



# **Psychiatry for the Primary Care Physician: Cognitive Behavioral Therapy**

**Presented By:  
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# Presenter Disclosure

- I have no conflict of interest to disclose
- I have no financial or scientific disclosures



# Objectives

- Outline evidence-based care for patients with psychiatric illness
- Practice evidence-based care for patients with psychiatry illness
- Translate information learnt at this course to improve the assessment and treatment of common psychiatric disorders by physicians



# History of CBT

- Developed by Aaron Beck, MD
  - Numerous off branches
- Ended up developing structured, short-term, present-oriented psychotherapy
  - Initially aimed at depression
- Goal is solving current problems and modifying dysfunctional thinking and behavior
- 



# What is CBT?

- Understanding the term “cognitive”
- Cognitive therapist’s emphasis
  - If it was learned, it can be unlearned
- Cognitive triad
  - Self → World → Future



# Technique

- Interaction with the therapist is extremely important
  - Warm, understanding, genuine & honest
- Psychoeducation is a key component of CBT



# How does cognitive model work?

- Situations generate thoughts which then create reactions
  - Emotional, Behavioral, Physiological
- Sometimes these thoughts are inaccurate
- We use “thinking errors” to avoid dealing with situation at hand
  - Cognitive distortions



# CBT Indications

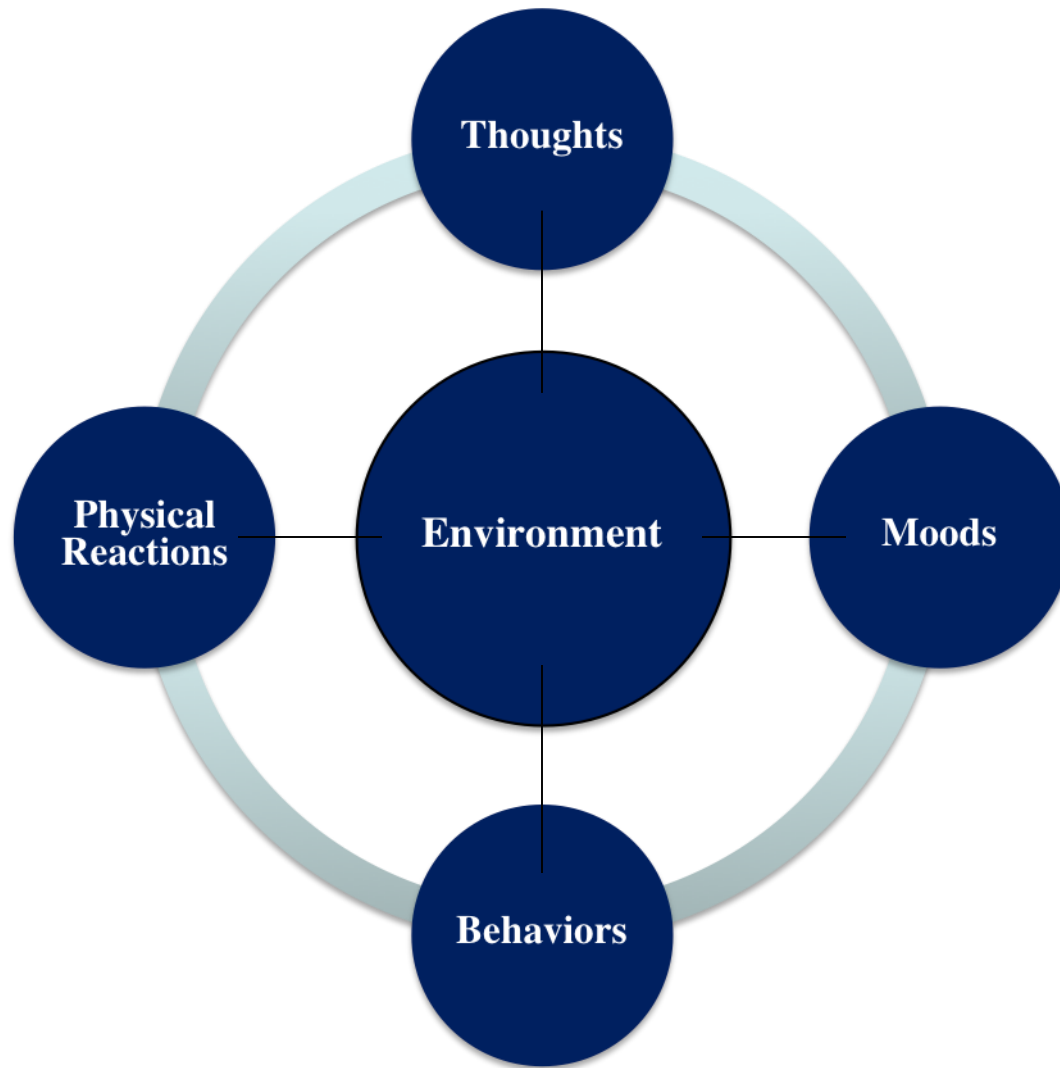
Depression	Anxiety
Substance Abuse	Panic Attacks
Eating Disorders	Personality Disorders
Relationship problems	Individual symptoms



# Benefits of CBT

- Fast acting
- Short-term therapy
- Can be used with practically every patient regardless of “psychological mindedness”
- Practical in military, forward-deployed setting just as in a stateside outpatient clinic





# Example Patient

- Environmental/Life: Sexually molested; two alcoholic/abusive husbands; single parent of 3 teens; negative feedback from work
- Physical reactions: tired most of time
- Moods: Depressed
- Behaviors: Difficulty working; isolative; crying; suicide attempts
- Thoughts: “I’m no good,” “I’m a failure,” “I’m never going to get better,” “My life is hopeless,” “I may as well kill myself.”



# Thought & Mood Connection

- Every mood is connected to a thought
  - Talking to Bernie at a dinner party & he keeps looking over my shoulder across the room
    - “Bernie is rude. He is insulting me by ignoring me.”
    - “Bernie doesn’t find me interesting. I bore everyone.”
    - “Bernie seems shy. He’s probably too uncomfortable to look at me.”
- Irritated                  Sad                  Nervous                  Caring



# Thought & Mood Connection

- Once a mood is present, it is accompanied by thoughts that support & strengthen the mood
- The more intense the mood, the more likely we are to DISTORT, DISCOUNT, or DISREGARD information that contradicts our moods and beliefs



# What shapes our thoughts?

- Attitudes
- Beliefs
- Experience
- Learning
- Time



I am never  
going to lose  
this weight!

I'm such a  
loser because I  
can barely pay  
my bills!

Situation



Automatic  
Thought

He'll probably  
lose interest in  
me and go out  
with her!

**In these situations we  
generate thoughts based on  
our personal experiences in  
similar situations**



# Back to Example Patient

- Thinks she is unlovable ← feels 100% true to her
  - Negative experiences with men & can't imagine someone would want to love her
    - Combined with desire to be in relationship leads her to be DEPRESSED
  - How does this affect her current relationships?

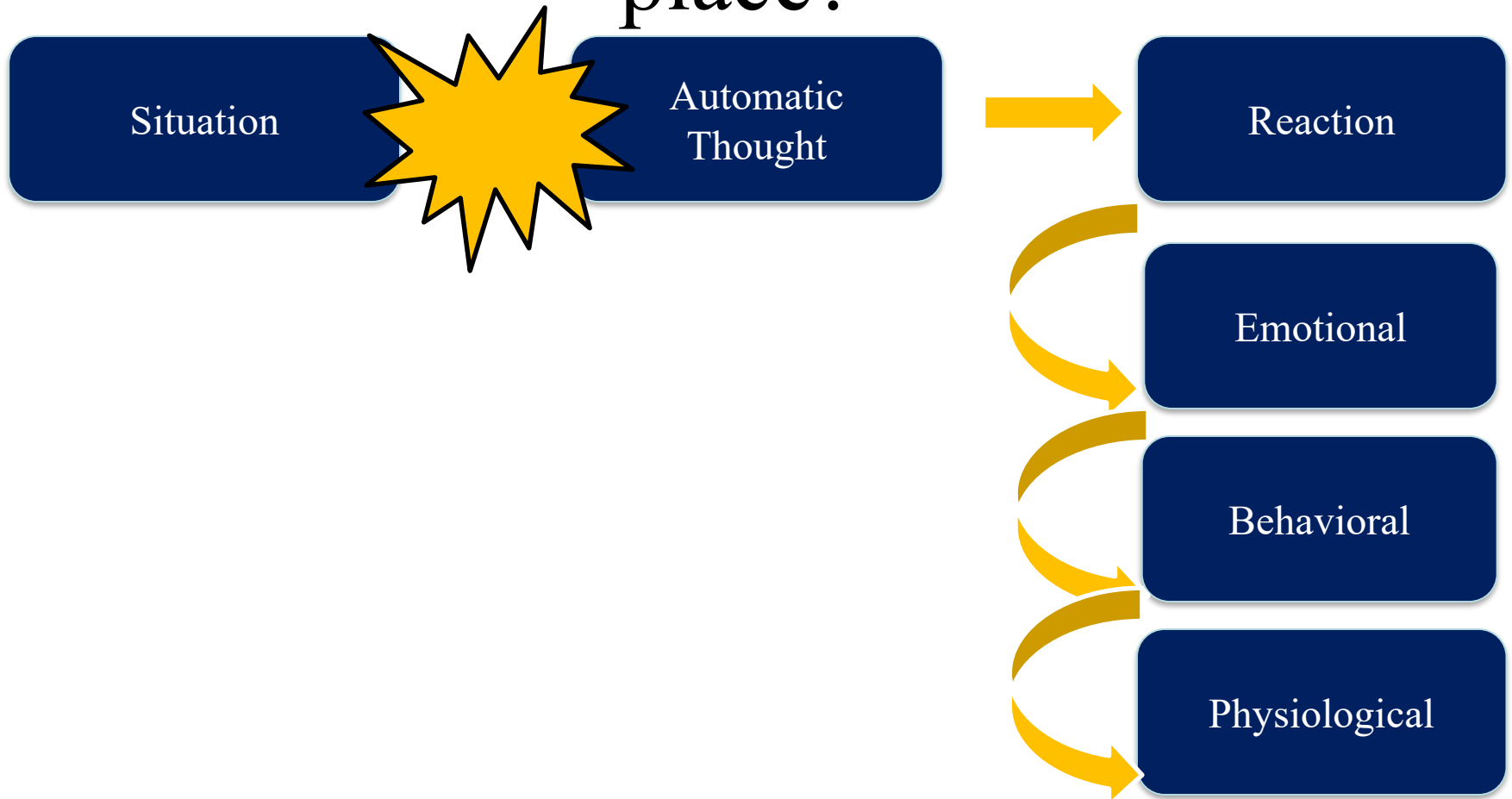


# Common Cognitive Distortions

- All or nothing thinking
- Mind reading
- Catastrophic thinking
- Emotional reasoning
- Rationalized thinking
- Labeling
- Minimizing
- Overgeneralization
- Mental Filter
- Disqualifying the positive
- Fortune telling
- Magnification/minimization
- Should & must statements
- Personalization



# Where does the distortion take place?



# Dysfunctional Thought Record

Situation	Mood	Automatic Thought	Evidence For AT	Evidence Against AT	Alternative Thoughts	Rerate Mood



# Dysfunctional Thought Record

Situation	Mood	Automatic Thought	Evidence For AT	Evidence Against AT	Alternative Thoughts	Rerate Mood
Dr. Yoder just explained the DTR to me	Overwhelmed 95% Depressed 80% Anxious 85%	This is too complex for me.  I'll never get it.  I'll never get better  I'm always going to be sad	I look at this and don't know what to do.  I didn't do well in school.  I don't know what you mean by "evidence"	Learned computer system @ work -Dr. Yoder will help me until I get the picture -Only have to do first 2 columns at first	Even though this seems complex now I've learned other complex things 90% -Practice will make it easier 70% -All or nothing thinking	Overwhelmed 40%  Depressed 80%



# Questions to identify Automatic Thoughts

- What was going through my head just before I started to feel this way?
- What does this say about me if it is true?
- What does this mean about me?
- What am I afraid might happen?
- What is the worst thing that could happen if it is true?
  - Could I deal with that?



# What if Automatic Thought is true??

- Situation: Grant calls me the minute I walk out of the bookstore with a big pile of books
  - AT: He's going to be unhappy with my purchases
    - Anxiety → Evasion → Heart racing
- Evaluate the thought → It's probably accurate!  
→ PROBLEM SOLVE
  - Maybe I need to either start paying with cash or else buy fewer books
  - Still need to keep going with TR though to begin to get to deeper problems



# Assumptions & Core Beliefs

- Automatic thoughts = weeds
- Thought record = Tool to cut down weed
  - Get immediate helpful, but superficial help/change
- Deeper change = removing roots = addressing different levels of belief





Automatic  
Thoughts

Assumptions

Core beliefs



# Core beliefs

- Learning to change maladaptive assumptions & core beliefs can help reduce the number of negative automatic thoughts
- Usually developed in early childhood
  - “Dogs bite” v. “Dogs are friendly.”
  - “Boys don’t cry.”
- Traumatic experiences may prompt development of absolute beliefs



# Identification of Core Beliefs through Thought Record

- Look for recurring themes
- Downward arrow approach
  - I don't think Bernie likes me (What's so bad about that?)
  - Whenever I get close, people end up disliking me. (What does this say about me?)
    - I'll never have a close relationship (What does this say about me?)
      - » I'm unlikeable.



# Changing Core Beliefs

- Sometimes harder than changing Automatic Thought
  - Compile evidence that suggests that the core belief is not 100% true all the time
  - Can take weeks or months



# So how do I use this info?

- 45 y/o WF is newly diagnosed with DMI. You notice while explaining the condition to her that she appears overwhelmed and anxious. What do you say to assess?
  - I notice your mood just changed...
  - I'm wondering what thoughts you're having now?
- Listen carefully for evidence of cognitive distortions & provide psychoeducation when (not if...) they arise



# Evidence for CBT in Primary Care

- CAD – Moderate benefit for psychological interventions, especially CBT
  - Many sx are attributed to stress
  - Depression is a risk factor for cardiac mortality (Cochrane Heart Group 2004)
- COPD – CBT improves exercise tolerance and QOL (Cochrane review 2003)
- Diabetes – depression is common
  - CBT improves mood and may assist with better glycemic control and weight loss (Cochrane Endocrine Disorders group 2012)



# Evidence for CBT in Primary Care

- Chronic Pain – Addition of CBT is associated with change in pain levels, measures of coping, and behavioral expression of pain
  - Also shown to reduce # of sick days compared to tx as usual (Cochrane Back Group 2008)



# CBT Aim in Chronic Illness

- Increase quality of life
- Improve mood
- Improve symptom control
- Improve self-management of disease process
- Increase level of functioning
- Decrease burden on healthcare system
- Strengthen doctor – patient relationship



# Online CBT resources

- <https://psyberguide.org/apps/>
- [https://umn.qualtrics.com/jfe/form/SV\\_3lRjyZ8Z1Qemts9](https://umn.qualtrics.com/jfe/form/SV_3lRjyZ8Z1Qemts9)
- [https://umn.qualtrics.com/jfe/form/SV\\_daobbarfLnpDfYV](https://umn.qualtrics.com/jfe/form/SV_daobbarfLnpDfYV)
- <https://moodgym.com.au/>



# Helpful Mental Health Apps



## UCLA Mindful 4+

Meditations for well-being

[UCLA Health](#)

★★★★★ 4.7, 18 Ratings

Free



## Pocket CBT 12+

[John Taylor](#)

★★★★★ 3.9, 16 Ratings

\$4.99



## CBT-i Coach 12+

[US Department of Veterans Affairs \(VA\)](#)

★★★★★ 3.5, 27 Ratings

Free



## MY3 - Support Network 4+

[MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC](#)

★★★★★ 4.4, 17 Ratings

Free



## Breathe2Relax 4+

[National Center for Telehealth & Technology](#)

★★★★★ 4.4, 147 Ratings

Free

Only on Apple Watch



## MindShift CBT - Anxiety Canada 4+

Proven Mental Health Relief

[Anxiety Disorders Association of British Columbia](#)

★★★★★ 4.3, 43 Ratings

Free



## Moodnotes 12+

Thought & Mood Journal | CBT

[ThrivePort, LLC](#)

#60 in Health & Fitness

★★★★★ 4.7, 6.1K Ratings

\$4.99

Only on Apple Watch



## Curable Pain Relief 17+

Chronic Pain Therapy

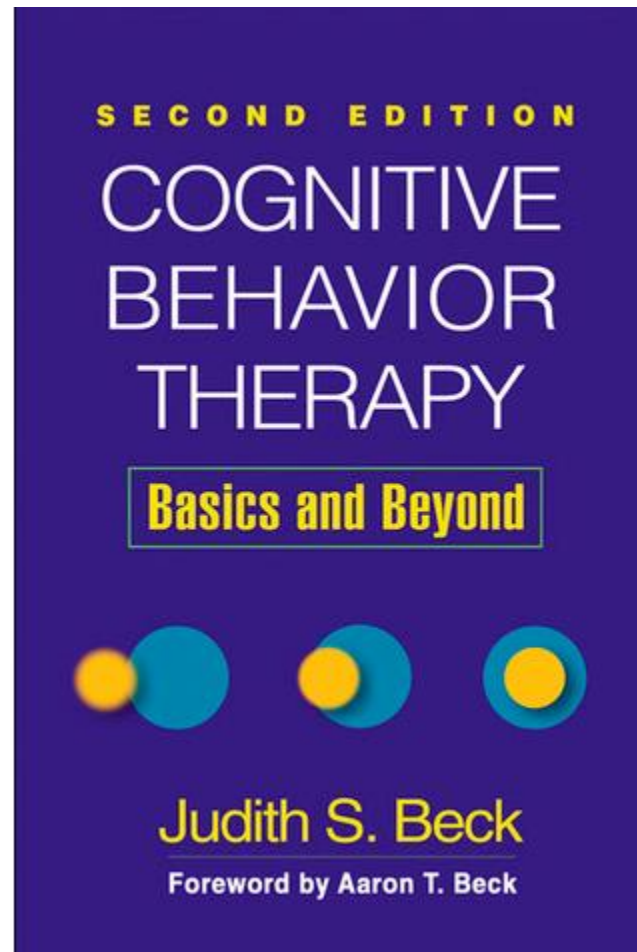
[Curable Inc.](#)

★★★★★ 4.4, 211 Ratings

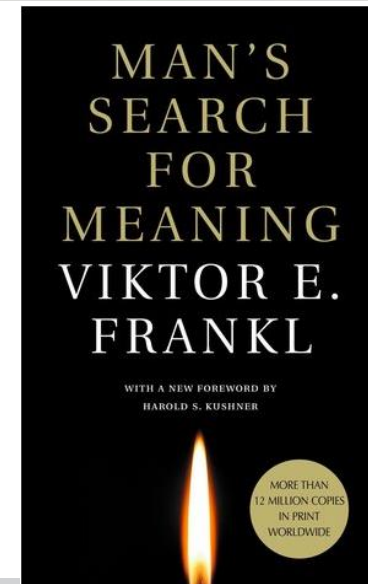
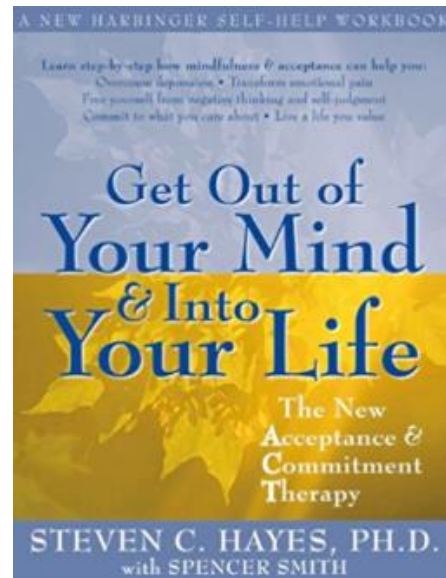
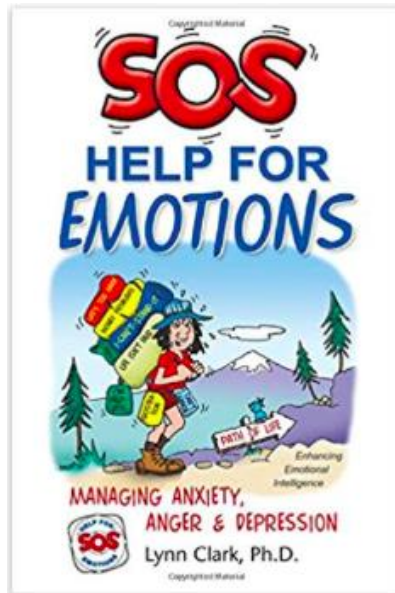
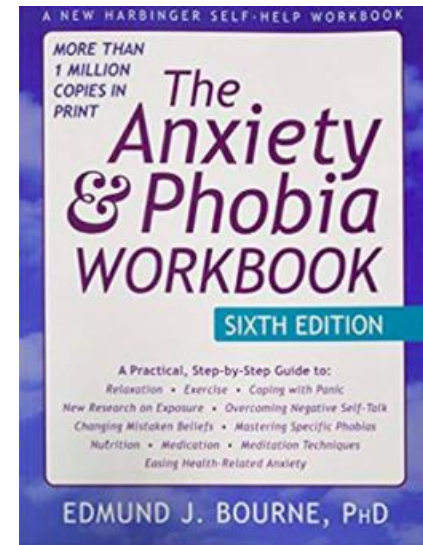
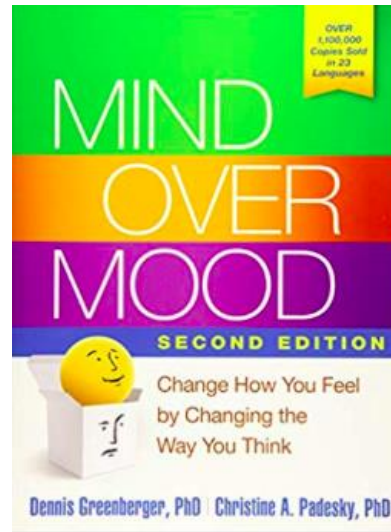
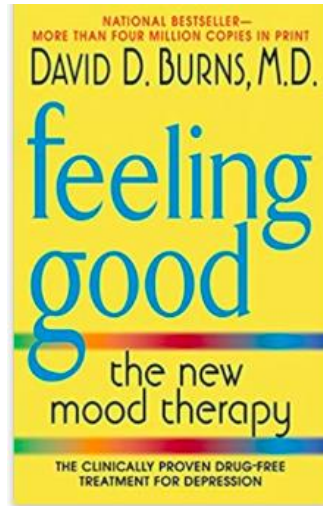
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# Official Text



# Dr. Yoder's Bookclub ☺



"If you don't heal  
what hurt you, you'll bleed  
on people who didn't  
cut you."

—Unknown—

SCARS AND  
CROSSES

