

CBT for everyone:

Practical ways to make psychological strategies part of every visit

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1

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2

OBJECTIVES

- recognize when you are already using evidence-informed psychological strategies in your daily work
- purposefully choose, use and document psychological strategies
- offer resources to patients when further expertise is needed

3



4



5

Exercise (reflection on practice)

When we 'help' people who are suffering

- 1) What are the non-medical / counseling / psychological things that we do with our patients (e.g. techniques and strategies) ?
- 2) Why do we do what we do?
- 3) What is the evidence for what we are doing (that you know of) ?

6

What do we do?

- Talk
- Interpret
- Feedback / observe
- Empathize
- Relaxation
- Mindfulness
- Cognitive interventions / strategies

Why do we do it?

- Training
- Personal preference / comfort / belief
- Evidence-based

What's the evidence?

- Research
- Anecdotal

7

The boards we choose ~ ~ ~

- **PsychoAnalysis – increased Insight (Cognitive)**
- Psychodynamic Therapy - *Corrective emotional experience* (Emotional – Affective)
- Behavioural Therapy - Classical and Operant Conditioning (Behaviours)
- Cognitive Behaviour Therapy 1st wave (Cognitive)
- Cognitive Behaviour Therapy 2nd wave (Cognitive & Emotional)
- Cognitive Behaviour Therapy 3rd wave (Cognitive & Emotional & Awareness)

8

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9

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10

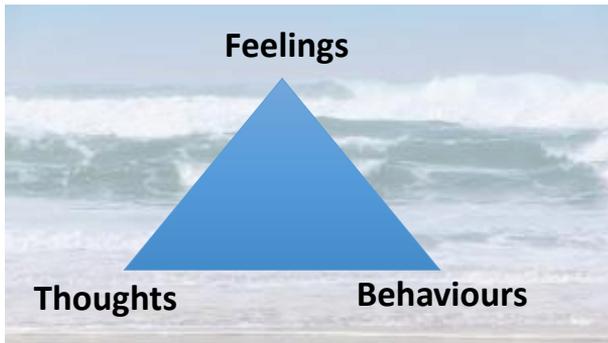


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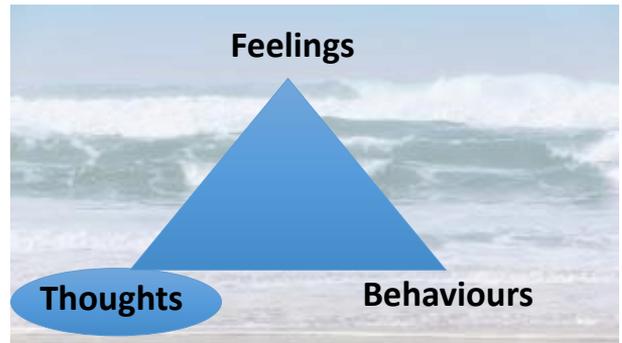
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12



13



14

Listen for signs of unhelpful thoughts

- I'm going to end up in a wheelchair
- Things never work for me
- I can't stop thinking about that guy who hit me
- I can't live like this

15

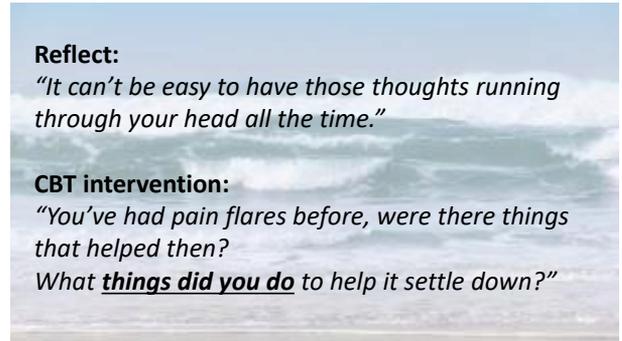
Suggest a different way of thinking

- Sometimes ask the patient to reflect and document themselves
- Sometimes just taking the opportunity when it comes up in the course of a visit
- Repetition is key – challenge the cognition often enough that they can predict what you're going to say

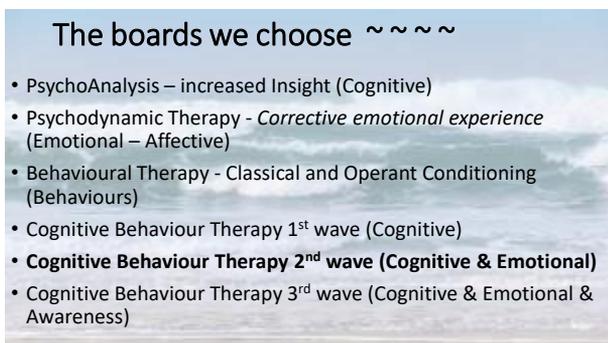
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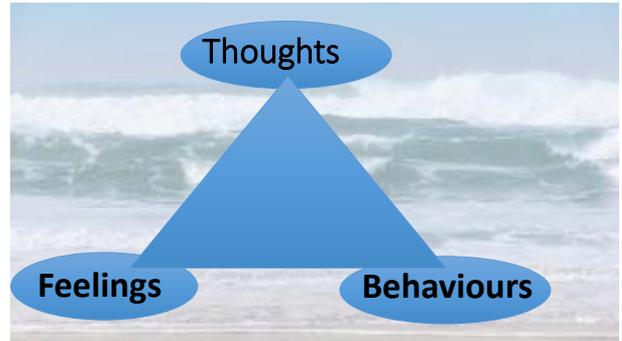


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21



22

Mindfulness is . . .

- paying attention
 - in a particular way
 - on purpose
 - in-the-moment
 - non-judgmentally

23

Mindfulness – based CBT exercise

Grounding

See what you are seeing (X4) (X3) (X2) (1X)

Hear what you're hearing (X4) (X3) (X2) (1X)

Feel what you're feeling (X4) (X3) (X2) (1X)

24

Some of the neuroscience

<https://www.youtube.com/watch?v=but6Kv0PSp0&t=226s>

25

3rd Wave /Awareness based CBTs

- MBSR
- MBCT
- ACT

27

Mindfulness Evidence Base

- Lara Hilton et al, Mindfulness meditation for chronic pain: systematic review and meta-analysis, *Annals of Behavioural Medicine* 51(2):199-213, April 2017
- **30 RCTs**
- improvements in ratings of pain, QoL, and depression

28

MBSR Evidence Base

- Grossman, Niemann, Schmidt, Walach (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57, 35–43
- Improvements in standardized measures of pain such as medical symptoms, sensory pain, physical impairment, and functional quality-of-life estimates

29

MBCT Evidence Base

A growing body of evidence from (RCTs) has demonstrated that MBIs are effective in improving a range of clinical and non-clinical psychological outcomes including: psychological stress, chronic pain, quality of life, and psychological symptoms in patients with cancer.

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 169-183.

30

ACT Evidence Base

- ACT is neither inferior nor superior in efficacy compared with current established approaches (i.e. CBT) for depression, anxiety, etc
- There are now at least six (RCTs) providing support for the use of ACT for chronic pain
- Mindfulness-based methods effective for symptom reduction and improved emotional functioning

McCracken & Vowles (2014). Acceptance and Commitment Therapy and Mindfulness for Chronic Pain: Model, Process, and Progress. *American Psychologist*, Vol. 69, No. 2, 178-187.

31

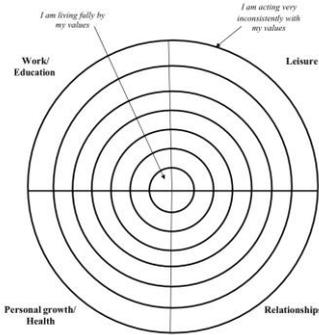
Exercise (mindfulness)

- paying attention
 - in a particular way
 - on purpose
 - in-the-moment
 - non-judgmentally

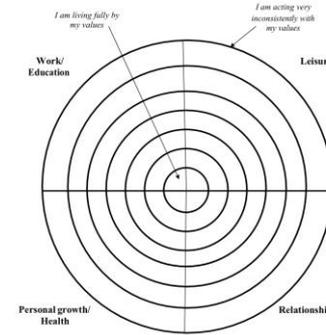
32

Acceptance Commitment Therapy

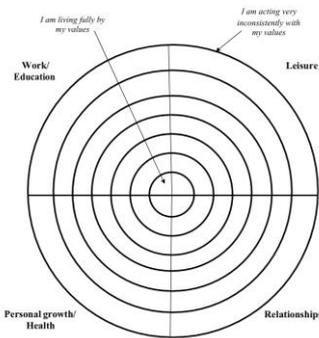
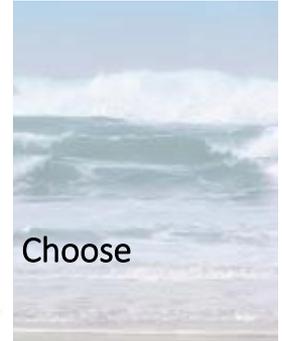
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34



35



36



Mariah is a 36-year-old woman with neck pain and headache following a motor vehicle collision 3 years ago. She has seen numerous providers, who have initiated numerous medications, and she now takes nortriptyline 50mg hs, duloxetine 90mg qam, and frovatriptan on about 20 days per month. She has been borrowing Percocet from a neighbour when flares get really bad. Her neck seems to “seize up” overnight while she sleeps, and she wakes feeling extremely stiff and sore – it takes a hot shower and stretching for over an hour for her to get moving. She has recently noticed that her right arm seems to get numb sometimes in the morning.

37

She has recently left her contract position as an IT consultant, and says that she “just doesn’t see the point of any of it anymore.” She has lost about 15 pounds over the last couple of months, and she says that she has no appetite.

Her partner is also your patient, and you know that the relationship is under a lot of strain due to Mariah’s pain and related issues. Sometimes you wonder if there are safety issues in the home, but they both assure you that they feel safe. Nonetheless, you see both of them becoming angry quickly, and it doesn’t seem like Mariah wants to spend time at home.

38

Choosing the board

- Traditional CBT strategies are proven helpful for those with anxiety disorders
- These can be modified for use in primary care
- Addition of ACT may be helpful for those with comorbid depression

Wolitzky-Taylor, K. B., Arch, J. J., Rosenfield, D., & Craske, M. G. (2012, July 23). Moderators and Non-Specific Predictors of Treatment Outcome for Anxiety Disorders: A Comparison of Cognitive Behavioral Therapy to Acceptance and Commitment Therapy. *Journal of Consulting and Clinical Psychology*

39

Choosing the board

“evidence-based practitioners can serve their clients by knowing methods from all of the CBT generations”

Steven C. Hayes, Stefan G. Hofmann, The third wave of cognitive behavioral therapy and the rise of process-based care, *World Psychiatry* 16:3 - October 2017

40

Mariah is a 36-year-old woman with neck pain and headache following a motor vehicle collision 3 years ago. She has seen numerous providers, who have initiated numerous medications, and she now takes nortriptyline 50mg hs, duloxetine 90mg qam, and frovatriptan on about 20 days per month. She has been borrowing Percocet from a neighbour when flares get really bad. Her neck seems to “seize up” overnight while she sleeps, and she wakes feeling extremely stiff and sore – it takes a hot shower and stretching for over an hour for her to get moving. She has recently noticed that her right arm seems to go numb sometimes in the morning.

41

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42

Choosing the wax for the board???

- Therapeutic alliance may make more difference than the specific treatment you choose
- It helps to know the status of your therapeutic alliance

Florian Weck, Florian Grikscheit, Marion Jakob, Volkmar Hoßling and Ulrich Stangler, Treatment failure in cognitive-behavioural therapy: Therapeutic alliance as a precondition for an adherent and competent implementation of techniques, *British Journal of Clinical Psychology* (2015), 54, 91–108, 2014

43

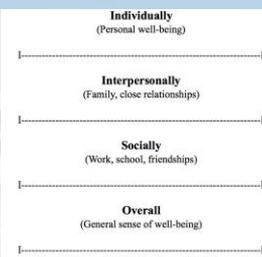
Does your wax expire???

- One element in maintaining therapeutic alliance is to check it regularly
- Mindful reflection on your own skills is key

Scott D. Miller, Barry L. Duncan, Jeb Brown, Jacqueline A. Sparks, David A. Claud, The Outcome Rating Scale: A Preliminary Study of the Reliability, Validity, and Feasibility of a Brief Visual Analog Measure, *Journal of Brief Therapy* Volume 2, Number 2 • Spring/Summer 2003

44

Outcome rating scale



Scott D. Miller, Barry L. Duncan, Jeb Brown, Jacqueline A. Sparks, David A. Claud, The Outcome Rating Scale: A Preliminary Study of the Reliability, Validity, and Feasibility of a Brief Visual Analog Measure, *Journal of Brief Therapy* Volume 2, Number 2 • Spring/Summer 2003

45

Session rating scale

Relationship
 I did not feel heard, understood, and respected. | I felt heard, understood, and respected.

Goals and Topics
 We did not work on or talk about what I wanted to work on and talk about. | We worked on and talked about what I wanted to work on and talk about.

Approach or Method
 The therapist's approach is not a good fit for me. | The therapist's approach is a good fit for me.

Overall
 There was something missing in the session today. | Overall, today's session was right for me.

Scott D. Miller, Barry L. Duncan, Jeb Brown, Jacqueline A. Sparks, David A. Claud, **The Outcome Rating Scale: A Preliminary Study of the Reliability, Validity, and Feasibility of a Brief Visual Analog Measure**, *Journal of Brief Therapy* Volume 2, Number 2 • Spring/Summer 2003

46

Choosing your tools

- Look at the wave
 - Conditions being treated
- Look at the board
 - Strategies available to you
- Look at the surfer
 - Characteristics of the patient

47

Questions?

ismontgo@ucalgary.ca

48

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 The official journal of the College of Family Physicians of Canada

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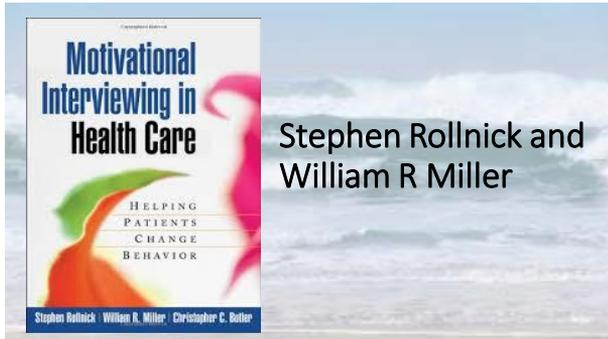
Part 1. Goalification
 Greg Dubost
 Canadian Family Physician December 2010, 56 (12) 1312:

Article eLetters Info & Metrics PDF

In this issue
 Canadian Family Physician Vol. 56, Issue 12 1 Dec 2010
 Special Contents
 About the Cover
 Interview author

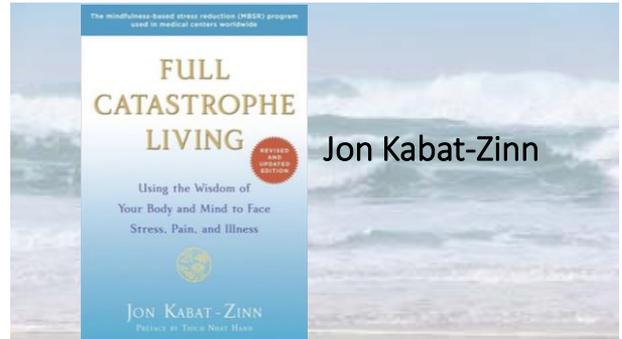
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49



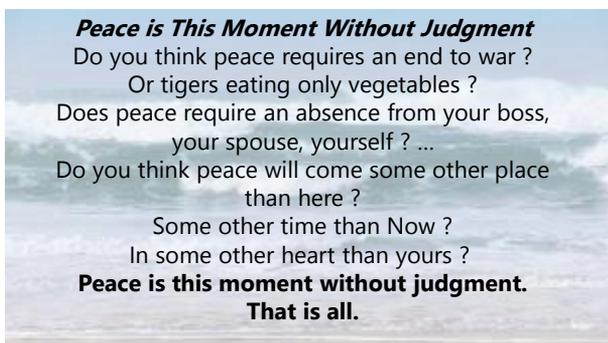
Stephen Rollnick and
William R Miller

50

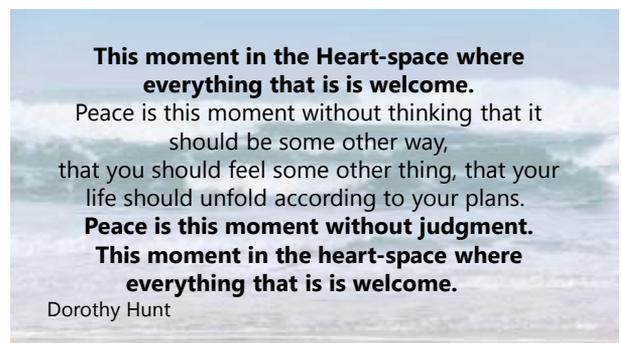


Jon Kabat-Zinn

51



52



53

CENTRE FOR Mindfulness Studies

About Programs Calendar

Mindfulness Core Concepts Online 20-381-02

Start: Wednesday, November 6, 2019

At: ONLINE

Fee: \$350

Facilitator(s): Melissa Nigrini M.Ed RP

Learn about the research and application of mindfulness
This is the first module of our MBSR Facilitation Certificate Program.
For more details, see our Mindfulness Core Concepts page.

Timing
Session 1: November 6, 2019 | 12:30pm - 2:30pm ET
Session 2: November 7, 2019 | 12:30pm - 2:30pm ET
Session 3: November 8, 2019 | 12:30pm - 2:30pm ET

Online Format

<https://www.mindfulnessstudies.com/event/20-381-02/>

54

Learning ACT

Steven Hayes

An Acceptance & Commitment Therapy Skills Training Manual for Therapists

SECOND EDITION

A STEP-BY-STEP GUIDE TO MASTERING:

- Contact with the present moment
- Acceptance • Defusion • Self-as-context
- Committed action • Values work
- Integrating the behavior model in practice

Includes downloadable sample client sessions

JASON B. LUOMA, PhD
STEVEN C. HAYES, PhD
ROBYN D. WALSER, PhD

55

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56

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- ▶ Fmf.cfpc.ca Session Name: **CBT for Everyone**

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57



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DU CANADA

MEMBER INTEREST GROUPS SECTION (MIGS)
SECTION DES GROUPES D'INTÉRÊT DES MEMBRES (SGIM)

Member Interest Groups Section

- **Introducing the Member Interest Groups Section (MIGS) formerly Communities of Family Practice in Family Medicine**
- The Member Interest Groups Section links CFPC members across Canada with similar practice interests. It fosters professional peer connections to explore and address issues impacting family medicine.
- The Member Interest Groups Section is designed to support the College of Family Physicians of Canada's (CFPC's) dedication to providing a professional home for family physicians across a diversity of clinical and non-clinical interests and practice types. Currently the Section is comprised of 19 different member interest groups.
- To join, simply indicate your interest(s) in your CFPC member profile or see the MIGS team at the Mainpro+ and Practice Support booth and they will make sure you're kept up to date on any future developments!

58

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- To join, visit <http://cfpc.timedright.com> or scan the QR code. Then, sign up with the email you use to receive CFPC emails
Questions? Contact us at migs@cfpc.ca




59