



ECHO Idaho: Behavioral Health in Primary Care

Clinical Applications of Cognitive Behavioral Therapy in Primary Care

March 18th, 2020

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The speaker has no relevant financial relationship(s) to disclose.

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Learning Objectives

- Discuss the key components of CBT
- Increase ability to identify areas of problematic cognitive process in clinic
- Identify several options for challenging faulty thought patterns in a clinical setting

Overview of CBT

- Evidence-based modality widely used for the treatment of a large number of psychological disorders
- Includes psychoeducation, behavioral modification, mindfulness, cognitive restructuring, etc.
- Good rapport is essential
- General framework
 - Recognize thoughts (internal and external)
 - Evaluate thoughts using CBT framework
 - Challenge problematic thought patterns
 - Change thoughts to more helpful patterns in order to change emotional state and problematic behaviors

Cognitive Distortions

- Commonly experienced irrational thought patterns and beliefs that result in unnecessary negative emotions and problematic behaviors
- **Overgeneralization**
 - Perceiving a particular event as being characteristic of life in general, rather than being one event among many
 - Broad terms such as “always”, “never”, “everyone”, “no one”, etc. are indicators
 - Consequences
 - Increased intensity of emotion, hopelessness, helplessness, interpersonal conflict when used in communication
 - Alternatives
 - Specificity

Cognitive Distortions

- **Mind Reading**

- Assuming that one knows what others are thinking, feeling, or what their intentions are
- Unrealistic reliance on “intuition”
- Consequences
 - Anxiety, insecurity, interpersonal struggles, self-fulfilling prophecy
- Alternatives
 - Go to the source and ask them directly
 - Humbly remind oneself that “I don’t know that”

- **Fortune Telling**

- Assuming that one knows how past, present, or future events have/will go
- Lack of awareness that predictions are reflective of one’s own biases and fears
- Consequences
 - Anxiety, fear, missed opportunity, self-fulfilling prophecy
- Alternatives
 - Control aspects that are in one’s control
 - Increase flexibility
 - Replace “what if...” with “even if...”

Cognitive Distortions

- **“Should Statements”**

- Statements utilizing the word “should”, toward self or others, to motivate or control behavior
- Encourage complete eradication of this from one’s vocabulary
- Consequences
 - Shame, guilt, interpersonal conflict, decreased initiation of desired behavior
- Alternatives
 - “Need/have to” are often NOT good alternatives
 - Actionable verbiage such as “want to” or “going to” when directed at self
 - Communication of opinion as such, encouragement of options (“could”/“it might be a good idea to...”) if directed toward others

- **Emotional Reasoning**

- Defining situations/people based solely on one’s own opinions or feelings, and endorsing those as fact
- Particularly prevalent in communication about controversial topics
- Consequences
 - Significant interpersonal conflict, frustration, discontent
- Alternatives
 - Identify opinions as such (“in my opinion”.../“to me...”)
 - Just because you feel it/think it, doesn’t make it so

Key Points

- Good provider/patient rapport is essential
- With familiarity of distorted thought patterns, identification and reframing can be simple
- Listen for key words/phrases when talking with your patients
- Psychoeducation is key
- Model appropriate reframes

References

Rewire Your Anxious Brain: How to Use the Neuroscience of Fear to End Anxiety, Panic, and Worry by [Catherine M. Pittman PhD](#), [Elizabeth M. Karle MLIS](#)

Cognitive Behavior Therapy, Second Edition: Basics and Beyond by Judith Beck

Feeling Good: The New Mood Therapy by David Burns, MD