



Introduction to 10 Minute CBT

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Evidence for CBT – Mental health

- Strong evidence for benefits of CBT in mental health conditions: e.g. depression, anxiety disorders, panic attacks, health anxiety, OCD
- CBT as effective as antidepressants for moderate to severe depression with reduced rate of long-term relapse
- NICE guidelines promote CBT for depression and anxiety / panic disorder
- Higher rates of depression and anxiety in people with chronic physical disease and can worsen health outcomes

Physical health conditions and CBT

- Depression and anxiety disorders common in patients with chronic physical health problems (e.g. CHD, diabetes, COPD)
- Untreated mental health conditions associated with worse physical outcomes
 - Cardiovascular patients with depression have higher mortality rates
 - Depression in diabetes associated with worse glycaemic control, more complications and lower medication adherence
- Low mood poor motivation leads to reduced active self-management
- Poorer adherence to treatment plans or self-care activities such as smoking cessation or dietary changes
- Depression increases adverse health behaviours such as physical inactivity
- CBT shown to be effective for managing both anxiety and depression in a range of physical health conditions

What is 10 Minute CBT?

- Not possible to condense a standard CBT session into only 10 minutes
- But we can bring bite size CBT principles into 10-20 consultations within GPs' existing working practice
- Extremely flexible approach - can be used in many different settings
- Realistic, practical skills which build on your existing repertoire of communication skills
- A new 'tool' to add to your 'toolkit'



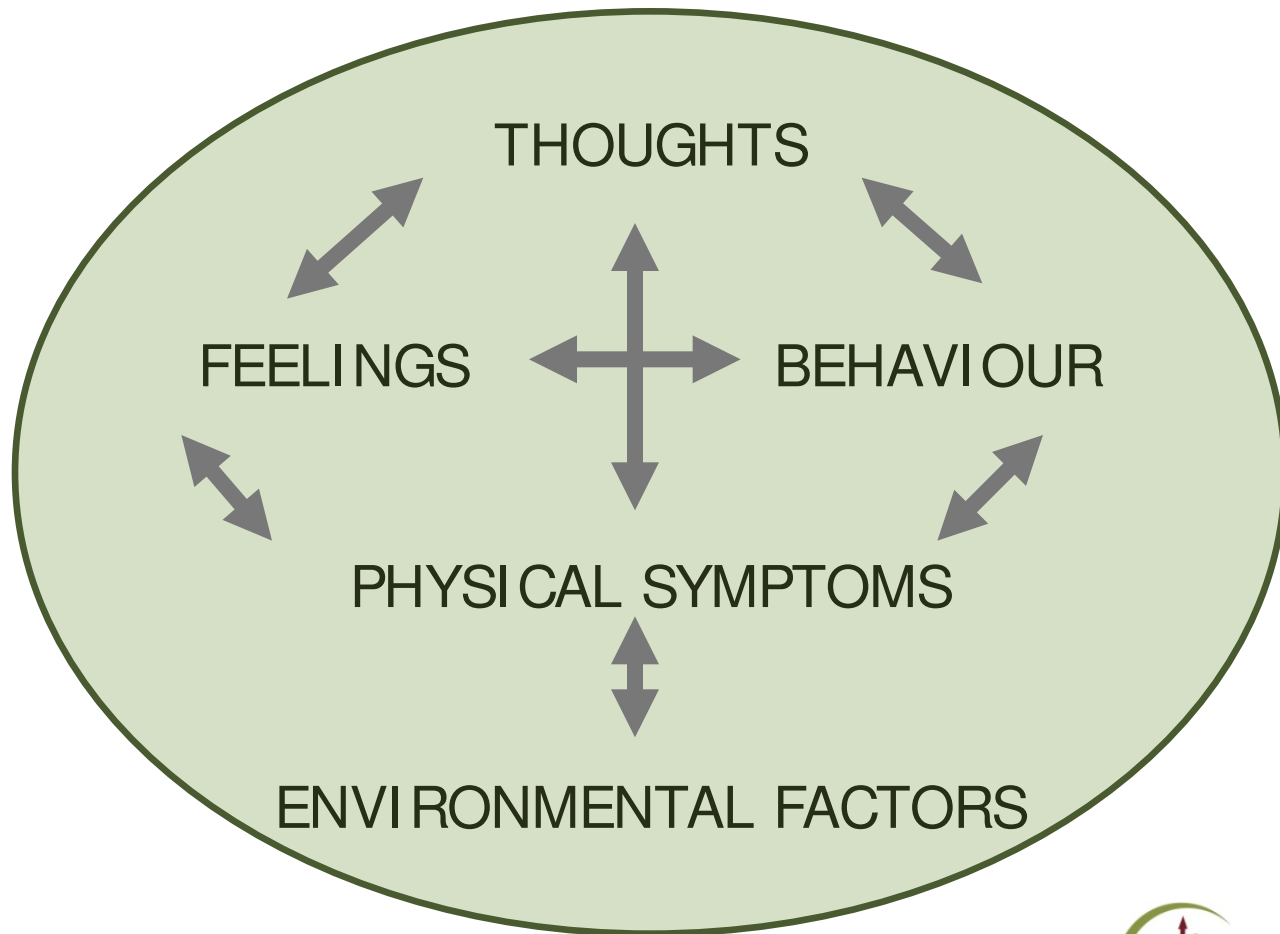
Aims of 10 Minute CBT

- Help people to make sense of their difficulties
- They may see things from different perspective or look at the bigger picture (helicopter view)
- Make links between different aspects of their experience such as thoughts and behaviour
- Use a CBT framework and collaborative partnership to facilitate development of self management skills
- Patient identifies themselves what changes might be helpful in their lives

Cognitive-Behavioural (5-areas) Model

- Bio-psycho-social holistic approach to understanding experiences
- **Formulation** of problems using a CBT model shown to have therapeutic outcome in CBT
- How people *think* in a specific situation will affect how they *feel* emotionally and physically
- It will also alter their **behaviour**, often creating a **vicious cycle** that only worsens their problems
- Our internal reactions are not simply related to events but to the *meaning* we attach to a particular event

The 5-areas or Cognitive-Behavioural Model (CBM)





Defining 'Thoughts'

- Words and visual images that pass through people's minds
- Includes attitudes, ideas, expectations, memories, beliefs and images
- Represent *evaluations* of our world (i.e. how we make sense of our experience)

Identifying feelings

- Refers to emotional experiences
- Clusters of negative feelings: sadness, anxiety, anger
- Thoughts are in the mind; feelings are also experienced in the body
- NB - In English language, people often use the word 'feel' to describe a thought or belief
- Is 'feeling worthless' a thought or a feeling? Why?

Thoughts and feelings are linked

- The same event will have different emotional consequences depending on the interpretation
- Therefore, to understand people's distress, we must first understand their thoughts
- Empathic statements:
 - “I can understand why you might be feeling so low if you are having the thought that you are a failure....”

Changing unhelpful thoughts

- One aim of (standard) CBT is to identify and change any negative or unhelpful thoughts
- Thoughts are viewed as *opinions* open to investigation and evaluation rather than *facts*
- BUT – this process is unrealistic for a 10 minute GP consultation
- Highlighting and labelling (rather than arguing with) unhelpful thoughts can be more helpful in brief consultations
 - “*So, you are having the thought that....*”
 - “*That thought seems to make you feel really sad...*”
 - “*Is this your ‘depression thinking’ showing up again...?*”



The key role of behaviour

- What we *do* (behaviour) can also affect how we think and feel
- Some behaviours designed to ‘cope’ with problems may actually have a key role in maintaining them by creating a vicious cycle
- Behaviour change is a highly effective strategy for changing difficult thoughts and emotions

Case example: Exploring different reactions to the same situation

Moirra has a chronic low back problem and has given up work due to persistent pain.

How might she react to this life experience?

Different thoughts cause differing feelings and behaviour....1

| | |
|-------------------|---|
| Thoughts | <i>My life is ruined by this pain. I'm a worthless person because I can't work. What's the point in living?</i> |
| Feelings | |
| Physical symptoms | |
| Behaviour | |

Different thoughts cause differing feelings and behaviour....

| | |
|-------------------|---|
| Thoughts | <i>My life is ruined by this pain. I'm a worthless person because I can't work. What's the point in living?</i> |
| Feelings | Sad / low / depressed |
| Physical symptoms | Pain worsens. Lethargy, tiredness. Biological symptoms of depression |
| Behaviour | Stop self-caring. Reduce activity levels, excessive resting. Withdraw from others. |

Different thoughts cause differing feelings and behaviour...2

| | |
|-------------------|---|
| Thoughts | <i>What if something even worse happens? What if this pain means the cancer is coming back? The pain could become even more unbearable.</i> |
| Feelings | |
| Physical symptoms | |
| Behaviour | |

Different thoughts cause differing feelings and behaviour...2

| | |
|-------------------|---|
| Thoughts | <i>What if something even worse happens? What if this pain means the cancer is coming back? The pain could become even more unbearable.</i> |
| Feelings | Anxious, panicky |
| Physical symptoms | Shaky, sweaty, racing heart. Other anxiety-related symptoms |
| Behaviour | Try not to think about the worst, Avoid reminders of illness, Excessive reassurance seeking |

Different thoughts cause differing feelings and behaviour....3

| | |
|-------------------|--|
| Thoughts | <i>This is wrong! It's not fair. I shouldn't feel this way! The doctors should be doing more to help me!</i> |
| Feelings | |
| Physical symptoms | |
| Behaviour | |

Different thoughts cause differing feelings and behaviour...3

| | |
|-------------------|--|
| Thoughts | <i>This is wrong! It's not fair. I shouldn't feel this way! The doctors should be doing more to help me!</i> |
| Feelings | Angry, bitter, resentful |
| Physical symptoms | Physical tension (may worsen pain), Difficulty sleeping |
| Behaviour | Aggression towards family and medical professionals |

10 Minute CBT Communication Skills

1. Set an agenda / write a problem list (effective use of time)
 - Prioritize the use of time and improves collaboration
2. Choose a recent, typical and specific example
 - Who? What? Where? When? What happened?
 - Use the patient's own words: *Last Friday morning when I accidentally broke a coffee cup, I started to feel very low and tearful....*
3. Explore the problem using the 5 areas of the CBM

Explore the example using the CBM: Useful questions

| | |
|---|---|
| Thoughts What was going through your mind? Did you have any images? What did you say to yourself? What's the most difficult thing about this? What's the worst that might happen? | Feelings How did you feel emotionally? How did that thought make you feel? You seem quite [<i>sad</i>] when you say that...? |
| Behaviour What did you do when...? How do you usually react in that situation? Is there anything you are avoiding now? What would you do differently if you felt better? | Physical symptoms Which physical symptoms did you notice? How is this affecting you physically? Which symptoms bother you most? What was happening in your body? |
| Background / environmental factors What else is going on in your life that could be affecting how you feel? Are there demands at home? Are there financial difficulties? Do you have someone you can talk to about the problem? Are there difficulties at work? Are you unable to work / unemployed? | |

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Communication Skills (2)

4. Summarize and highlight links / vicious cycles
 - Help patients to reflect on their problems from a new perspective
 - Highlight links between different aspects of problems and any vicious cycles
5. Use a 'handover' question to encourage collaboration
 - Self-enablement: patient reflects and take responsibility for self
 - This may occur at home after the consultation (cliff-hanger!)
 - *What do you make of all this?*
 - *What can you take away from our discussion today?*
 - *What might you say to a friend in the same situation?*
 - *How might this help you cope with your problems differently in future?*

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Communication Skills (3)

5. Use empowering explanations (psychoeducation)
 - Promote greater understanding and how to cope with specific difficulties
 - E.g.: role of tiredness in depression; vicious cycles in anxiety
 - Interactive dialogue and questions to encourage collaboration; avoid jargon
6. Jointly plan relevant homework tasks (goal setting)
 - Completing homework predicts outcome of CBT
 - Enables patient to generalise what they have learned into daily life
 - Tasks should be simple and realistic ('confidence ruler')
 - Set as a 'no-lose' experiment
 - Always remember to review homework tasks
7. Ask for feedback and check patient understanding
 - Particularly important in health anxiety

Video example: Using the 5-areas / CBM Chart

| | |
|---|--------------------------|
| Thoughts | Feelings |
| Behaviour (Helpful and unhelpful) | Physical Symptoms |
| Environmental factors | |

Cognitive-behavioural model of depression

| | |
|---|---|
| Cognitive factors / Thoughts Negative thoughts: self-criticism, negative view of the world Hopelessness, Low motivation Negative cognitive bias (focus on and remember the bad) | Emotions / Feelings Sadness, low mood Loss of enjoyment Anxiety, guilt, shame, anger |
| Behavioural factors Cut down enjoyable and meaningful activities, avoid social interaction Reduce self-care Excessive rest (increases lethargy) Other unhelpful activities e.g. alcohol / drugs, self-harm, reassurance-seeking (worsen self-esteem) | Physical Symptoms Low energy and tiredness; Poor concentration and memory Disturbed sleep, changes in appetite and weight, loss of libido Pain / other physical symptoms |

Unhelpful behaviour in depression

- Depressed people typically behave in ways that maintain depression and low self-esteem as a vicious cycle e.g.:
 - Avoid friends – don't answer the door or phone
 - Avoid dealing with problems – don't open the post
 - Don't go to work or put off looking for a job
 - Excessive rest or sleep during the day; spend the day staring at unfulfilling daytime TV
 - Cut out exercise and reduce self-care; comfort eat crisps and chocolates



Behavioural activation (BA)

- BA is a brief structured treatment for depression
- Aim is to increase enjoyable and meaningful activities
- Behaving 'as if' we feel (a little bit) better leads to
 - Increased rewarding life experiences
 - Reduced lethargy
 - Improved mood



Using behavioural activation

- Informal BA – simply encourage increased enjoyable and meaningful activities
- Use values to encourage and motivate:
 - What do you care about? Who and what is most important in your life?
 - What small steps can you take in the direction of this value?
- Formal BA uses an activity monitoring diary
- Start by identifying baseline levels of activity and gradually begin to plan additional activities



Activity monitoring diary

| | Activities (give details) | Importance (rate 1-10) | Enjoyment (rate 1-10) |
|------------|------------------------------|---------------------------|--------------------------|
| 6-7 am | | | |
| 7-8 am | | | |
| 8-9 am | | | |
| 9-10 am | | | |
| 10-11 am | | | |
| 11-12 noon | | | |
| 12-1pm | | | |
| 1-2pm | | | |



Planning activities

- Choice of tasks should be agreed jointly and largely come from the patient
- Focus on moving in the direction of core values (*'Who and what matters to you in life?'*)
- Try to balance enjoyable and meaningful activities
- Confidence ruler: How confident are you that you will be able to carry this out (rate from 1-10)?
 - <7 – consider revising or breaking goal into smaller steps

Setting realistic expectations for improvement

- Change should be broken down into manageable steps
- Start small and build up: e.g. *I will start with a 5-10 minute walk*
- Ask the patient what the next small step towards a bigger target would look like



Examples of activities

- Exercise – e.g. Walking, swimming
- Social interaction – meeting or phoning friends
- Making a start on important projects (set a short time e.g. 5 minutes or a simple task)
- Self-care activities (e.g. tidy house, pay bills)
- Enjoyable activities – re-starting hobbies or developing new interests

NB – for patients with long-term conditions, activities may not be identical or at the same level as prior to the illness but can still be meaningful and rewarding

Cognitive-behavioural model of anxiety

Cognitive factors / Thoughts

Catastrophic thinking, focus on extreme negative outcomes

Rumination, preoccupation with negative future outcomes

Emotions / Feelings

Anxiety, panic, worry, fear

Secondary depression

Behavioural factors

Avoidance, 'escape' from perceived dangerous situations

Safety behaviours (e.g. overuse of medication, resting / avoiding exercise or activities, staying with other people)

Body checking

Physical Symptoms

Adrenaline-based fear response (racing heart, palpitations, SOB, chest pain, shaking, sweating, chest tightness, choking sensation, numbness, tingling, gastro etc)

Other symptoms of existing physical disease

Brief strategies for anxiety in primary care

- Provide credible and effective explanations of feared physical symptoms
- Learning to tolerate uncertainty
- Behavioural strategies: reduced avoidance (graded exposure); moving in valued life directions
- Simple mindfulness exercises (e.g. free apps such as Insight Timer): tolerate distressing thoughts and feelings
- 'Worry time' in generalised anxiety
- Minimize 'as required' prescriptions which may increase vicious cycles of anxiety over time



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- Using CBT in General Practice: The 10 Minute CBT Handbook (Scion Publishing, 2013)