Approach to Psychotherapy

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FMF
Family Medicine Forum
Forum en médecine familiale

VANCOUVER CONVENTION CENTRE

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Presenter Disclosure

Presenter: Dr. Jon Davine MD, FCFP, FRCP©

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- Any direct financial relationships, including receipt of honoraria: Trillium Health Partners, William Osler Health System, Peterborough FHT, Pri-Med Canada/Humber R. Hosp., McMaster U. CE, KW Family Medicine, Ont. Coll. Of Family Phys., Touchstone Institute, CME Away by Sea Courses

- Membership on advisory boards or speakers' bureaus: No

- Patents for drugs or devices: No

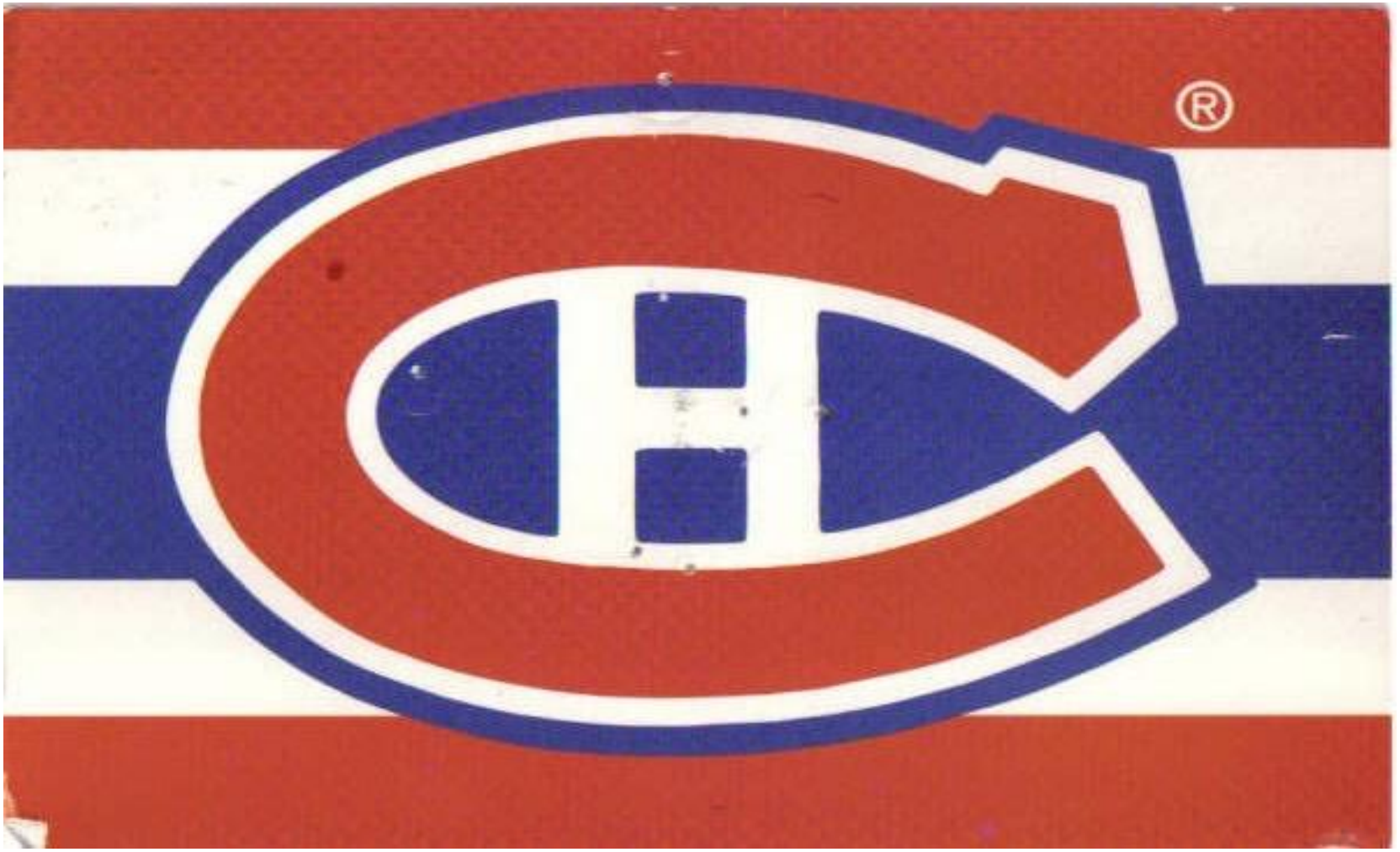
- Other: CAMH, Co-Editor of book, "Psychiatry in Primary Care"

Disclosure of Financial Support

This program has not received financial support

This program has not received in-kind support

Potential for conflict(s) of interest:
Dr. Jon Davine has not received payment/funding for this program



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

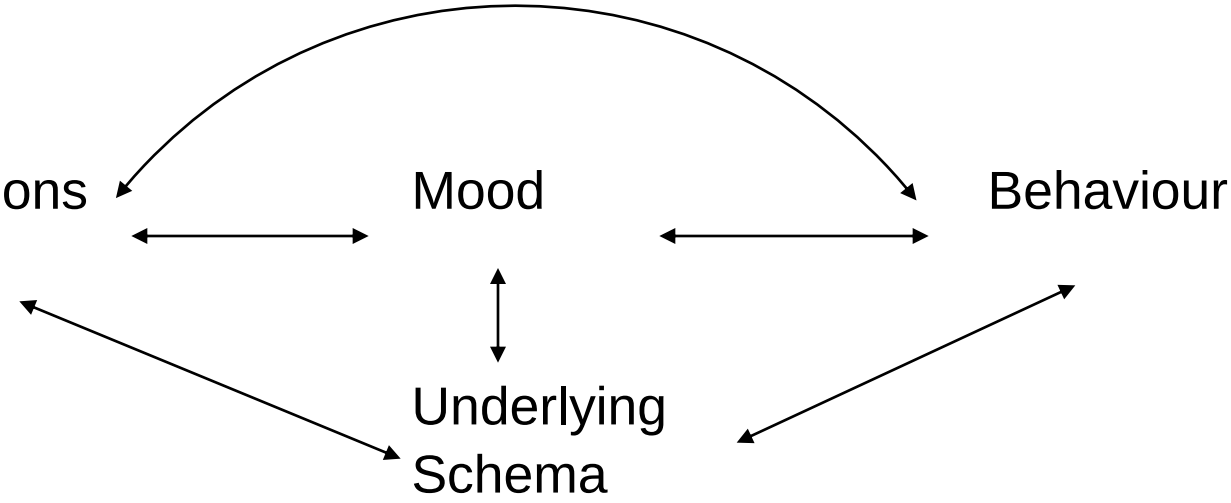
- Clarifies problems
  - Normalizes problems
  - Needs of patient clarified
  - Coping strategies identified/environmental manipulation
- Stays in the here and now
  - Does not go back to the past
- Can be combined with psychotropic medication
- Often weekly or biweekly; 15-20 minutes

CBT

Traditional Psychodynamic:

Cognitions (thoughts) → Mood → Behaviour

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 him/herself and his/her 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, (Greenberger, Padesky)

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

- (Patient Care,1997)

Common Thinking Errors

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

- (Patient Care, 1997)

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 in Family Practice

Can you Make it Work?

Barriers for Family Doctors

- “Too time consuming”
- “I don’t have the skills”
- “My patients already have access to other mental health workers”
- Uncertainty about effectiveness

What You Need to Know to Get Started

- Understand the basic principles of CBT
- Understand common thinking errors
- Understand which patients are good candidates, and which are ones you are setting up for failure
- Understand the principles of any good interview, such as setting achievable goals, and establishing a solid therapeutic relationship

Cluster C May be Most Suitable

- Self esteem issues

- Cluster C:
  - Dependant
  - Avoidant
  - Obsessive Compulsive

- Cluster B:
  - Borderline
  - Narcississtic

CBT and Computers

- Self help books
- Interactive computer programs
- One study showed similar results in half the time if family doctors “Supervise” CBT and are not the primary therapists
- To do this properly, you MUST understand the principles of CBT

Thank you!

Please fill out your session evaluation now!

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