

Utilizing Cognitive Behavioral Therapy in Collaborative Care

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Objectives

- Identify the basic core components of CBT model
- Explore ways CBT helps develop awareness and change the way patients think about experiences and as a result are able to impact their emotional experiences and improve their symptoms.
- Learn tools to empower patients to build resiliency by modifying dysfunctional thinking and behaviors.
- Explore how CBT can be integrated with other evidenced based practices such as motivational interviewing and behavioral activation.
- Learn specific cognitive and behavioral interventions that can be used in the primary care setting

What is CBT?

- Short-term focused treatment.
- Strong empirical support with randomized clinical trials.
- As effective as psychiatric medications.
- Recommended as critical component of treatment, particularly when medications are contraindicated or ineffective.

Why Use CBT?

- Clear treatment approach for patients
- Assumptions make sense to patients
- Based on patient's experience
- Encourages practice and compliance
- Patients have a sense of control
- CBT works!

Common Components of CBT

- Establish good therapeutic relationship
- Educate patients - model, disorder, therapy
- Assess illness objectively, set goals
- Use evidence to guide treatment decisions
- Structure treatment sessions with agenda
- Limit treatment length
- Issue and review homework to generalize learning

Key for the Collaborative Care Clinician

- **Chronic Health Conditions-** can have both psychological, social and somatic dimensions.
- These issues often make it hard for people to manage their lives and achieve their goals.

CBT effective for use with

- Self / Personal Growth
- Individual Clients
- Groups
- Marriage / relationships
- Family
- Workplace
- Varying Intellectual ability/learning impairments

CAUTION: Cognitive therapies do not appear to work as well with those who are cognitively impaired.

Characteristics of Cognitive-Behavioral Therapies:

- **Thoughts cause Feelings and Behaviors.**
- **Brief and Time-Limited.**
- **Emphasis placed on current behavior.**

- **CBT is a collaborative effort between the therapist and the client.**
 - Client role** - define goals, express concerns, learn & implement learning
 - Therapist role** - help client define goals, listen, teach, encourage.
- **Teaches the benefit of remaining calm or at least neutral when faced with difficult situations.** (If you are upset by your problems, you now have 2 problems: 1) the problem, and 2) your upsetness.)

- **Based on "rational thought."** - Fact not assumptions.
- **CBT is structured and directive.** Based on notion that maladaptive behaviors are the result of skill deficits.
- **Based on** assumption that most emotional and behavioral reactions are learned. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting.
- **Homework is a central feature of CBT.**

CBT harmonizes with the Collaborative Care Team

- Shared Care Planning
- Supports the goals of the patient
- Truly patient centered
- Supports the scope of the entire care team

Treatment Plan

- Who is involved? PCPs, Medical Assistant, Nurses, Clinicians, Case Managers, Front Desk, Finance
- Reinforce/implement cognitive interventions included in the tx plan.
- Integrated tx plan & reinforce items within your scope of practice
- Chart to the treatment plan.

Rationale for CBT

- Negative emotions are elicited by cognitive processes developed through influences of learning and temperament.
- Adverse life events elicit automatic processing, which is viewed as the causal factor.
- Cognitive triad: Negative automatic thoughts center around our understanding of:
 - Ourselves
 - Others (the world)
 - Future
- Focus on examination of cognitive beliefs and developing rational responses to negative automatic thoughts.

Cognitive Specificity Hypothesis

- Distorted appraisals follow themes relevant to the specific psychiatric condition.
- Psychological disorders are characterized by a different psychological profile.
 - Depression: Negative view of self, others, and future. Core beliefs associated with helplessness, failure, incompetence, and unlovability.
 - Anxiety: Overestimation of physical and psychological threats. Core beliefs linked with risk, dangerousness, and uncontrollability.

Cognitive Specificity

- Negative Triad Associated with Depression
 - Self *“I am incompetent/unlovable”*
 - Others *“People do not care about me”*
 - Future *“The future is bleak”*
- Negative Triad Associated with Anxiety
 - Self *“I am unable to protect myself”*
 - Others *“People will humiliate me”*
 - Future *“It’s a matter of time before I am embarrassed”*

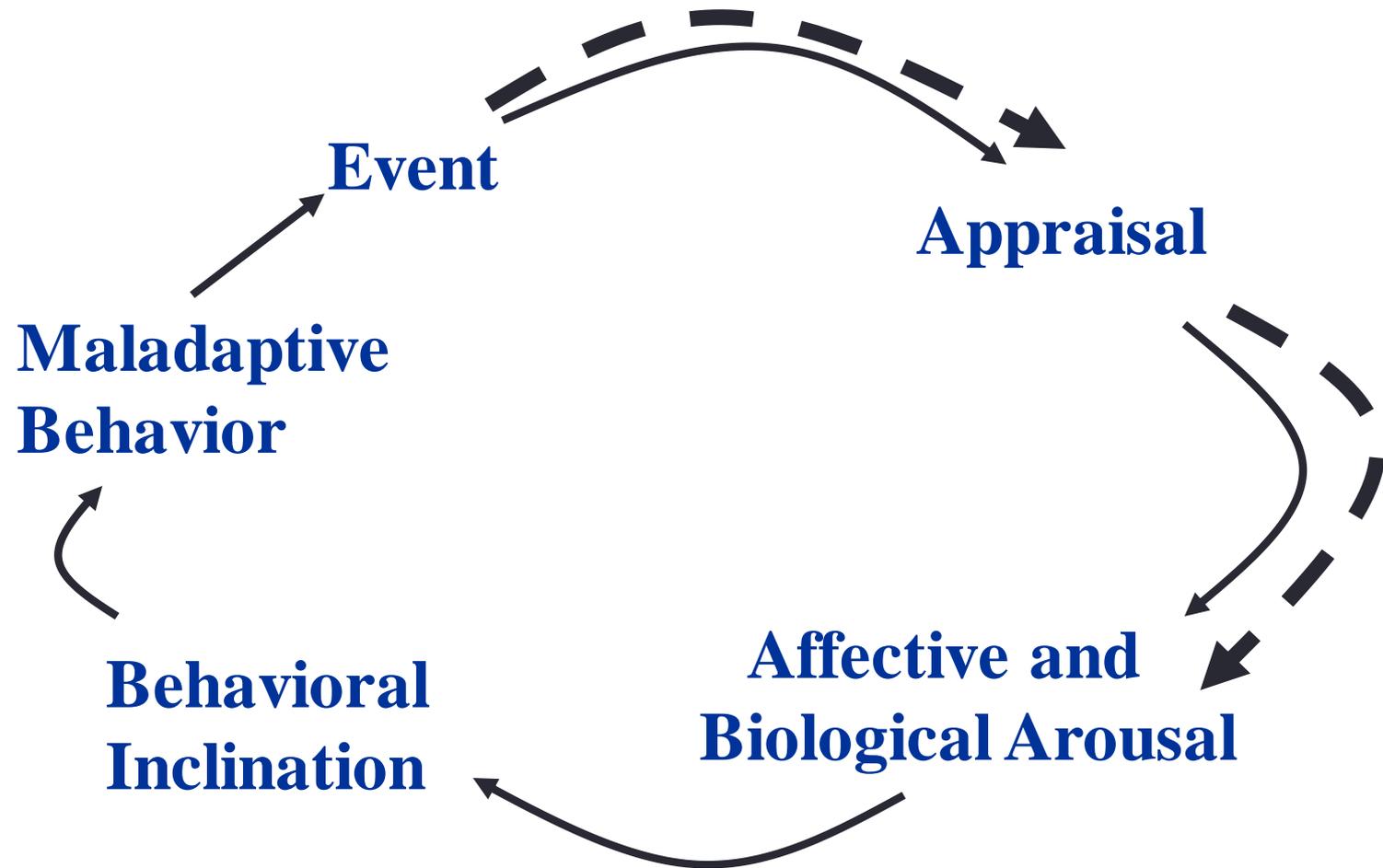
Targeted Cognitions for Different Disorders

- I'll never be my old/former self
- I cant stick to anything/follow through
- I have been this way all my life

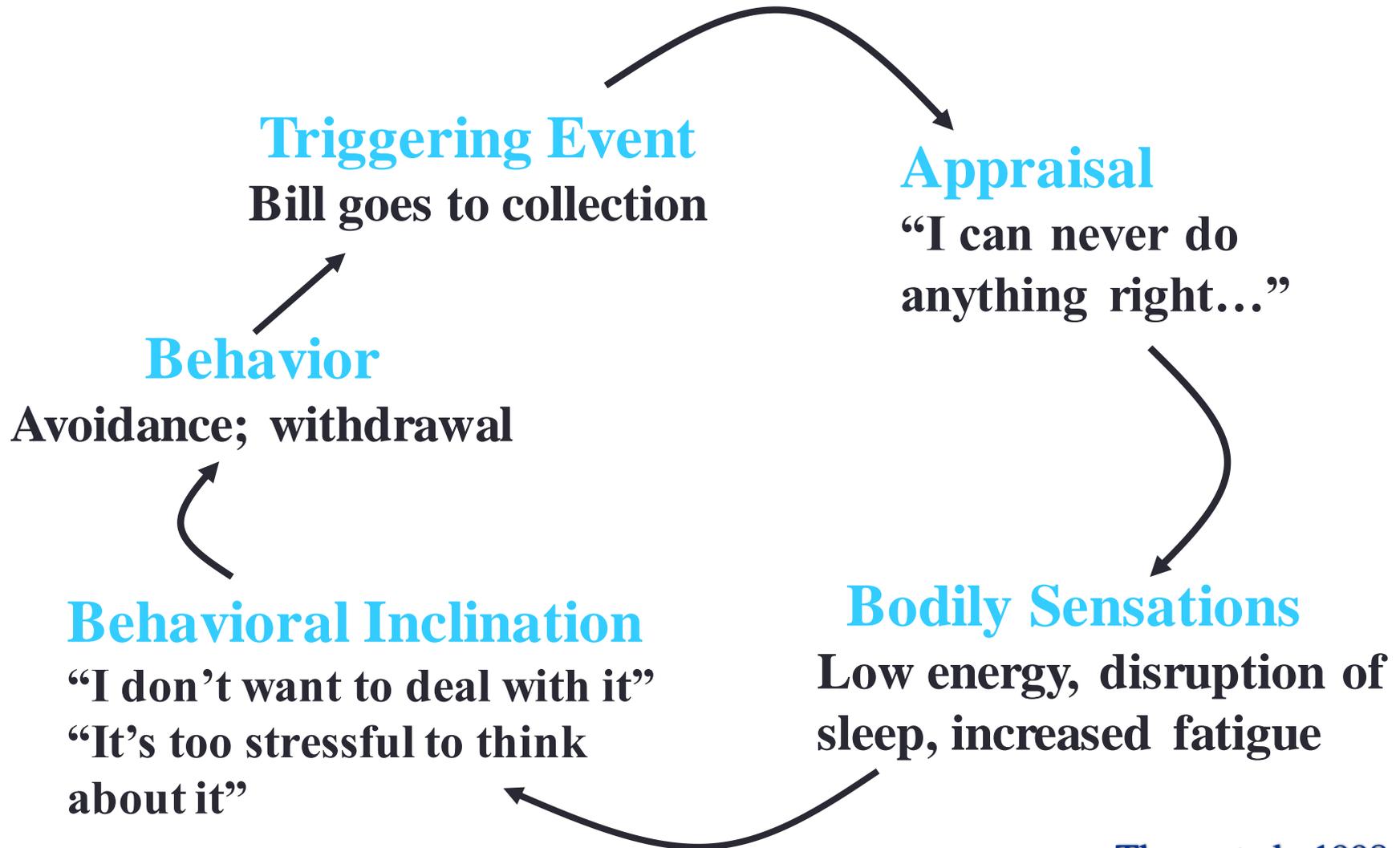
Awareness Empowering Clients to become “unautomatic” thinkers

- Thought Stopping
- Disputing Negative self talk

Working Model of CBT



Cognitive Model



Thase et al., 1998

What are Automatic Thoughts?

What was going through your mind?

- Happen spontaneously in response to situation
 - Occur in shorthand: words or images
 - Do not arise from reasoning
 - No logical sequence
 - Hard to turn off
 - May be hard to articulate
-

**Stressful
Situation**



Automatic Thoughts



**Negative
Emotions**

Cognitive Distortions

- Patients tend to make consistent errors in their thinking
- Often, there is a systematic negative bias in the cognitive processing of patients suffering from psychiatric disorders
- Help patient identify the cognitive errors s/he is most likely to make

Types of Cognitive Distortions

- Emotional reasoning- Feelings are facts
- Anticipating negative outcomes -The worst will happen
- All-or-nothing thinking-All good or all bad
- Mind-reading-Knowing what others are thinking
- Personalization-Excess responsibility
- Mental filter - Ignoring the positive

Examples

- Cognitive Distortions
 - Emotional Reasoning: *“I feel incompetent, so I know I’ll fail”*
 - Catastrophizing: *“It is going to be terrible”*
 - Personalization: *“It’s always my fault”*
 - Black or white thinking: *“If it isn’t perfect, it’s no good at all.”*

Core Beliefs

- Core beliefs underlie and produce automatic thoughts.
- These assumptions influence information processing and organize understanding about ourselves, others, and the future.
- These core beliefs remain dormant until activated by stress or negative life events.
- Categories of core beliefs (helpless, worthless, unlovable)

Core Beliefs → **Automatic Thoughts**

Examples of Core Beliefs

- Helpless core beliefs

- I am inadequate, ineffective, incompetent, can't cope
- I am powerless, out of control, trapped
- I am vulnerable, weak, needy, a victim, likely to be hurt
- I am inferior, a failure, a loser, defective, not good enough, don't measure up

- Unlovable core beliefs

- I am unlikable, unwanted, will be rejected or abandoned, always be alone
- I am undesirable, ugly, unattractive, boring, have nothing to offer
- I am different, flawed, defective, not good enough to be loved by others

- Worthless core beliefs

- I am worthless, unacceptable, bad, crazy, broken, nothing, a waste
- I am hurtful, dangerous, toxic, evil
- I don't deserve to live

Example 1

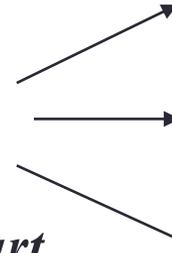
Situation

*Pt says:
“Its time for
me to eat healthy”*



Automatic Thoughts

*Automatic response:
“I never complete anything I start...”*



Physiology

*Heart racing
Lump in throat*

Feelings

*Sadness
Worry
Anger*

Behavior

*Seek reassurance
Withdraw
Cry*



Childhood Experiences

*Parental neglect
and criticism*



Underlying Assumptions & Core Beliefs

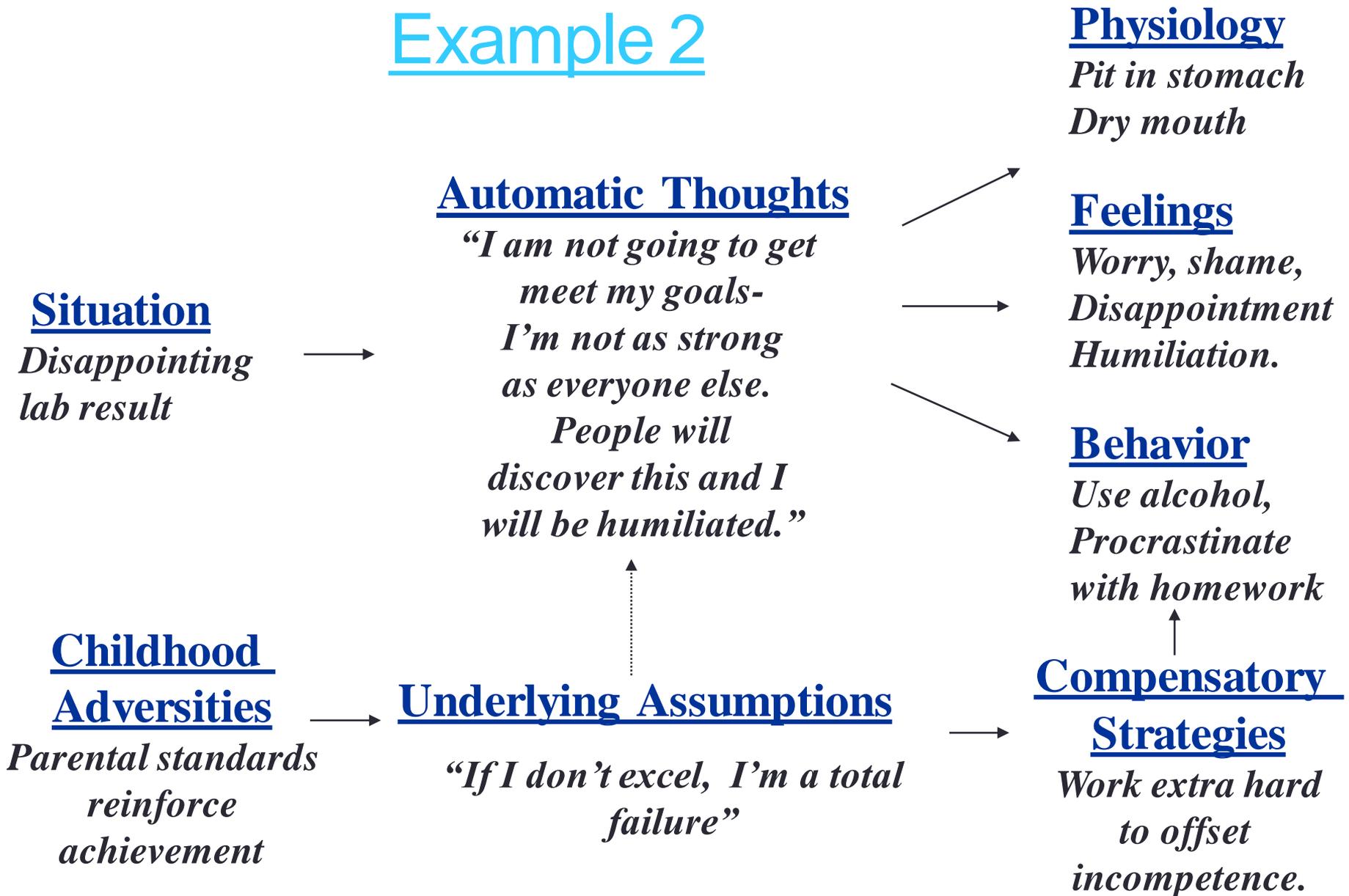
*“I’m flawed in numerous ways,
which means I’m not worthy of
getting my needs met. I am
hopeless so why bother trying.”*



Compensatory Strategies

*If I don’t take care of
me no one will!
I deserve....*

Example 2



Evaluating Negative Thoughts

- What is the effect of telling myself this thought?
- What could be the effect of changing my thinking?
- What would I tell ____ (a friend/family member) if s/he viewed this situation in this way?
- What can I do now?

Sample Thought Log

Situation	Thoughts	Emotions	Rational Response	Outcome
<p>My A1C Score is still 14 and I need to change my diet</p>	<p>Why bother trying, I always fail and there is no point, they will know I am helpless</p>	<p>Fear (70%) Guilt (40%) Sadness (20%)</p> <p><u>Cognitive Distortions:</u> All/nothing Mindreading Fortune-Telling Over-generalization</p>	<p>I don't always fail, and instead of changing my diet, I can change a part of my diet</p>	<p>Fear (10%) Guilt (0%) Relief (40%) Hope (40%)</p>

Course of Treatment

1. Assessment
2. Provide rationale
3. Training in self-monitoring
4. Behavioral strategies
 1. Monitor relationship between situation/action and mood.
 2. Applying new coping strategies to larger issues.
5. Identifying beliefs and biases
6. Evaluating and changing beliefs
7. Core beliefs and assumptions
8. Relapse prevention and termination

Questions? Comments? Clarifications?

- Shared Learning – examples of using these techniques that have been helpful?
- What do you see as unique for the collaborative care clinician when it comes to CBT?
 - How do we need to adjust? Adapt? Change?

Thank you!

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