

# **Combining CBT & DBT skills for women in primary care**

## **Women's Coping Group**

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Behavioural Health Consultants

Shared Mental Health Care

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## Disclosure

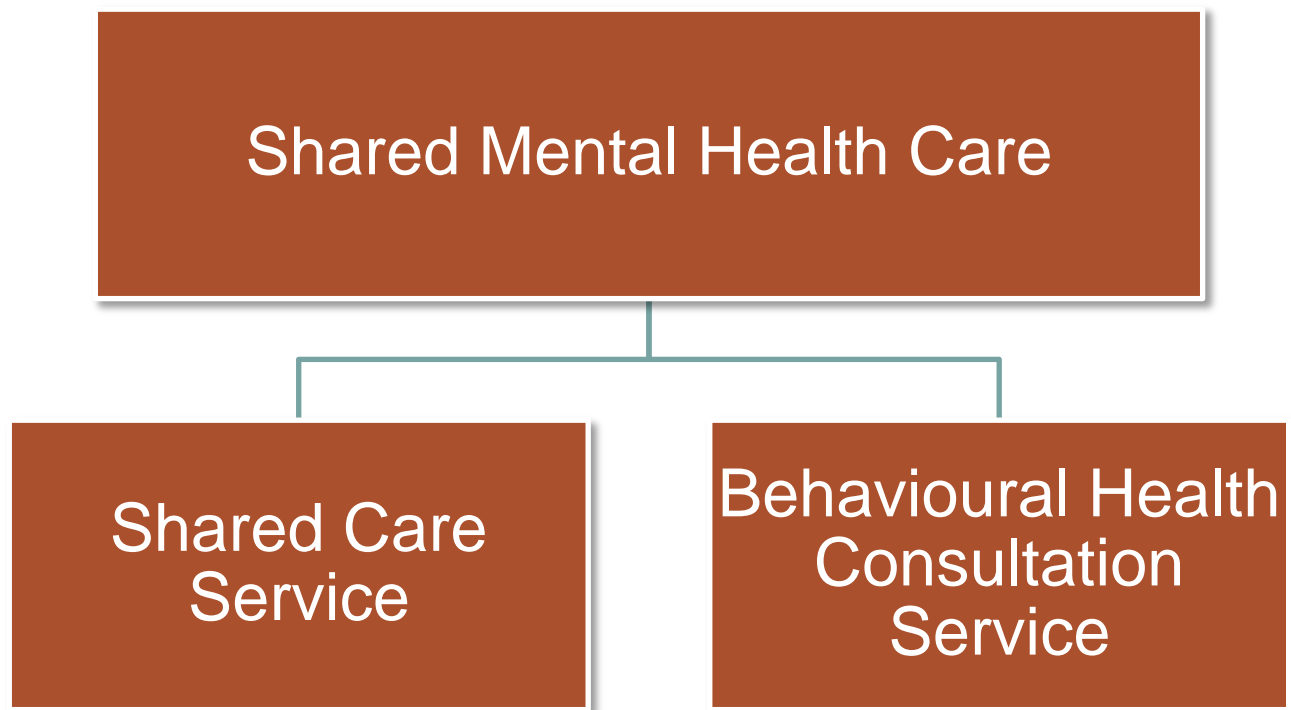
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No identified potential conflict of interest

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# Shared Mental Health Care

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## Shared Mental Health Care

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- Shared Care Service:
  - Primary care physician & MH consultant see patient together
  - Appts are approx one hour
  - Generally up to 6 sessions
- Behavioural Health Consultation Service:
  - BHC is part of health care team
  - Meet with patients individually & consult with physicians
  - Appts are approx 30mins
  - 8-10 patients/day
  - Short-term model – generally 4-6 sessions

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## Shared Care Service

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- Established in 1998
- Consultation program
- partners family physicians with MH consultants
- enhance mental health services delivered by family physicians at the primary care level

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## Behavioural Health Consultation

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- Established in 2008
- Collaboration between PCN & AHS
- based on a BH Integration model
- used in the U.S. in +100 community clinics
- Calgary Region - one of the 1<sup>st</sup> in Canada

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## BHC Stats

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- Depression – 21%
- Anxiety – 17%
- Stress – 16%
- Relationship problems – 14%
- Other – 6% (parenting, PTSD, insomnia)
- Life-style change to prevent medical disorder 5%
- Assistance with medical disorder – 3%
- Occupational problem – 3%
- Addictions – 3%
- Grief & Loss – 3%

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## Our Team

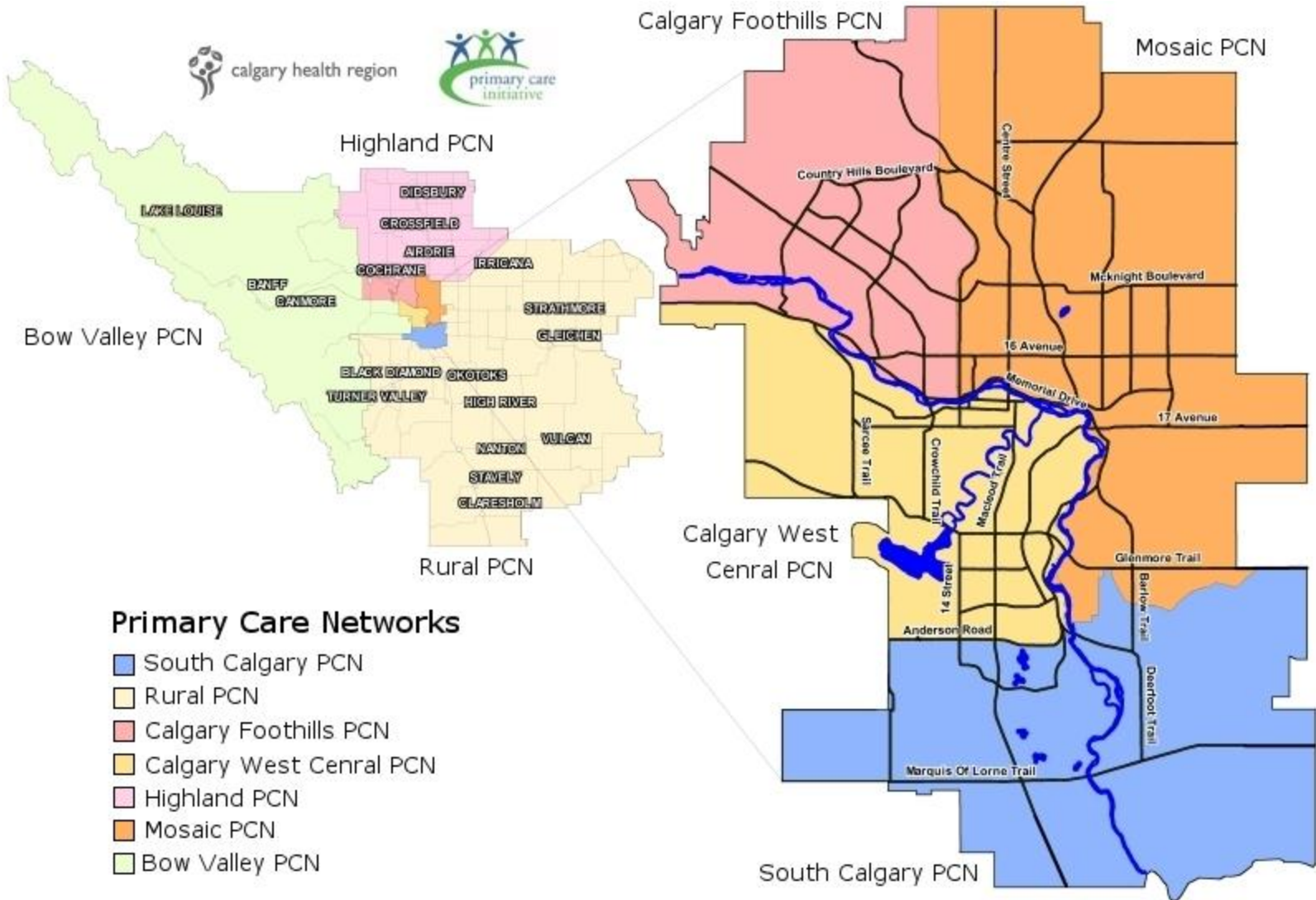
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- 1 Manager
- 3 Part-time secretaries
- 2 BHC Co-Leads
- 1 Clinical Supervisor
- 27 Front line BHC staff
- 8 Front line Shared Care staff
- 11 Psychiatrists
- research assistant, interns, practicum student



# Our Team





### Primary Care Networks

- South Calgary PCN
- Rural PCN
- Calgary Foothills PCN
- Calgary West Central PCN
- Highland PCN
- Mosaic PCN
- Bow Valley PCN

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## Overview of Groups

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- Core Depression Group
  - Randy Patterson, PhD, Changeways Clinic
- Confronting Our Fears Anxiety Group
  - Dennis Pusch, PhD, & Tena Hoekstra, RN, SMHC
- Weight Management Group
  - Melanie Langford, PhD, R. Psych, CWMC
- Women's Coping Group
  - Laura Lang, MSc, R. Psych
  - Carmen Dodsworth, MA, R. Psych
  - Brenda Key, PhD, R. Psych (provisional)
  - Crystal Said, MSW, RSW

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# Overview of Women's Coping Group

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- Combining CBT & DBT skills for women in primary care
- Variety of diagnoses (anxiety, depression, relationships, stress, etc)
- Emotionally sensitive & borderline “traits”

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## DBT

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- Marsha Linehan (1993)
- Adding validation and dialectics to CBT
- Blending acceptance & change
- 4 components
  - Mindfulness
  - Interpersonal Relationships
  - Emotion Regulation
  - Distress Tolerance

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## **DBT with non-BPD**

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- anorexia nervosa
- bulimia
- binge eating disorder
- major depressive disorder
- trichotillomania
- forensic populations
- adolescents

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## Considerations when adapting DBT

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- may not work as well
- appropriate informed consent
- “elements” of DBT
- What is the minimum number of DBT elements required to expect good clinical outcomes?

## Adapting DBT to primary care

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- Skills groups – 8 weeks vs. 24 weeks
- Individual therapy – pre & post if required
- Phone coaching – e-mail check-ins
- Consultation for therapists – informal
- High functioning women



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## Coping Group

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- 6 sessions over an 8 week period
- N = 22
- Age range = 21 – 62yrs
- Mean age = 39.7yrs
- Group 1: N=4
- Group 2: N = 8
- Group 3: N = 10

## Overview of Presenting Problems

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emotional eating, binge eating disorder,  
abusive parent, domestic violence,  
anxiety, depression, OCD,  
perfectionism, low self-esteem,  
fibromyalgia, caregiver burden,  
loss of sister, loss of parent,  
parenting issues, divorce,  
compulsive shoplifting, stress

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## Overview of Coping Group

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- Session 1 – Intro & goal setting
- Session 2 – CBT
- 2 week break
- Session 3 – Mindfulness
- Session 4 – Interpersonal Relationships
- Session 5 – Emotion Regulation
- Session 6 – Distress Tolerance

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## Session Format

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- Session agenda
- Mood check-in
- Homework review
- Mindfulness exercise
- Teaching skills & psychoeducation
- Homework

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# Session 1

## Intro, Healthy Living, Goals

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- Group rules – hopes, fears, expectations
- Intro to CBT & DBT
- Healthy living – sleep, diet, exercise
- Goal setting – creating stepladders
- Foundation coping strategies - deep breathing & muscle relaxation

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## Session 2

# CBT

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- Introduction to CBT Model
- Vignettes – catching automatic thoughts
- Thought records – increasing cognitive awareness
- Cognitive distortions - Burns
- Challenging Unhelpful Thinking Patterns

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## 2 week break

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E-mail check-ins:

- Week 1 – follow-up on CBT & goal setting
- Week 2 – Intro to mindfulness

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## Session 3

# Mindfulness

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- Mindfulness – what is it?
- Mindful breathing
- Observe, Describe, Participate
- 5-4-3-2-1
- Mindful Eating – the raisin experience



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## Session 4

# Interpersonal Relationships

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- Mindfulness practice – forgiveness
- Styles of Relating in Relationships
- Saying No & assertiveness scripts
- DEARMAN, GIVE, FAST
- Review of skills learned so far

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## Session 5

# Emotion Regulation

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- Mindfulness practice – identifying emotions
- What is the story of your emotion?
- Thought & emotion diffusion
- Coping thoughts - coping cards
- Opposite Action
- Letting go of Emotions

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## Session 6

# Distress Tolerance

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- Mindfulness practice – tolerating distress
- Positive Coping vs. Negative Coping
- Distract, Self-Soothe, Improve
- Radical Acceptance
- Questionnaires

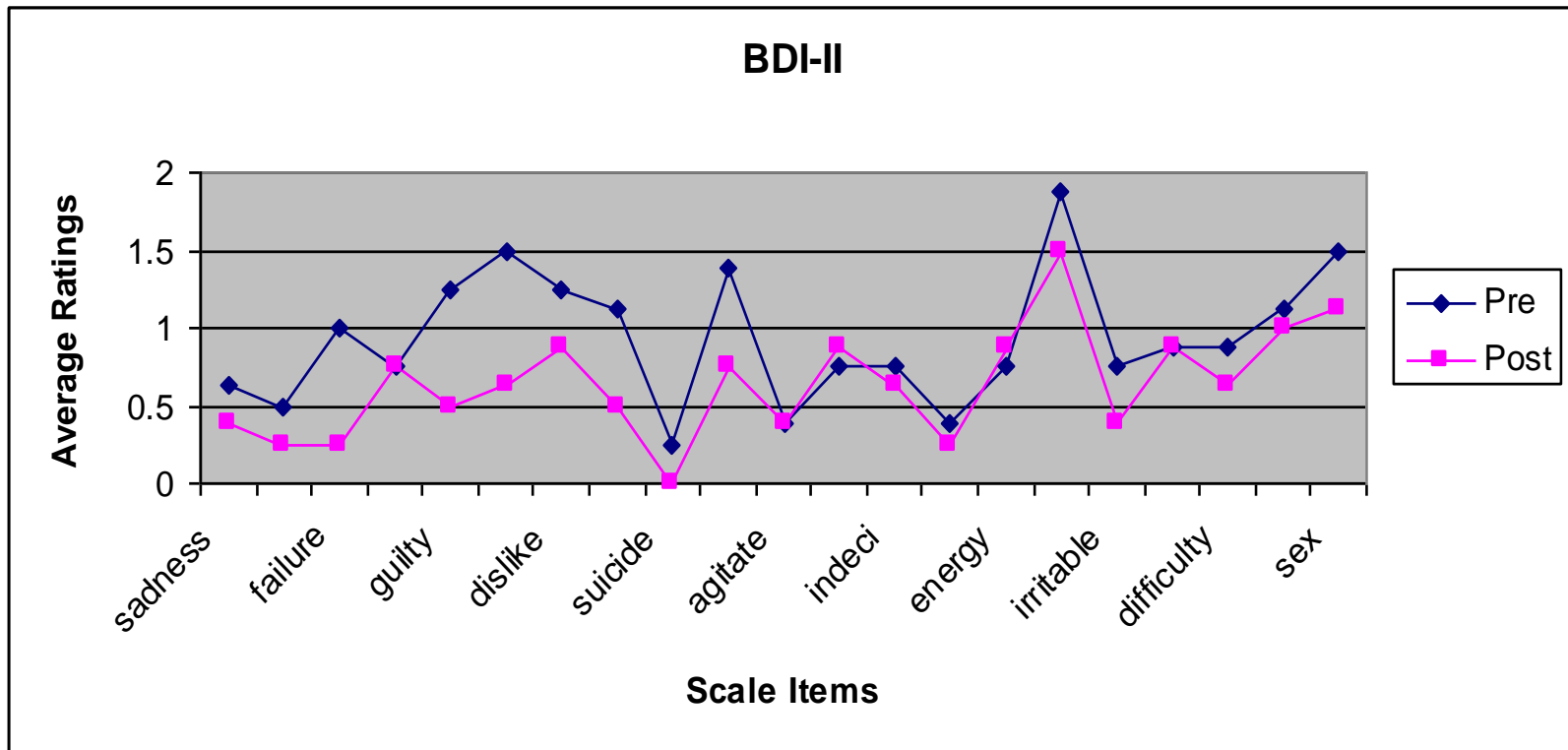
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## Pre-Post Measures

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- Beck Depression Inventory – II (BDI-II)
- Patient Health Questionnaire – 9 (PHQ-9)
- Mindfulness Attention Awareness Scale (MAAS)
- Duke Health Profile (DUKE)
- Client Satisfaction Questionnaire (CSQ)

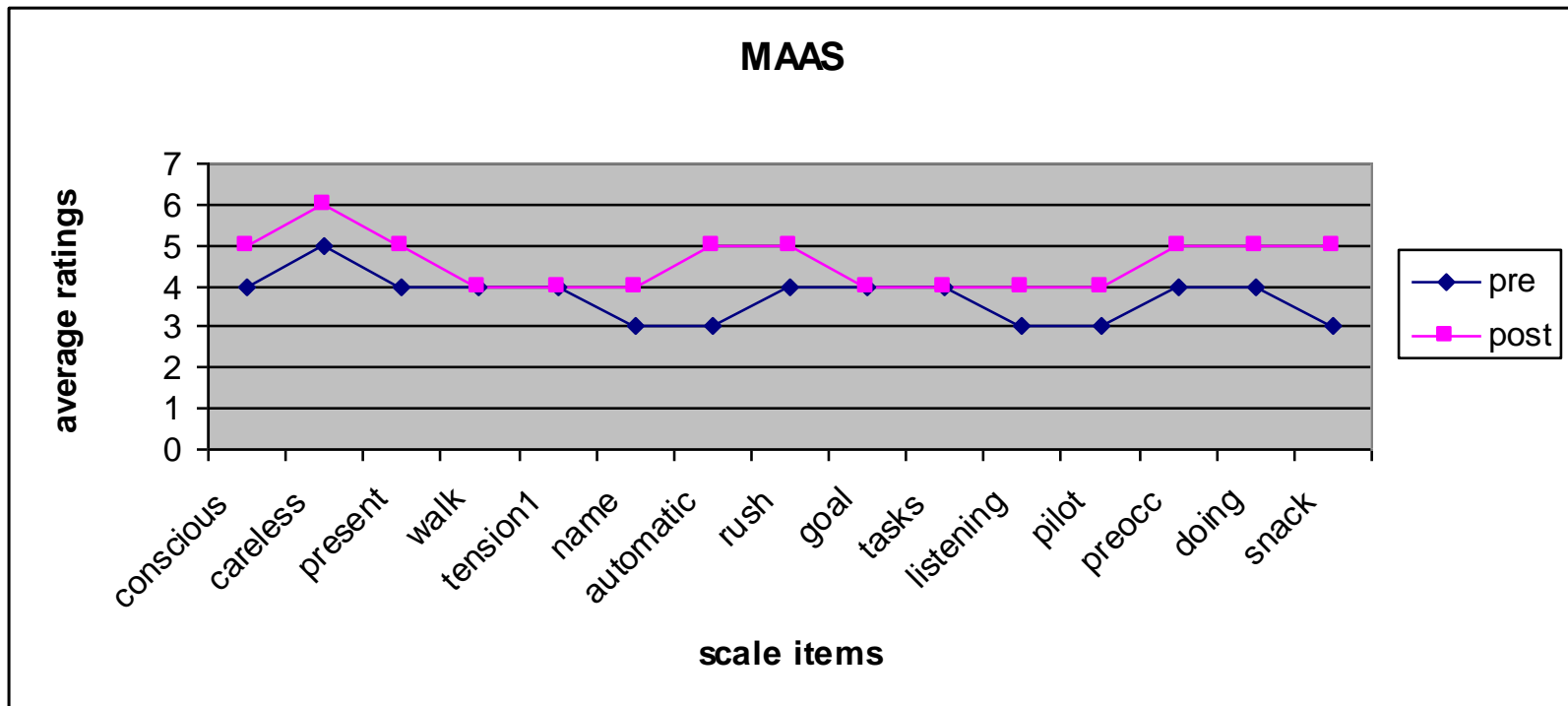
# Results: BDI-II



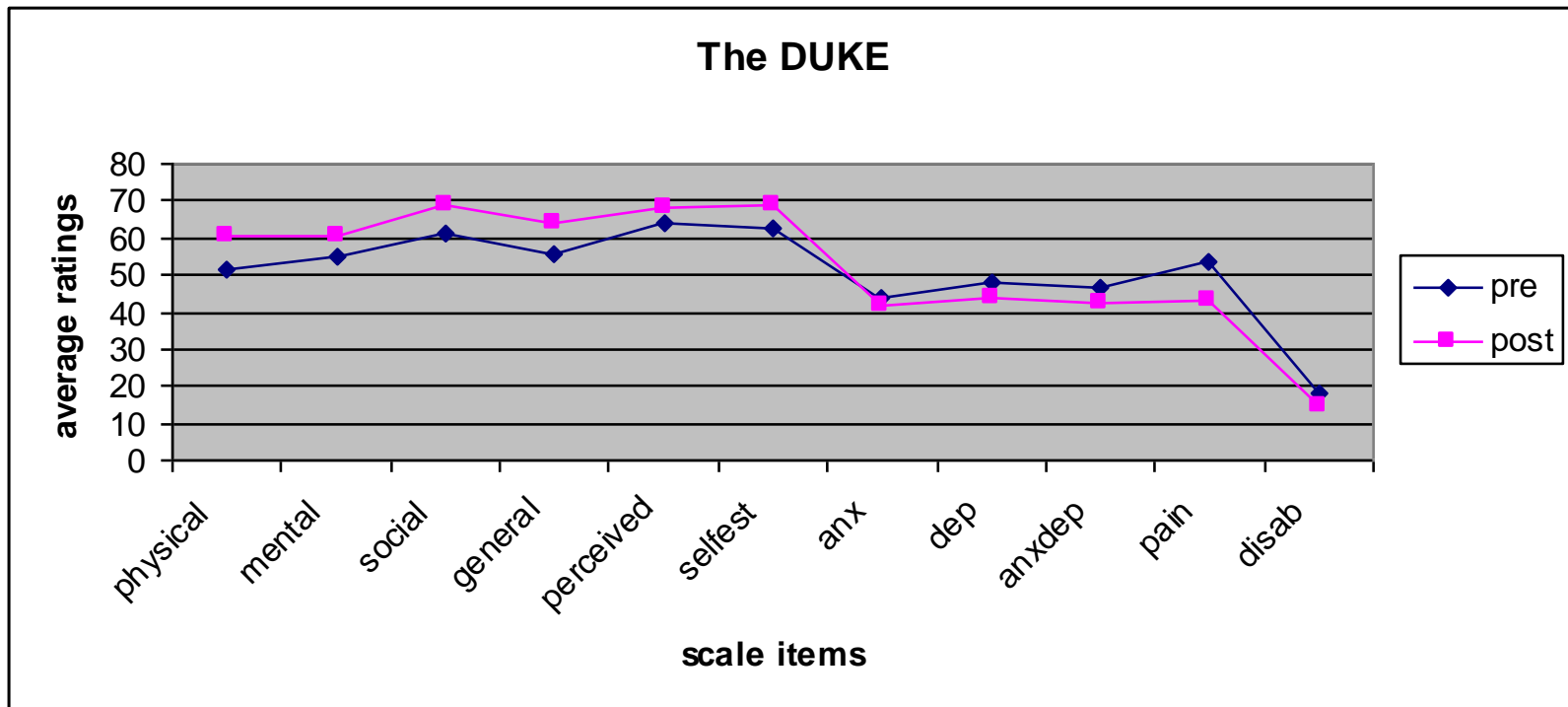
# Results: PHQ-9



# Results MAAS



# Results: DUKE





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## Participant Comments

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- I love that there is plenty of “take home” material
- I will enjoy going through all the handouts in the future, and as situations arise
- It helped me a lot – thank you
- If it can be longer, it could be better to cover the vast amount of material
- The info has been most useful for helping me to become a better person
- 8-10 classes, would have allowed more practice time & more discussion time
- I liked the mood check-in at the beginning of each class



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## Limitations

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- Sample size
- No comparison group
- Condensed number of sessions
- Heavy content & homework expectations

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## References

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