Behavioral Interventions for Anxiety & Depression in Primary Care

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Outline

- I. Overview of Evidence-Based Treatment
- II. Trans-diagnostic Components of Cognitive Behavior Therapy (CBT)
- III. The Pros & Cons of CBT
- IV. Applying CBT in Primary Care

I. Overview of Evidence-Based Treatments

Evidence-Based Psychological Treatments for Depression

- * Cognitive Therapy
- * Behavioral Activation
- * Interpersonal Psychotherapy

Evidence-Based Psychological Treatments for Anxiety Disorders

- * Cognitive Therapy
- * Cognitive Behavior Therapies
- * Acceptance & Commitment Therapy

Evidence-Based Psychological Treatments for PTSD

- * Prolonged Exposure
- * Cognitive Processing Therapy
- * Eye Movement Desensitization & Reprocessing

Sorting Out the Various Treatments

- * In-depth knowledge of multiple treatment protocols a daunting task
- * Fortunately, there are common components to the various treatments
- * Models have been developed to guide selection of specific components for individual patients

II. Trans-diagnostic Components of Cognitive Behavior Therapy

What are the primary components of the Cognitive and Behavioral Therapies

- 1. Psychoeducation
- 2. Antecedent cognitive reappraisal
- 3. Prevention of emotional avoidance
- 4. Modifying emotion-driven behavior

Adapted from The Unified Protocol: Allen, McHugh, & Barlow (2008). In D.H. Barlow (Ed.), Clinical handbook of psychological disorders (4th Ed.), New York: The Guilford Press.

LEAP

Learn about your problem

Examine & modify your thinking

Accept and manage your feelings

Perform new behavior at your own pace

The **LEAP** Model I expect something negative about that situation A situation I would like to be able to deal with successfully The prospect of dealing with that situation produces an unpleasant emotion The unpleasant emotion influences me to avoid the situation Avoidance provides relief, but also eliminates opportunity to test my expectations & allows my negative expectations & the unpleasant emotions to persist

1. Learn About Your Problem

Teaching patients about the nature of their disorder and the treatment model.

In English:

"Learning about your problem and the treatment we use to fix it."

2. Examine & Modify Your Thinking

Cognitive interventions to modify misappraisals about the consequences of emotions.

In English:

"Change what you believe about the things you don't feel like doing."

3. Accept & Manage Your Feelings

Teaching adaptive, non-avoidant coping

In English

"Learning strategies to deal more effectively with difficult feelings."

4. Perform New Behavior at Your Own Pace

Facilitating gradual exposure to previously avoided situations (antecedents). Acting in ways that are incompatible with the emotion.

In English:

"Starting to do things you don't currently feel like doing at a pace you can handle."

III. The Pros & Cons of CBT

Cons

- * Effort & time
- * Discomfort
- * Not always accessible

Pros

- * Few side effects (except discomfort)
- * Reduces relapse
- * Best chance for long-term maintenance of gains (especially for Panic Disorder)

IV. Applying CBT in Primary Care

Who will do it?

- * Primary Care Provider?
- * Nurse Care Manager?
- * Behavioral Health Consultant?
- * Other?
- * Referral to Tertiary Care?

Decision depends on...

- * Demands of the clinic
- * Clinician's comfort with behavioral healthcare
- * Internal resources available
- * External resources available
- * Complexities of an individual case

In general, outpatient primary care-based CBT involves:

- Greater use of self-help resources
 - oLocal (e.g., support groups)
 - National (e.g., books, websites, organizations such as ADAA, IOCDF, DMDA)
- Extenders, a team approach (other staff, family)
- Shorter, fewer visits
- Adjuncts to individual office visits (e.g., telephone, group, email)
- Other resources (e.g., the CALM Project; Craske et al., Depression Anxiety, 26, pgs 235-242)
- A menu approach

Examples:

Single/Limited-Session Interventions That Can Be Applied in Primary Care

1. Learn About Your Problem

- * Providing reading material
- * Recommending websites, e.g.:
 - Anxiety & Depression Association of America (<u>www.adaa.org</u>)
 - International OCD Foundation (<u>www.iocdf.org</u>)
 - National Center for PTSD (<u>www.ptsd.va.gov/</u>)

* Suggesting books, e.g.:

- Overcoming Depression One Step at a Time, by Addis & Martell
- Feeling Good, by Burns
- The Anxiety & Phobia Workbook, by Bourne
- o OCD Workbook, by Hyman & Pedrick
- o The PTSD Workbook, by Williams & Poijula

2. Examine & Modify Your Thinking

- * Providing information that might help patients re-examine their faulty beliefs, e.g.:
- Panic Disorder: corrective information on the acute danger of anxiety
- Depression: correcting the activity-followsfeelings myth

3. Accept & Manage Your Feelings

- * Providing or referring to instructional videos/ websites to learn coping techniques, e.g.:
 - Video: How Can Mindfulness Change your Life (Jon Kabat Zin)
 - Website: Relaxation Techniques, Mayo Clinic <u>http://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/relaxation-technique/art-20045368</u>
 - Relaxation & Breathing on YouTube https://www.youtube.com/watch?v=pDfw-KirgzQ

4. Perform New Behavior at Your Own Pace

- * Providing basic principles to guide behavioral recovery:
 - o Plan/schedule activities that are incompatible with how you feel
 - Take small steps, don't be too ambitious
 - If feelings still too strong, compromise do something, however small
 - Build on your success, gradually
- * Recommend resources (e.g., support groups, books, etc.)
- * Schedule follow-up to assess progress
- * Encourage seeking additional help if needed

Conclusions

- * CBT is an important resource for for long-term recovery from anxiety & depression
- * In most cases, CBT is compatible with pharmacologic treatments
- * Though some patients require tertiary care, mild to moderate cases can be treated in primary care
- * Typically, treatment involves a modified version of CBT using a menu approach & cost-effective use of adjunctive resources
- * Which component is selected, how it is implemented, and by whom it is administered depends on the patient, the clinician, & the clinic & community resources available