

## Mick Gillingham Clinical Director

## **Agenda**

- Introduction
- What is CBT
- Why illnesses develop/why absence can be a solution but also a problem
- Case Study
- Relapse Prevention
- Why CBT is not all the same

#### Introduction

- 20yrs mental health experience
- RMN 1995
- CBT therapist 1998
- CBT Services specialise in
  - Cognitive Behavioural Therapy
  - Care Transition Management (Established 2001)

#### **CBT SERVICES TEAM**

- Mix of employed, contracted and associate CBT therapists and Counsellors
- Our Care Transition Management Team (Staying Well) is nurse led and staffed by professionals from a range backgrounds, skills and experiences in rehabilitation.
- Our services are located through out the UK & Ireland

## Range of Referrers

- Insurance Industry
- Employers Directly
- Occupational Health Providers
- NHS
- HR Consultants
- Solicitors

#### WHAT IS CBT?

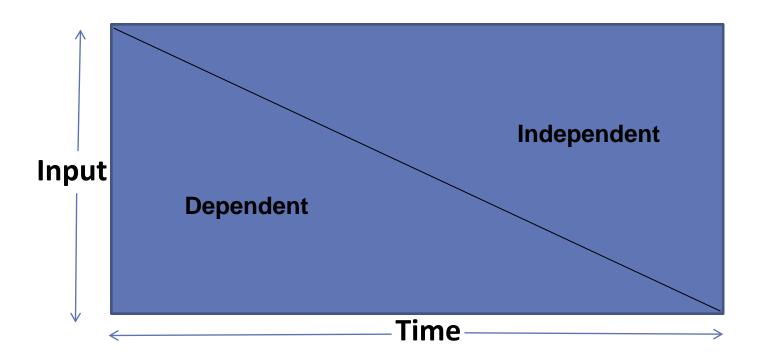
#### CBT IS...

- Short-term, Problem Focused, Goal Directed, Evidence Based Psychological Treatment for Psychological Problems
- A "Doing" Therapy Very Pragmatic and Hands on
- Our treatment approach is based upon the Five Systems

#### WHO WILL BENEFIT?

- High-flying Executive
- Middle Management
- Office Factory Worker
- Person involved in industrial accident
- Anyone from any background
- All have to have <u>problems to functioning & be</u> <u>committed to therapy</u>

## **CBT Objective**





#### **CBT IS RECOMMENDED BY NICE:**

#### **Depression (Stress)**

- Mild severity
- Moderate severity
- Moderate to severe

Chronic Fatigue

Syndrome (CFS)

**Obsessive-Compulsive** 

Disorder (OCD)

#### **Anxiety (Stress)**

- Panic Disorder
- Generalised Anxiety Disorder

**Post-Traumatic Stress** 

**Disorder (PTSD)** 

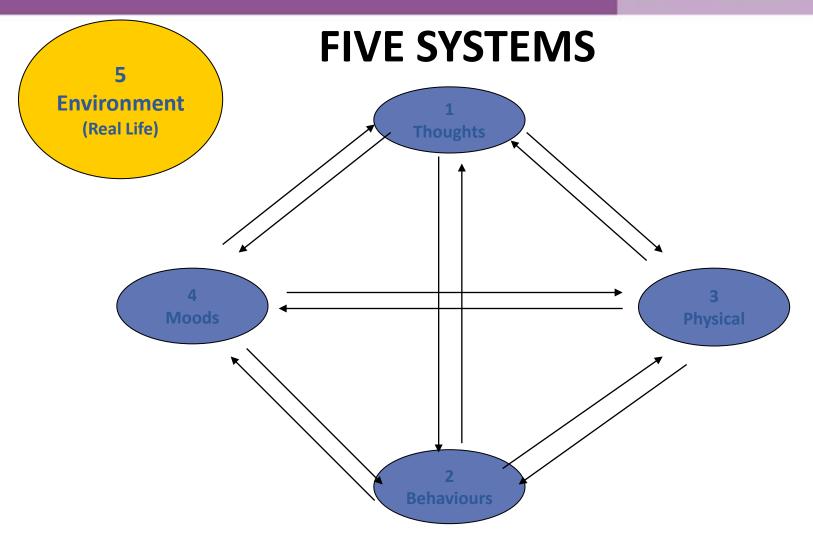
**Phobias** 

# Why illnesses develop - Why absence can/cannot be helpful)

## Stress/Life

- Changes at work
- Changes to health
- Changes to wealth
- Changes to relationships
- Loss
- Increase in pressure/reduction in ability to cope with pressure
- Personality

#### CBT SERVICES



**CBT Formulation** 

#### **CBT SERVICES**

#### WHY ILLNESSES DEVELOP

Earlier life experiences

Form our beliefs & shapes how we act

Leads to Success

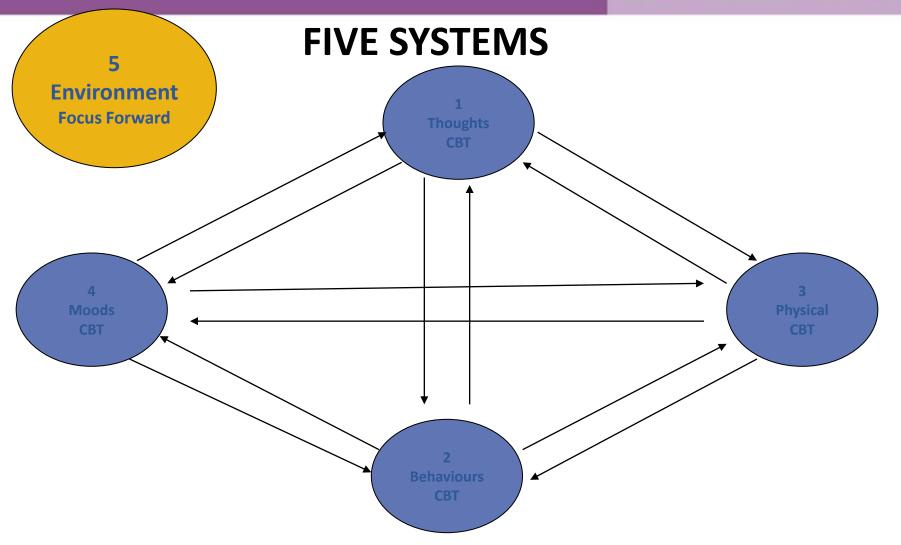
**Critical Incident (STRESS!!)** 

**Prevents success/triggers beliefs** 

Results in Anxiety/Depression

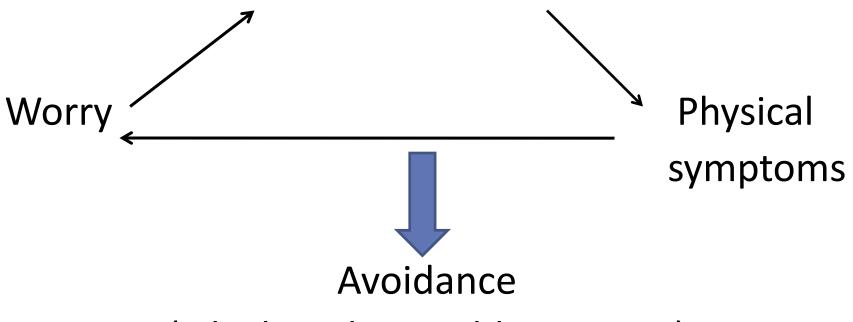
**Problems maintained by 5 Systems** 

#### CBT SERVICES





Anxiety response



(which makes problem worse)

#### Typical treatment interventions

- Activity scheduling / Graded exposure
- Applied relaxation & diaphragmatic breathing
- Cognitive restructuring (Socratic questioning)
- Behavioural experiments
- Evidence gathering (diaries & questionnaires)
- Mindfulness & EMDR (Third wave CBT)
- Psychometric measures

#### SUCCESSFUL OUTCOME

- Prevention of sickness absence
- Full or Partial Return to Duties
- Full or Partial Return to New Duties
- Improve Quality of Life
- Mitigate Litigation

#### CASE STUDY - 'Jane' #1

42 – Married - Middle management - IT industry - Very successful

Restructuring – Increased targets – More time at work – Problems at home

Poor performance – GP signed off anxiety & depression - 3 months on sick before referral

#### CASE STUDY - 'Jane' #2

#### **Assessment**

Referred - Assessed – Confirmed Moderate to severe Depression/Anxiety

#### **Treatment**

Establish Therapeutic Alliance – Stabilise - Improve Mood & Decrease Anxiety via Activity scheduling – Exposure – Cognitive restructuring

#### **Return to work (RP)**

Build confidence - Transfer therapy Into workplace - Monitor

#### **Discharge**

Discharge - Total number of treatment sessions 14

## **Relapse Prevention**

 Is CBT better than medication alone at keeping patients well?

- Some evidence exists to suggest this e.g. Paykel (Paykel et al (2005) Psychol Med 35: 59-68)
- At the coalface = yes (less revolving door)

• Also, people do not like taking long term meds (Churchill 2000; Riedel-Heller 2005).

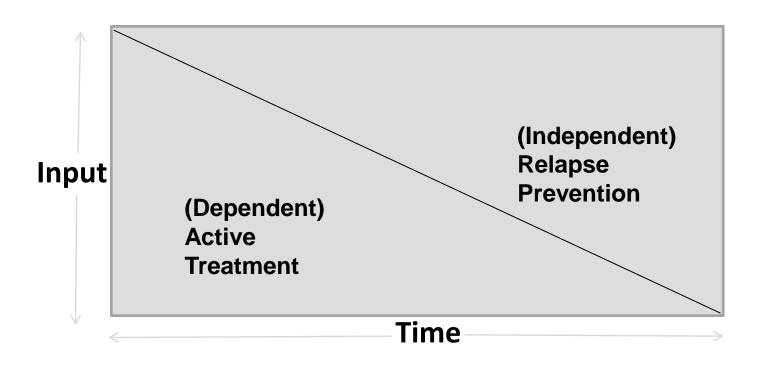
## **Relapse Prevention**

Relapse Prevention plan

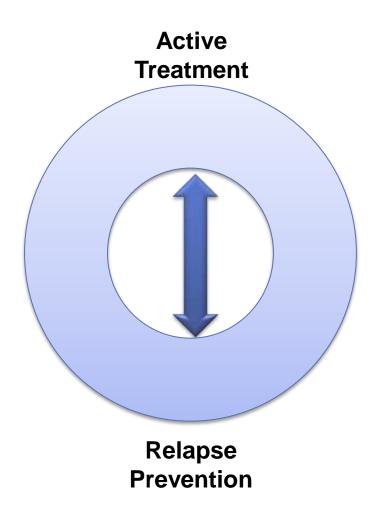
Staggered sessions (dependence)

Liaison & communication

## **CBT Objective**



## **Comprehensive CBT**



#### Not all CBT is the same #1

- Treatment model (NHS) (4 systems)
- Rehabilitation model (5 systems)

#### Not all CBT is the same #2

- Training and accreditation (IAPT model)
- Regulation (poorly regulated)

## Summary

- Problem focused & Goal directed
- Evidence based
- Five Systems
- Relapse Prevention element
- Not all CBT is the same (CBT limitations)



## Thank you

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