Clinical Applications of Cognitive Behavioral Therapy in Primary Care

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