

BRIEF THERAPEUTIC INTERVENTIONS

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PRESENTER



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DISCLOSURES

- Royalties: American Psychiatric Publishing for Integrated Care: Working at the Interface of Primary Care and Behavioral Health and Integrated Care: A Guide for Effective Implementation
- No pharmaceutical or device manufacturing funding
- No off-label discussion of pharmaceuticals

LEARNING OBJECTIVES

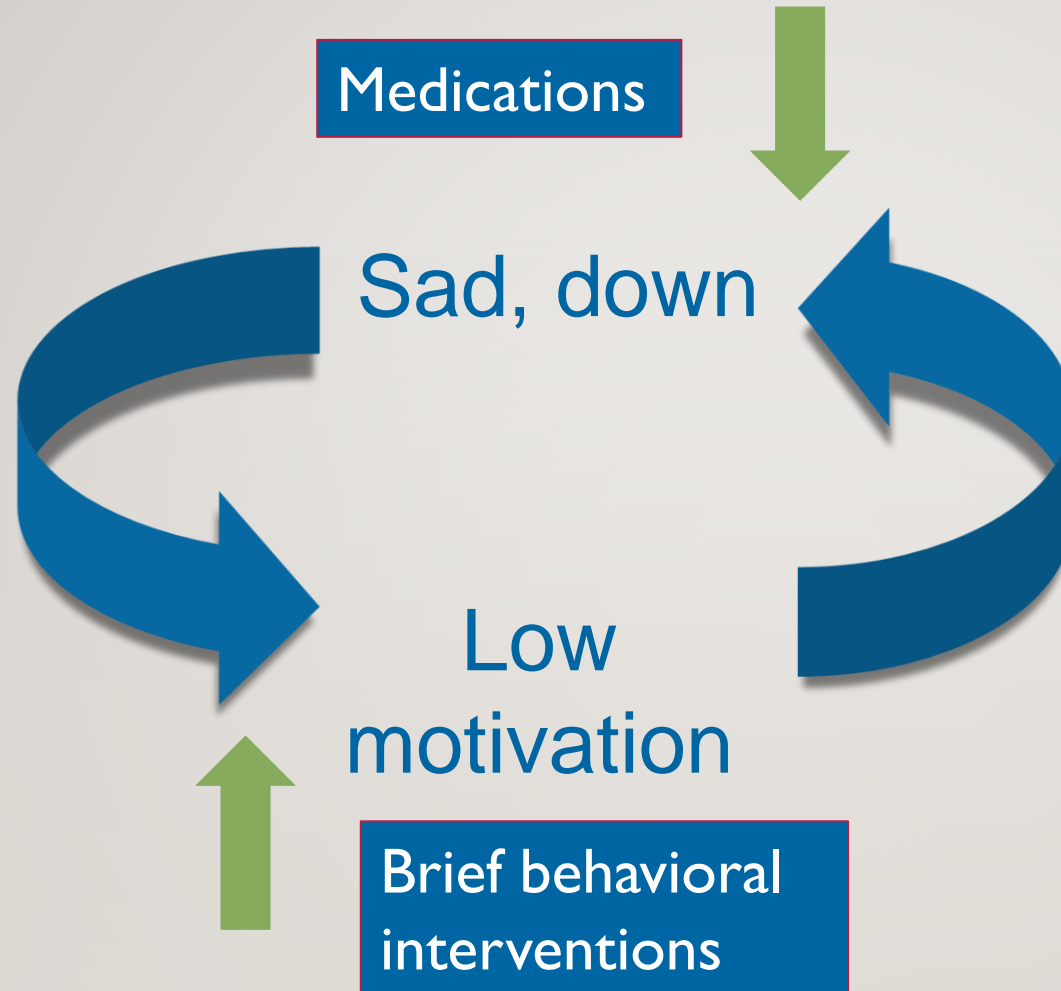
1. List two brief interventions that can be successfully utilized in primary care
2. Describe 2 steps to take before beginning the brief intervention process with patients
3. Practice the use of at least 3 measurement tools to inform care and adjust treatment as needed

EVIDENCE-BASED BRIEF INTERVENTION SKILLS THAT CAN BE USED IN PRIMARY CARE

- Patient Engagement using motivational interviewing
- Behavioral activation (BA)- depression
- Adapted distress tolerance skills (DTS) – any diagnosis
- Problem solving therapy (PST) – any diagnosis
- Half smile
- Written Exposure Therapy (WET)

- Others – cognitive behavioral therapy (CBT), solution focused brief therapy (SFBT), etc

Brief Interventions – Where Do They Fit?



Implementing Brief Psychotherapeutic Interventions

SKILLS BASED – NOT INTERPERSONAL PSYCHOTHERAPY!

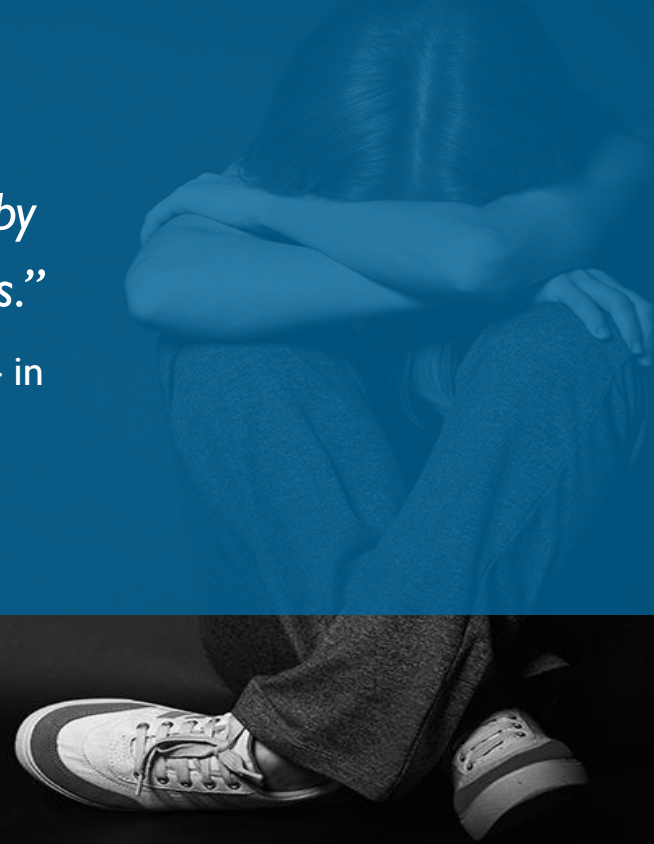
- Include a patient engagement component. Skipping right to treatment doesn't work
- Be time efficient, running no more than 20-30 minutes a visit (brief squared)
- Follow a structure-based approach. A modularized treatment with clear steps keeps the provider and patient on track despite the distractions in primary care
- Be relevant and applicable to the diverse patient populations found in primary care
- Can be taught to a variety of personnel as needed
- Requires a mindset change for your classically training therapists!

OVERARCHING APPROACH TO BRIEF INTERVENTIONS USING MOTIVATIONAL INTERVIEWING (MI)

“People are generally better persuaded by the reasons that they themselves discovered than by those which have come into the mind of others.”

17th Century French Polymath Blaise Pascal – in
Pensées

What and How:
What do you think about x condition?
How would you like to address it?



REMEMBER THE SPIRIT OF MOTIVATIONAL INTERVIEWING

Be Patient,
Stay Present
And Practice
Engaged
Listening:

DO (ACE)

Honor Autonomy: Allow the freedom not to change

"How ready are you to change?"

Collaborate

"What do you think you'll do?"

Evoke Motivation

"What would you like to change about your mood?"

AVOID

Making judgmental statements

"You really need to treat your depression"

Push for commitment

"If you delay getting treated you could become suicidal."

Dictate

"I urge you to treat your depression now."

MI STRATEGIES: DARN

Change Talk Sounds Like This:

Preparatory Language

Desire

I really want to improve my mood.
“I wish” “I want” “I like the idea.”

Ability

I can do this...it is possible.
“I could probably take a walk every morning.” “I think I can come next week for a session.”

Reason

Whenever I stop taking my meds, I end up feeling more depressed
“I’m sure I’d feel better if I exercised.” “This sadness keeps me from gardening, which I love”

Need

I need to get my anxiety under control.
I need to get some sleep, get back to work

USING MI FOR ENGAGING PATIENTS



What concerns you about your mood?



What makes you think you need to do something about your mood?



What concerns you about not doing something about your mood/stress?



What do you think might happen if you don't address this now?

BEHAVIORAL ACTIVATION INTERVENTION



6 – 12 sessions



Create a list of activities the patient is not engaged in that can promote more pleasure and mastery – set a goal rather than waiting to feel better



Decrease activities that promote or maintain depression



Create a hierarchy of activities from easiest to hardest and target avoidance that perpetuates behaviors and maintains depression



Develop and maintain an action plan that includes identification of obstacles, triggers and consequences

Follow up!

KEY: FOLLOW UP ON GOALS AT SPECIFIED TIME



Excerpt From “172 Fun Activities Catalog”

- + 1. Soaking in the bathtub
- + 2. Planning my career
- + 3. Collecting things (coins, shells, etc.)
- + 4. Going for a holiday
- + 5. Recycling old items
- + 6. Relaxing
- + 7. Going on a date
- + 8. Going to a movie
- + 9. Jogging, walking
- + 10. Listening to music
- + 11. Thinking I have done a full day's work
- + 12. Recalling past parties
- + 13. Buying household gadgets
- + 14. Lying in the sun
- + 15. Planning a career change
- + 16. Laughing
- + 17. Thinking about my past trips
- + 18. Listening to others
- + 19. Reading magazines or newspapers
- + 20. Spending an evening with good friends
- + 22. Planning a day's activities
- + 23. Hobbies (stamp collecting, model)
- + 23. Meeting new people
- + 24. Remembering beautiful scenery
- + 25. Saving money
- + 26. Card and board games
- + 27. Going to the gym, doing aerobics
- + 28. Eating
- + 29. Thinking how it will be when I finish school
- + 30. Getting out of debt/paying debts
- + 31. Practicing karate, judo, yoga
- + 32. Thinking about retirement
- + 33. Repairing things around the house
- + 34. Working on my car (bicycle)
- + 35. Remembering the words and deeds of loving people
- + 36. Wearing sexy clothes
- + 37. Having quiet evenings
- + 38. Taking care of my plants
- + 39. Buying, selling stocks and shares
- + 40. Going swimming
- + 44. Going to a party
- + 45. Thinking about buying things
- + 46. Playing golf
- + 47. Playing soccer
- + 48. Flying kites
- + 49. Having discussions with friends
- + 50. Having family get-togethers
- + 51. Riding a motorbike
- + 52. Sex
- + 53. Playing squash
- + 54. Going camping
- + 55. Singing around the house
- + 56. Arranging flowers
- + 57. Going to church, praying (practicing religion)
- + 58. Losing weight
- + 59. Going to the beach
- + 60. Thinking I'm an OK person
- + 61. A day with nothing to do
- + 62. Having class reunions
- + 63. Going ice skating, roller skating/blading
- + 64. Going sailing
- + 65. Travelling abroad, interstate or within the state
- + 66. Sketching, painting
- + 67. Doing something spontaneously
- + 68. Doing embroidery, cross stitching
- + 69. Sleeping
- + 70. Driving
- + 71. Entertaining
- + 72. Going to clubs (garden, sewing, etc.)
- + 73. Thinking about getting married
- + 74. Going birdwatching
- + 75. Singing with groups
- + 76. Flirting
- + 77. Playing musical instruments
- + 78. Doing arts and crafts
- + 79. Making a gift for someone
- + 80. Buying CDs, tapes, records
- + 81. Watching boxing, wrestling
- + 82. Planning parties
- + 83. Cooking, baking
- + 84. Going hiking, bush walking
- + 85. Writing books (poems, articles)
- + 86. Sewing
- + 87. Buying clothes
- + 88. Working
- + 89. Going out to dinner
- + 90. Discussing books
- + 91. Sightseeing
- + 92. Gardening
- + 93. Going to the beauty salon
- + 94. Early morning coffee and newspaper
- + 95. Playing tennis
- + 96. Kissing
- + 97. Watching my children (play)
- + 98. Going to plays and concerts
- + 99. Daydreaming
- + 100. Planning to go to school

BEHAVIORAL ACTIVATION

- + Set goals
- + Discuss barriers and motivation
- + Schedule follow-up
- + Do follow-up

What is one thing you can do between now and the next week to help you feel better?

Activity	Completion Date	Notes

Resource:
[Behavioral-Activation-for-Depression.pdf \(umich.edu\)](#)

“ADAPTED” DIALECTICAL BEHAVIORAL THERAPY SKILLS – 4 CORE SKILLS

- ***Mindfulness**

- Observe: Simply notice what's happening. Notice thoughts, emotional feelings, physical
- Describe: Put words on what you have observed. ...
- Participate: fully participate in an experience.
- Non-judgmental stance: reduce judgments. ...
- One-mindful: do one thing at a time.

- ***Distress tolerance**

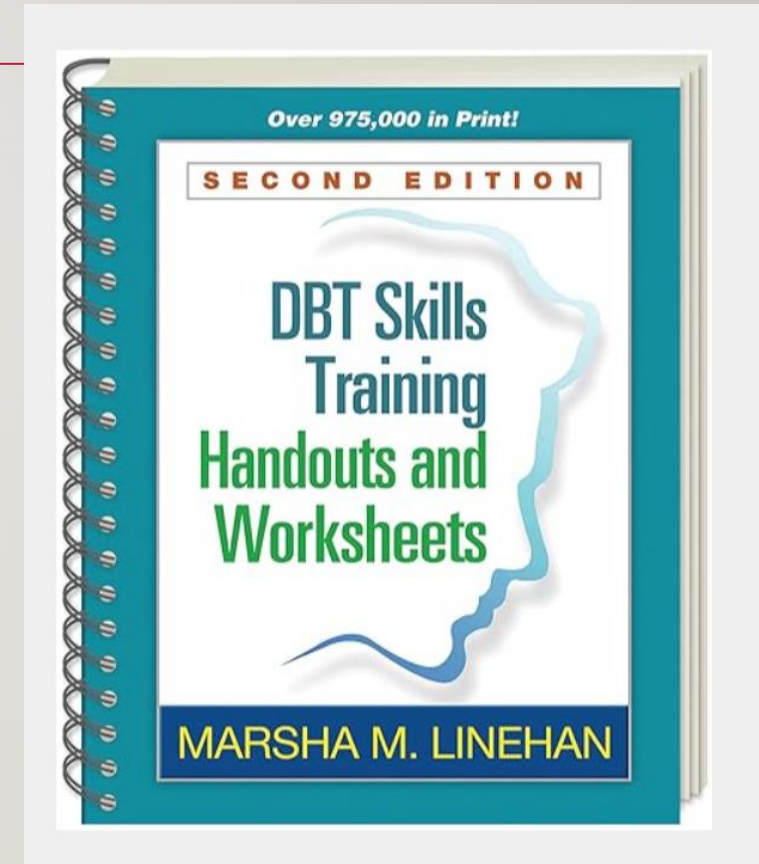
- Radical acceptance
- Distraction
- Self soothing in the 5 senses

- **Interpersonal effectiveness**

- Objective
- Relationship
- Self respect

- **Emotional regulation**

- Awareness
- Acceptance
- Control
- Strategies
- Self-soothing
- flexibility



Brief Psychotherapeutic Interventions: Adapted Distress Tolerance

Self-Soothe With 5 Senses

Find a pleasurable way to engage each of your five senses. Doing so will help you soothe your negative emotions



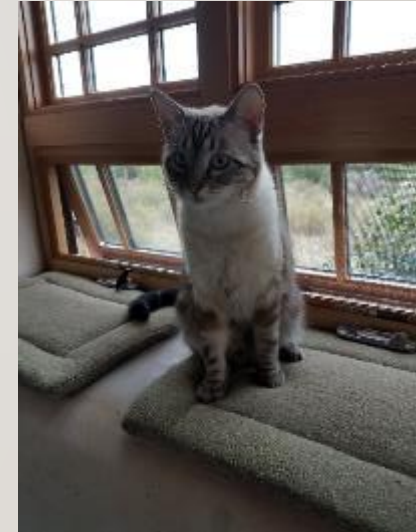
Vision Go for a walk somewhere nice and pay attention to the sights

Hearing Listen to something enjoyable such as music or nature

Touch Take a warm bath or get a massage

Taste Have a small treat – it doesn't have to be a full meal

Smell Find some flowers or spray a perfume or cologne you like



<http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents>

Brief Psychotherapeutic Interventions: Distress Tolerance

Distraction (A.C.C.E.P.T.S.)

Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

A	Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
C	Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
C	Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something difficult.
E	Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
P	Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumpling it up, and throwing it away. Refuse to think about the situation until a better time.
T	Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
S	Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

Brief Psychotherapeutic Interventions: Diaphragmatic Breathing

Providing stress management techniques: relaxation training such as diaphragmatic breathing and introduction to mindfulness-based stress reduction



Photo Unsplash

- Sit or stand in a comfortable position with your back straight and your feet flat on the floor
- Place one hand on your chest and one on your stomach if you want. The hand on your chest should stay still. The one on your stomach will rise and fall
- Slowly inhale through your nose, counting slowly to 3-5. The hand on your stomach should rise
- Slowly exhale through the mouth, counting slowly to 4-6. The hand on your stomach should fall.
- Repeat several times until you feel relaxed

Brief Psychotherapeutic Interventions: Problem Solving Therapy

Problem Solving Therapy – 7 steps

- + Define a problem
- + Select achievable goal
- + Generate multiple solutions
- + Pros and cons of each solution
- + Select a feasible solution
- + Implement solution
- + Evaluate outcome



EXAMPLE OF PROBLEM SOLVING THERAPY

Problem Solving Therapy typically used to promote effective management of the negative effects of stressful events.

- + Define the Problem: not enough money
- + Realistic Goal: additional \$50/week
- + Generate List: borrow from family/friends, get a job, spend less, rob a bank, sell some of my artwork
- + Pros and Cons of each
- + Select one: look for a part time (10 hours) job
- + Implementation: want ads
- + Outcome: check-in next week
- + Go on to next problem: no transportation to job

HALF SMILE EXERCISE – Try It!

- ✓ Half-smile when you first awake in the morning
- ✓ Half-smile during your free moments
- ✓ Half-smile while listening to music
- ✓ Half-smile when irritated
- ✓ Half-smile in a sitting position



Photo Unsplash

TRAUMA: WRITTEN EXPOSURE THERAPY

- Written Exposure Therapy (WET) is a **5-session, 30 minute** exposure-based intervention for the treatment of posttraumatic stress disorder (PTSD).
- WET was developed through a series of systematic evaluations of the **expressive writing** procedure. It is an efficient intervention, requiring limited patient and therapist time and no between-session assignments.
- Repeated exposure to trauma-related memories allows habituation and eventually extinction to take place over time, leading to reduced anxiety in response to trauma-related stimuli. Takes a “distance perspective”

PROCESS

- Get trauma history – select the trauma memory which is most salient, elicits the most symptoms or is most representative of repeated trauma exposure.
- Write – long hand (no typing), slows down thought process
- Focus on detail and emotions felt at time of event
- Uses a distance perspective – “as you look back on the event...” – helpful with highly emotional life events



SESSIONS

- Session 1 – slight longer if needed.
 - Psychoeducation about PTSD
 - Determine the trauma event that will focus on
 - Read the script to them
 - Do the 30 minute writing assignment about trauma **IN DETAIL**
 - Reflect on the writing experience for that session
 - Instruct patient to allow themselves to experience whatever thoughts/feelings they may have until the next session – don't try to push them away
- Sessions 2 – 5
 - Review last sessions writing assignment, thoughts and feels the intervening week
 - Read the script - Continue the 30 minute writing about **THE SAME TRAUMATIC EVENT**
 - Reflect with patient on how they felt about the writing

PATIENT LEARNING OVER SESSIONS

- Trauma memory is not dangerous and can be experienced without significant distress
- Distress associated with remembering the trauma is transient
- Emotional distress gradually reduces over time, even without doing anything
- Physiological responses, such as heart racing and sweating, are not dangerous
- Highly negative effects can be tolerated
- It is possible to develop new ways of thinking about trauma events and their meaning

MEASUREMENT INFORMED CARE: DID THEY IMPROVE?



PCL-5 – TO MONITOR SYMPTOMS OVER TIME

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Score > 35

USING RATING TOOLS TO ASSESS PROGRESS

PHQ 9

PHQ 9 > 9

- < 5 remission
- 5 – 9 mild
- **10 – 14**
moderate
- 15- 19
moderate
severe
- 20 – 27 severe

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	1	✓ 2	3	
2. Feeling down, depressed, or hopeless	0	✓ 1	2	3	
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓ 2	3	
4. Feeling tired or having little energy	0	1	2	✓ 3	
5. Poor appetite or overeating	0	✓ 1	2	3	
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓ 2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓ 2	3	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓ 2	3	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓ 0	1	2	3	
add columns:	2	+	10	+	3
TOTAL:	15				

(Healthcare professional: For interpretation of TOTAL please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

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GAD 7

OVER THE PAST 2 WEEKS:

SYMPTOM	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
FEELING NERVOUS, ANXIOUS OR ON EDGE	0	1	2	3
NOT BEING ABLE TO STOP OR CONTROL WORRYING	0	1	2	3
WORRYING TOO MUCH ABOUT DIFFERENT THINGS	0	1	2	3
TROUBLE RELAXING	0	1	2	3
BEING SO RESTLESS ITS HARD TO SIT STILL	0	1	2	3
BECOMING EASILY ANNOYED OR IRRITABLE	0	1	2	3
BEING AFRAID AS IF SOMETHING MIGHT HAPPEN	0	1	2	3

Total Score \geq 10 indicates possible diagnosis

DISCUSSION, QUESTIONS

- Next week – office hours – more in depth as needed
- Next session 2 weeks: special populations

END

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