conclusions

Common Thinking Errors

- Magnification
- Emotional Reasoning
- “Should” Statements
- Labelling
- Personalization

20 Questions To Challenge Negative Thinking

1. What is the evidence?
2. Am I jumping to conclusions?
3. Am I assuming my view of things is the only one possible?
4. Do negative thoughts help or hinder me?
5. What are the advantages and disadvantages of thinking this way?

20 Questions To Challenge Negative Thinking

- 6. Am I asking questions that have no answer?
- 7. Am I thinking in all-or-nothing terms?
- 8. Am I using ultimatum words in my thinking?
- 9. Am I condemning myself as a total person on the basis of a single event?
- 10. Am I concentrating on my weaknesses and forgetting my strengths?

20 Questions To Challenge Negative Thinking

- 11. Am I blaming myself for something which is not really my fault?
- 12. Am I taking things personally that have little or nothing to do with me?
- 13. Am I expecting myself to be perfect?
- 14. Am I using a double standard?
- 15. Am I only paying attention to the black side of things?

20 Questions To Challenge Negative Thinking

- 16. Am I over-estimating the chances of disaster?
- 17. Am I exaggerating the importance of events?
- 18. Am I fretting about the way things ought to be, instead of accepting and dealing with them as they are?
- 19. Am I assuming I can do nothing to change my situation?
- 20. Am I predicting the future instead of experimenting with it?

CBT

- Homework often given to monitor cognitive distortions and develop a reasonable response
- Can also effect changes by behavioural prescriptions or homeworks
- Choose behaviour that is achievable
- Can keep record of this during the week
 - Go for a half-hour walk twice per day
 - Do relaxation training once per day
 - Call 3 friends on the phone during the week, etc.

Activity Log

Time	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-12							

CBT

- Typically correct cognitive distortions “C”, and use behavioural homeworks “B”
- Mood changes follow
 - No specific mood interventions
- Interpreting “underlying schemas” may also be helpful
 - Not always done in CBT
 - This gets into more long-term themes

CBT

- Can lead to improvement in mood, behaviours, and thoughts
- Stresses the here and now
- Does not encourage transference
 - Active, verbal therapist
- Much more applicable than insight therapy
- Lends itself to primary care setting
- Weekly or biweekly
 - 20-30 minutes
 - Always check homework from previous week
 - Focus on specific issues
 - Give homework for the next week

Hints

- Hard to do in middle of busy practice day
 - Different “Headspace”
 - Some people find setting aside a half day is helpful
- Try to choose the right therapy for the right patient at the appropriate time
 - Be specific regarding goals of therapy
- Make sure patient is ready to “change the lightbulb”
 - You shouldn’t feel you’re doing all the work
 - You also shouldn’t feel you are “chatting”
- Further education:
 - CME
 - Conferences
 - Literature

CBT Case #1:

Task Introduction:

In pairs, read through the following case and consider how you might apply some basic principles of CBT to help this patient through the difficult situation described on the back of the page.

Feel free to either roll play as patient-therapist or simply work through the case in hypothetical fashion as a couple of potential therapists about to take on the case.

ID: Bill Smith, 33 year old male.

CC: Anxiety (social phobia).

Social Hx:

Works at the university in the housekeeping department (several years).

Single.

Born in Hamilton.

Good relationship with mother. Father was very critical.

Felt he was always a major disappointment to his father.

Attracted to women, but very little dating as the idea frightens him.

Education:

Finished high school

Average academically

Would often take a lower grade rather than have to make a presentation.

HPI:

Has been feeling lonely for many years.

Would like to be with people more

Hard to trust people and feels they always let him down.

Tends to keep a distance with people, and has some friends, but not overly close.

Shy all his life - lacks self confidence.

Avoids parties, because he gets too nervous.

Other Psych Hx:

Mood is on the sad side for many years because he is lonely.

No vegetative features of depression.

No other anxiety disorder.

No drug or alcohol abuse.

Medically healthy. No medications.

Situation:

Planning to go to a party.

Bill's Common Automatic Thoughts:

“No one will like me. I will make a fool of myself. People will judge me negatively”

Practice:

1. Greeting and symptom check
2. Set an agenda for the visit
3. Psycho-education – teach the basics of CBT
4. Have the patient identify the automatic thoughts, his mood at the time and try some reformulation of his overly negative thinking (ie; evidence for and against) – use the blank thought records on the attached pages.
5. Behavioral Homework – think of an attainable set of goals for the coming week.

CBT Case #2

Task Introduction:

In pairs, read through the following case and consider how you might apply some basic principles of CBT to help this patient through the difficult situation described on the back of the page.

Feel free to either roll play as patient-therapist or simply work through the case in hypothetical fashion as a couple of potential therapists about to take on the case.

ID: Jill Brown, 29 year old married, mother of 3 year old boy

CC: Sad. Anxious.

Social Hx:

Homemaker

Lives with 2nd husband and 3 year old son

First husband was very abusive physically and emotionally.

First married at age 18, lasted 5 years (husband left her for another woman).

Current marriage not as bad (no physical violence) but still very critical and disrespectful.

Excellent relationship with young son.

She is an only child, dad was physically abusive growing up.

Good relationship with her mother growing up, but died when Jill was a teenager.

She has some friends, and she feels she can share things with them. They do not approve of how her husband treats her.

Education:

Finished high school

Strong student..

HPI:

Very low self-esteem. Sadness.

Sees herself as incompetent and unable to do anything right.

Mood on the low side for years, but no vegetative features of depression.

Other Psych Hx:

There is no other past psychiatric history

She is medically healthy, and is not taking any medications.

There is no drug or alcohol use.

Situation:

Jill has had an argument with her husband.

Mood:

Sad. Anxious.

Jill's Common Automatic Thoughts:

“He is going to leave me. I will be alone and will surely fail. I must keep him here at all costs. I can't make it on my own. I am useless”.

Practice:

1. Greeting and symptom check
2. Set an agenda for the visit
3. Psycho-education – teach the basics of CBT
4. Have the patient identify the automatic thoughts, her mood at the time and try some reformulation of her overly negative thinking (ie; evidence for and against) – use the blank thought records on the attached pages.
5. Behavioral Homework – think of an attainable set of goals for the coming week.

DAILY RECORD OF DYSFUNCTIONAL THOUGHTS

1. Situation Who? What? When? Where?	2. Moods a) What did you feel? b) Rate each mood (0–100%)	3. Automatic Thoughts (Images) a) What was going through your mind just before you started to feel this way? Any other thoughts? Images? b) Circle the hot thought.	4. Evidence That Supports the Hot Thought	5. Evidence That Does Not Support the Hot Thought	6. Alternative / Balanced Thoughts a) Write an alternative or balanced thought b) Rate how much you believe in each alternative or balanced thought (0–100%)	7. Rate Moods Now Rerate moods listed in column 2 as well as any new moods (0–100%)

PATIENT INFORMATION

FROM YOUR DOCTOR



Common thinking errors

Sometimes, it is helpful to look at examples of common thinking errors. Here is a list of some of the most common ones.

1. "All or none" thinking

You tend to see things in black or white categories. Your performance has to be perfect or it is a complete failure.

- Example: You eat a cookie and think "I've blown my diet completely." You are so upset you finish off the rest of the bag.

2. Overgeneralization

You see a single negative event as an eternal pattern of defeat by using words like "always" or "never."

- Example: You're late for an appointment. You tell yourself "I'm never on time."

3. Mental filter

You select and focus on a single negative detail and dwell on it exclusively, so that your vision of reality becomes obscured.

- Example: At an annual employee performance review, you receive generally high praise, but it is noted that you have been late to work twice in the past three months. You tell yourself "They think I'm incompetent. I'm going to be fired."

4. Disqualifying the positive

You reject positive experiences by assuming they "don't count" for some reason.

- Example: A friend compliments you, but you tell yourself, "He's just trying to be nice."

5. Jumping to conclusions

You interpret things negatively when there's no definite facts to support your conclusion.

Mind-reading: You arbitrarily conclude that someone is reacting negatively to you without actually verifying whether it is true.

- Example: You wave to your new neighbor across the street, but he doesn't wave back or even acknowledge you. You are so upset you go out of your way to avoid him for several weeks, until you learn from another neighbor that he is extremely short-sighted. Since you recall he wasn't wearing his glasses at the time, you realize he probably didn't see you.

Fortune-telling error: You consistently predict negative outcomes for yourself.

- Example: You have to give an important presentation at work. You tell yourself again and again "I'm going to blow it." You become so overwhelmed with anxiety that you really do turn in a sub-par performance. In this way, your negative prediction becomes a self-fulfilling prophecy.

6. Magnification (catastrophizing) or minimization

You exaggerate the importance of your errors or problems, or you inappropriately shrink the significance of your own positive qualities.

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Common thinking errors

- Example: You discover your car has just been towed for being illegally parked and you tell yourself "This is terrible." Conversely, you may magnify the significance of someone else's achievements and minimize your own.

7. Emotional reasoning

You assume that your negative emotions are always an accurate reflection of "the way things really are."

- Example: If you are afraid of flying, you assume that's because flying really is dangerous. If you feel inferior, you assume that indicates you really are inadequate. If you feel guilty, you must have done something bad.

8. "Should" statements

You berate yourself to improve with "should" and "shouldn't" statements.

- Example: After successfully sticking with a new exercise plan for several months, you miss a week and tell yourself "I shouldn't be so lazy."

9. Labelling

This is an extreme form of over-generalization. Instead of saying "I made a mistake," you attach a negative label to yourself: "I'm a loser." Yet you are not the same as any one thing you say or do. When someone else's actions bother you, it is tempting to attach a negative label to them: "He's a jerk." Labelling yourself or others is destructive, because you tend to associate the problem as stemming from a character flaw (which is relatively unchangeable) rather than from a specific behavior (which is much more amenable to change).

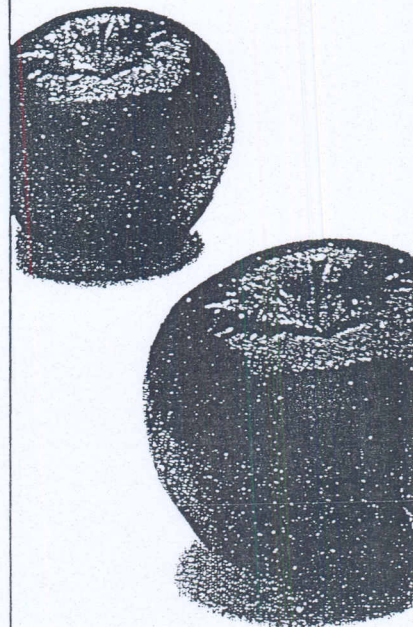
10. Personalization

You blame yourself for an event for which you did not have complete responsibility.

- Example: You are late for work because the bus you are riding on breaks down in the middle of rush hour. You say to yourself "This shows I'm not punctual."

Adapted from *Feeling Good—The New Mood Therapy*, David Burns MD.

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compare apples
to apples...



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PATIENT INFORMATION

FROM YOUR DOCTOR



20 questions to help challenge negative thinking

Here is a list of typical negative automatic thoughts and possible counter-arguments. These real-life examples will help you challenge your negative thinking.

What is the evidence?

1. Am I confusing a thought with a fact?

Automatic thought

When I met him in the street today, he didn't smile at me. I must have done something to offend him.

Possible answer

It is true that he didn't smile at me, but I have no reason to think that he is offended with me. It was probably that he just had a lot on his mind.

2. Am I jumping to conclusions?

Automatic thought

My husband didn't eat that chocolate cake I baked for him. He thinks I'm a terrible cook.

Possible answer

All I know for sure is that he didn't eat it. I don't actually know whether he thinks I'm a terrible cook or not. Maybe he just wasn't hungry. I can ask him.

What alternatives are there?

3. Am I assuming my view of things is the only one possible?

Automatic thought

That was a terrible mistake. I will never learn to do this properly.

Possible answer

If I wasn't depressed, I would probably shrug my shoulders and put it down to experience. I would if I could to set things right, and learn from my mistake. Tom made just the same mistake last week and he made a joke of it.

What is the effect of thinking the way I do?

4. Do negative thoughts help or hinder me?

Automatic thought

This is hopeless. I should be able to do better than this by now. I'm never going to get the hang of answering my thoughts.

Possible answer

What I want is to get over my depression. Thinking this way is not going to help me to do that. It just makes me feel worse. It's no good telling myself I should be doing better by now. What I need is practice, and if I keep putting myself down, I will give up instead of practising.

5. What are the advantages and disadvantages of thinking this way?

Automatic thought

I must make a good impression at this party.

Possible answer

Advantage I'll go out of my way to talk to people. If they do like me, I'll feel great.

Disadvantage If somebody doesn't like me, I'll feel terrible and think badly of myself. Telling myself I must make a good impression just puts pressure on me and makes it hard to relax and enjoy myself. It is impossible for everyone to like me all the time. If they do, great. If not, it's not the end of the world.

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20 questions to help challenge negative thinking

6. Am I asking questions that have no answers?

Automatic thought

When will I be better again?

Possible answer

I can't answer that. Going over and over it just makes me worried and upset. I would do better to spend the time working out what I can do to help myself to get over this depression as quickly as possible.

What thinking errors am I making?

7. Am I thinking in all-or-nothing terms?

Automatic thought

I did that really badly. I might as well not bother at all.

Possible answer

The fact is, I didn't do it as well as I wanted to. That does not mean that it was no good at all. I can't expect to get everything 100% right. If I do, I'll never be satisfied.

8. Am I using ultimatum words in my thinking?

Automatic thought

Everything always goes badly for me.

Possible answer

What, everything? That is an exaggeration. Some things do go badly for me, just as they do for everyone else, but some things go well.

9. Am I condemning myself as a total person on the basis of a single event?

Automatic thought

I was so irritable with the chil-

dren this morning. I'm a terrible mother and a wicked person.

Possible answer

The fact that on a particular day, at a particular time, in particular circumstances, I was irritable, does not make me a terrible mother or a wicked person. I can't reasonably expect never to be irritable, and writing myself off completely is not going to help me be nicer to the children when they get in from school.

10. Am I concentrating on my weaknesses and forgetting my strengths?

Automatic thought

I've made a complete mess of my life. I hate myself. Why go on trying?

Possible answer

That's not true. There are many things I have done well. I just can't see them clearly because the depression is getting in the way. If I was such a hopeless mess, I would have no friends. But I do have friends and a husband and children who love me. That must mean something. And the fact that I'm trying to fight my depression is a sign of strength.

11. Am I blaming myself for something which is not really my fault?

Automatic thought

I must be really stupid to have these distorted thoughts.

Possible answer

Stupidity is one possible reason. But when I look at myself as a whole, there's not much evidence that I'm stupid. I have

these thoughts because I'm depressed. That's not my fault, and I'm doing what I can to sort it out. Once I'm feeling better, I'll think quite differently.

12. Am I taking things personally that have little or nothing to do with me?

Automatic thought

Mary doesn't like me at all. She would never have shouted at me like that if she did.

Possible answer

I am not the only one Mary shouts at. She is always on edge when things are not going well for her, and she shouts at whoever is around. I've seen her do it. She'll get over it and probably apologize.

13. Am I expecting myself to be perfect?

Automatic thought

This is not good enough. I should have finished everything I planned to do.

Possible answer

I can't always expect to carry out everything I plan. I'm not God—I'm fallible, like any other human being. It would be nice if I had finished, but the fact that I haven't is not a disaster. Better to focus on what I have done, not on what I have failed to do. This way, I will be encouraged to try again.

14. Am I using a double standard?

Automatic thought

I'm pathetic. I shouldn't be so upset by trivial things.



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20 questions to help challenge negative thinking

Possible answer

If someone else was upset by this situation, I would not think it was trivial. I would be sympathetic and try to help them find a solution to the problem. I certainly wouldn't call them pathetic—I could see that it wouldn't help. I can do the same for myself. It will give me the courage to carry on.

15. Am I only paying attention to the black side of things?

Automatic thought

That was a really terrible day.

Possible answer

Hang on a moment, I was late for a meeting, and I had a disagreement with my daughter, but on the whole, my work went well, and I enjoyed the cinema this evening. Only remembering the bad things is part of depression. Watch out for it.

16. Am I over-estimating the chances of disaster?

Automatic thought

I didn't get all my work done today. I'll get the sack.

Possible answer

When was the last time they sacked someone in this firm for not having time to finish a job? It's perfectly normal not to finish on time, when we all have to work under such pressure. If my boss comments, I can explain the situation to him.

17. Am I exaggerating the importance of events?

Automatic thought

I made a real fool of myself yesterday. I'll never be able to face them again.

Possible answer

Don't make a mountain out of a mole-hill. Most people didn't even notice. I don't suppose anyone who did thought much of it—they were probably too busy thinking of themselves. If it had happened when I wasn't depressed, I would have laughed about it. It certainly makes a good story.

18. Am I fretting about the way things ought to be, instead of accepting and dealing with them as they are?

Automatic thought

That TV program about old people was terribly upsetting. Life is so cruel. It shouldn't be like this.

Possible answer

Things are as they are and to want them different is unrealistic, like wishing I was 6 feet tall. The fact is that I am not. Getting depressed about it is not going to help the situation. Why not see if I can visit someone in the senior citizens' home down the road? That, at least, is something I can do.

19. Am I assuming I can do nothing to change my situation?

Automatic thought

It's no good. I will never sort this out.

Possible answer

If I tell myself that, I certainly won't. I will sit down and work out what I need to do, step-by-step. Even if some of my solutions didn't work before, that doesn't mean to say they won't work now. I can work out what went wrong and how to get around it.

20. Am I predicting the future instead of experimenting with it?

Automatic thought

I'll never manage to stand up for myself. I never have.

Possible answer

The fact that I never have stood up for myself does not mean that I never can. If I do stand up for myself, I will feel uncomfortable at first. But if I stick with it, it will become easier. Also, other people will respect me more. And I will respect myself. No one respects a doormat—they just walk on it.

Adapted from: *Cognitive Behavioural Therapy for Psychiatric Problems: A practical guide*. New York: Oxford University Press, 1989