

# Practical Psychotherapy: Training in Evidence Based Practices for Primary Care Providers



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## Background/Purpose

- The UIHC Riverside Family Medicine clinic in rural Washington County provides care to a large number of patients with primarily psychiatric concerns, including diagnoses more typically managed by psychiatrists (psychosis, multiple suicide attempts, etc)
- Wait time for psychiatric referrals can be 6 to 9 months
- Patients often decline referrals - not wanting to travel into the city or see a specialist
- The PCPs are then responsible for the care of patients with severe personality disorders, psychotic symptoms, and other complex psychiatric conditions
- While confident with pharmacologic management, they are less confident in brief psychotherapeutic interventions.
- In other department clinics and other primary care clinics with similar challenges, providers reported highly variable comfort levels with skills needed to manage these patients
- A needs assessment was conducted to the skills and interventions most useful

## Results

- All resident groups indicated some level of discomfort in managing psychiatric concerns.
- Pediatric residents reported the highest level of comfort
- Indicated most comfort in managing depression and anxiety.
- Expressed challenges in managing substance use, personality disorder, somatic symptom disorder, and attention difficulties.
- All respondents indicated interest in additional psychotherapy training.
- Cognitive behavioral therapy and motivational interviewing had highest levels of interest.

## Next steps

- Expand survey to UI faculty in Family Medicine, General Internal Medicine, Pediatrics and Obstetrics and Gynecology
- Distribute to Iowa community providers (MD/DO and APP)
- Survey Family Medicine residents and faculty at partner site in St. Petersburg, Russia
- Develop training modules and exercises for motivational interviewing
- CBT for primary care course to be piloted at the UI Riverside clinic
- CBT for primary care and motivational interviewing courses will be offered in St. Petersburg, April 2020
- Possible additional interventions include:
  - DBT skills training for primary care (based on Australian curriculum),
  - Motivational interviewing skills course for UI Family Medicine and other interested residents and faculty

## Needs Assessment

Comfortable in initial of management of:				
1-5 Likert 1=very uncomfortable 5=very comfortable	FM	IM	Ob-Gyn	Peds
# of resident respondents	7	8	7	8
Major depression	3.29	2.88	2.57	3.0
Anxiety disorders	3.0	2.88	2.43	2.88
Attention difficulties	2.14	1.67	1.71	2.63
Substance use disorders	1.71	1.86	1.86	1.14
Personality disorders	1.17	1.6	1.4	1.0
Somatic symptom disorder	1.57	2.0	1.43	1.29
Satisfied with ability to treat psychiatric concerns (Likert scale 1-5)	3.14	3.25	2.71	3.75

Interest in training				
1-3 Likert 1=not interested, 2=possibly, 3=interested	FM	IM	Ob-Gyn	Peds
# of resident respondents	7	8	7	8
Cognitive behavioral therapy (CBT)	2.86	2.5	2.71	2.63
Acceptance & commitment therapy (ACT)	2.57	2.5	2.57	2.0
Motivational Interviewing (MI)	2.86	2.63	2.71	2.5
Interpersonal psychotherapy (IPT)	2.71	2.5	2.71	1.75
Problem solving therapy (PST)	2.57	2.5	2.71	2.0
Behavioral activation (BA)	2.71	2.88	2.71	2.25

## Sample Training & Curriculum

<p><b>Module 1: Assessment and Symptom Reduction</b></p> <ul style="list-style-type: none"> <li>Symptom assessment, tips for diagnosis</li> <li>Assessing safety, self harm</li> <li>Which patients are suitable for psychotherapy?</li> <li>Distress tolerance strategies, self-soothing, self-care</li> <li>Goals, homework: SMART goal development</li> <li>Effective problem solving (basics of PST)</li> <li>Resources: Worksheets, tools, apps and video/audio for patient use.</li> </ul>
<p><b>Module 2: Brief Interventions for Depression</b></p> <ul style="list-style-type: none"> <li>Mood tracking and assessment</li> <li>"Biology of depression"</li> <li>Identifying Maladaptive, "hot" thoughts, cognitive distortions</li> <li>Managing triggers</li> <li>Suicidal ideation and safety planning—Columbia screening</li> <li>Behavioral activation and the connection between activity and mood</li> <li>Resources for depressed patients</li> </ul>
<p><b>Module 3: Brief Interventions for Anxiety</b></p> <ul style="list-style-type: none"> <li>Symptoms assessment, tips for diagnosis</li> <li>Assessing safety and functioning</li> <li>"Biology of anxiety"</li> <li>Paced breathing, Relaxation techniques</li> <li>Challenging anxious thoughts, cognitive restructuring</li> <li>Dangers of avoidance and reassurance seeking, encouraging activity</li> <li>Resources for anxious patients</li> </ul>
<p><b>Module 4: Interventions for ADHD, Insomnia, Chronic Pain</b></p> <ul style="list-style-type: none"> <li>Symptom assessment, tips for diagnosis</li> <li>Assessing functioning, safety, patient education tips.</li> <li>CBT adaptations for pain, insomnia.</li> <li>Activity, exercise, self care, pacing</li> <li>Challenging maladaptive thoughts that exacerbate symptoms a</li> <li>Self care and self monitoring.</li> </ul>

## Training Methods

- Use of ACCESS training modules at MyBriefCBT.org
- Brief in-person didactic sessions with case examples.
- Case discussion and review
- Building of SMART phrases, resource lists, handouts and homework in EPIC
- When feasible, observation and review of visits for feedback.
- Establish a "community of practice" for support and follow up

## References

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