

Using CBT to support patient self-help for depression and anxiety

25th June 2015

Andrew Grimmer

Counselling Psychologist

BABCP Accredited CBT Therapist

www.bristolcbt.co.uk

info@bristolcbt.co.uk

0780 609 3773

Aims

- To familiarise you with the principles of supported self-management (SSM) / guided self-help (GSH)
- To introduce relevant CBT models and two techniques
- To increase confidence in supporting patients with using evidence-based CBT self-help techniques

What is SSM?

- Patient uses a self-help tool e.g. book or guidance to a website **plus** support from a healthcare provider
- Low intensity intervention between a clinical treatment and method of knowledge transfer
 - Stand-alone
 - Adjunct to antidepressant medication
 - Waiting list initiative (getting started)
 - Booster following treatment (review of treatment)
 - Relapse prevention/management (in place of immediate re-referral)

Why SSM/GSH

- Evidence-based: providing cognitive-behavioural therapy (CBT)-based self-management material to people dealing with mild depression is an effective intervention (Bilsker, 2009)
- Adding the element of support increases the positive impact of self-management workbooks
- Consistent with the emerging chronic disease management approach: fosters self-management (Bilsker and Goldner, 2010)

Impact of SSM

- Self-management alone has 50% impact of standard depression treatment, whilst SSM yields a similar effect to standard depression treatment
- Aimed at mild-moderate presentations (can be an adjunct to other treatment in more severe presentations)

Reasons for using SSM

- Effective
- Low cost
- Potentially feasible in primary care
- Easily taught/learned
- Helps the patient become the expert on their condition

GP role

- As a coach, not a CBT therapist:
 - Suggest/prescribe self-management
 - Teach self-management
 - Provide access to evidence-informed tools
 - Explain key concepts
 - Give encouragement
 - Help patient set goals
 - Help patient apply skills of behaviour change

Introducing 'antidepressant skills' (Bilsker & Goldner, 2010)

- **Key messages to impart to patients:**
 - We can work together to change how you feel
 - Others have found these ideas very helpful
 - You'll need to do some reading and practice
 - I'm happy to work with you on this -- we'll set some regular visits to check how you're doing and work out problems
- *Does this seem like something you'd like to try?*

General resources

- Books on Prescription
- Websites
 - Centre for Clinical Interventions:
<http://www.cci.health.wa.gov.au/resources/doctors.cfm>
 - Get Self-Help: www.getselfhelp.co.uk
 - Living Life to the Full: <http://www.lltff.com>
 - MoodGYM: <https://moodgym.anu.edu.au/welcome>
 - Moodjuice: <http://www.moodjuice.scot.nhs.uk>
- Apps
 - Android
 - iTunes

Self-help books and pamphlets

- Rethink: a recovery programme for depression: Karina Lovell and David Richards
 - http://www.rethink.org/about_mental_illness/mental_illnesses_and_disorders/depression/
- Northumberland, Tyne and Wear NHS Foundation Trust self-help leaflets
 - <http://www.ntw.nhs.uk/pic/selfhelp>
- Camden NHS: Depression and low mood: your self-help guide
 - <http://www.camden.nhs.uk/Downloads/downloads/Depression%20and%20low%20mood.pdf>
- Antidepressant Skills Workbook (Canadian)
 - <http://www.carmha.ca/selfcare/>

Problem matching: depression

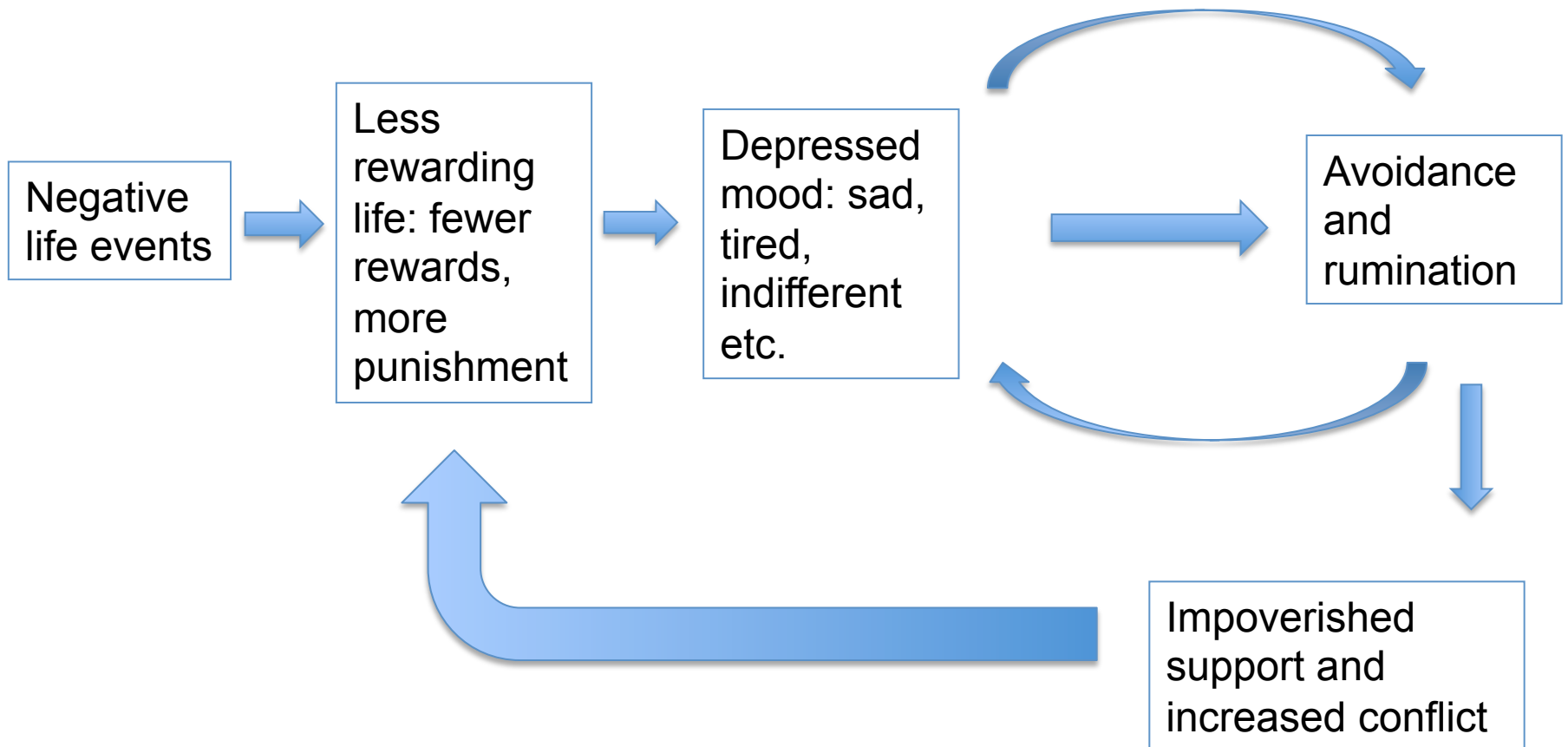
Patient is: inactive, isolated, or avoidant	Behavioural activation	Increase structure and rewards Reduce dysphoria Face fears
Patient has overly negative/catastrophic thoughts	Fair and realistic thinking – cognitive reconstruction	Reduce self-criticism Increase attention to positive Realistic appraisal of danger/coping
Patient is feeling overwhelmed, chronically worried, and/or has real-world problems	Problem solving	Reduce poor/negative problem orientation Increase perceived control Increase specificity of concerns

Activation skills

- Overcoming avoidance of activities that are anticipated to be painful or unenjoyable
- Creating opportunities for positively reinforcing experiences
- Re-sensitizing to pleasure and achievement
- Increasing self-regulation through improved diet and exercise

Breaking TRAPs

- Trigger – response – avoidance pattern



Behavioural Activation: 6 steps

1. Identify activities to increase
2. Choose two activities
3. Set goals
4. Carry out activities
5. Review activities
6. Keep going

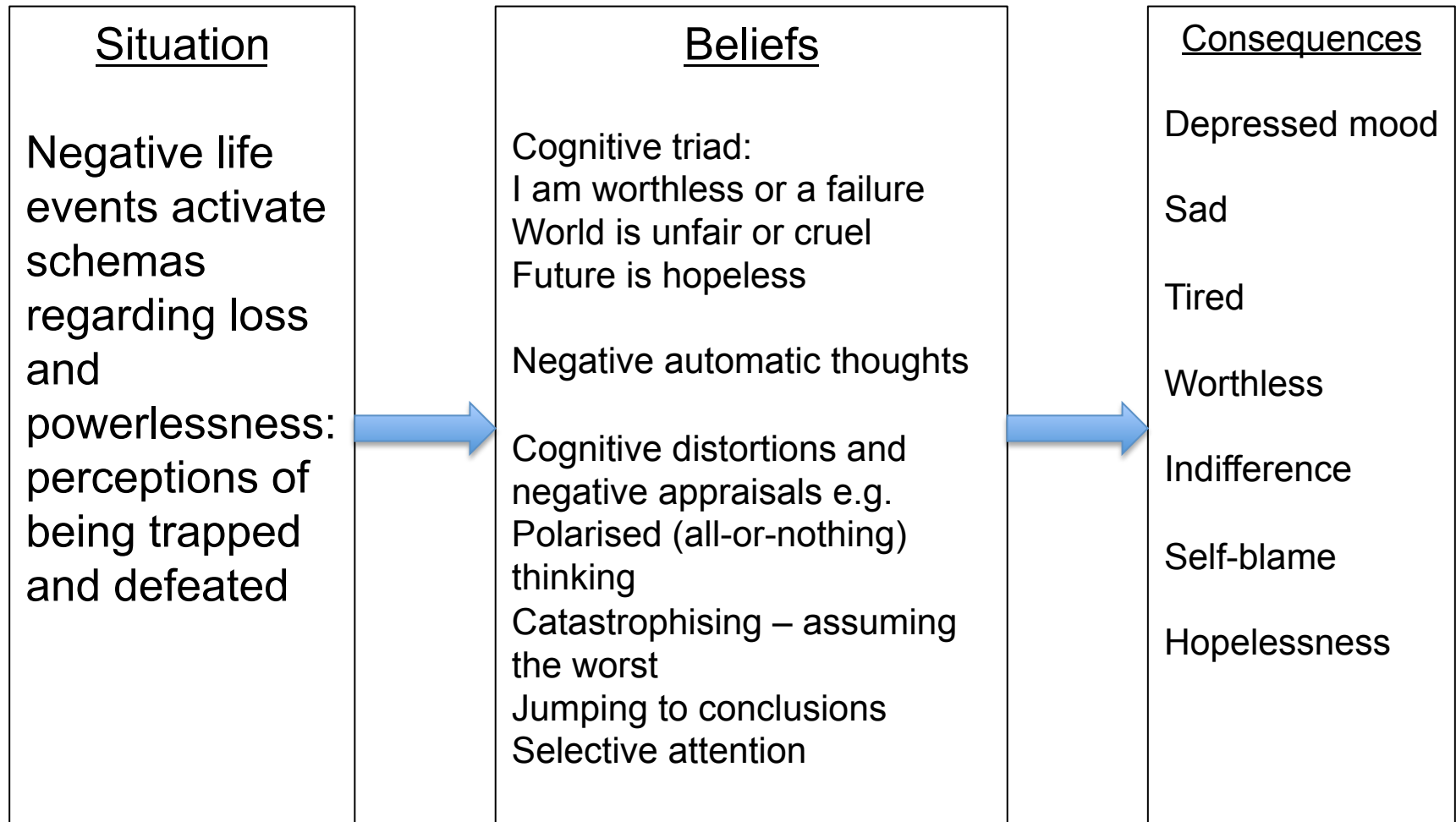
Step 4: Carry out your activities

- “It’s important to realize that you probably won’t feel like doing your planned activities. In depression, your motivation to do things is much less than usual. But if you wait until you feel like it, it’s likely that it won’t happen. Do the activity because you set a goal for yourself and because it will help you get better. After you’ve done and ticked off each activity, you will see what you’ve accomplished.”

Have a go yourself

- In pairs use the worksheet in turn to choose one or two areas of your own life where you'd like to increase your level of activity

Cognitive analysis: distorted appraisals



Fair and realistic thinking: depression

- Identify depressive thoughts
- Examine the evidence (judge and jury)
- Come up with a more balanced perspective
- Notice the impact on your mood

Anxiety: generic model (Beck, 1976)

- Misappraisals of danger and resources
 - Anxiety is proportionate to:

$$\text{Anxiety} = \frac{\text{Probability} \times \text{Awfulness}}{\text{Coping} + \text{Rescue}}$$

- Safety-seeking behaviours and avoidance: prevent disconfirmation
- Attention and reasoning bias: 'looking for trouble'
- Anxiety symptoms themselves orient patients towards perceived threat
- Cognitive specificity for different anxiety disorders

Fair and realistic thinking: anxiety

- What are the chances?
 - Putting your money where your mind is
 - Weighing the evidence
- What is the worst thing that could happen?
 - Making a specific prediction
- How would I cope?
 - Assessing resources
- The five year rule
 - The history game – how will this look in five years' time?
- What is this worth?
 - What is the cost - is life too short?

Practice: challenging worry

- Think of something you could worry about
- Get into pairs
- Use the worry log handout and take turns to make a specific prediction and plan to evaluate it against what actually happened

Vulnerability to relapse

- The differential activation hypothesis (Teasdale, 1988): ordinary low mood triggers depressive thinking that leads to a depressed “thought-action-feeling” pattern
- Thinking you’re getting depressed can lead you to act depressed and then become depressed

Relapse prevention

- Keep up your efforts - schedule
- Plan ahead for stress
 - Introduce stress gradually
 - Lighten up on ongoing responsibilities
 - Keep up your self-care

If you're feeling overwhelmed or starting to get down

- Increase rewarding activities
- Reduce your obligations: scale back but don't over-avoid
- Get professional help: come back and see me
- Get support: practical and emotional
- Manage your lifestyle: maintain a balance of exercise, healthy diet, regular sleep, and involvement in supportive relationships

Discussion

- What do you think about working with self-help resources?
- How confident do you feel about following up on what patients are doing to self-manage depression or anxiety?
- What support would help you to help patients make better use of self-help materials?

Thank you

- Andrew Grimmer: contact details
- www.bristolcbt.co.uk
- info@bristolcbt.co.uk
- 0780 609 3773

References

- Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin.
- Bilsker, D. (2009) [Visions: BC's Mental Health and Addictions Journal](#), 2009, Vol. 6 No. 1, p. 27
- Bilsker D, Goldner E.M. (2010) Training GPs to prescribe depression self-management. In *The Oxford Guide to Low-intensity CBT Interventions*, Oxford University Press.
- CG90 Depression in Adults: NICE guidance (2009). Available at <http://guidance.nice.org.uk/CG90/NICEGuidance/pdf/English>
- Holtzheimer, P.E. & Mayberg, H.S. (2011) Stuck in a Rut: Rethinking Depression and its Treatment. *Trends Neuroscience*. 2011 January ; 34(1): 1–9
- Taylor, P. J., Gooding, P., Wood, A. M., & Tarrier, N. (2011). The role of defeat and entrapment in depression, anxiety, and suicide. *Psychological Bulletin*, 137(3), 391.
- Teasdale, J.D. (1988) Cognitive Vulnerability to Persistent Depression. *Cognition and Emotion*: 2 (3) pp 247-274
- Willner, P., & Goldstein, R. C. (2001). Mediation of depression by perceptions of defeat and entrapment in high-stress mothers. *British Journal of Medical Psychology*, 74(4), 473-485.