COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Brief Interventions for Anxiety in Primary Care Behavioral Health (PCBH)

Center for Integrated Healthcare

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Primary Care Behavioral Health SIG

Disclosures

I have not had any relevant financial relationships during the past 12 months.

The views expressed in this presentation are those of the author and do not reflect the official policy of the Department of Veterans Affairs or other departments of the U.S. government

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- List six potential interventions for anxiety in PCBH
- Describe the main techniques involved in a variety of brief interventions for anxiety
- Locate numerous practice tools to support use of brief anxiety interventions

Overview

- Background on anxiety in primary care
- Limitations of existing ESTs for anxiety
- Key considerations when adapting ESTs for anxiety for PCBH
- 6 brief interventions for anxiety
- Final thoughts

Primary Care Behavioral Health Model

- Population-based approach
- Behavioral health providers embedded into primary care
- BHPs serve as consultants to PCPs and are part of the primary care team
- Time-limited, episodic care, often delivered in 1 to 4 15-30 minute sessions
- Consistent with structure, goals, strategies, and culture of primary care, NOT traditional specialty mental health care

(Hunter & Goodie, 2010; Robinson & Reiter, 2015; Strosahl, 1996, 1998; Rowan & Runyan, 2005)

Anxiety is Prevalent in Primary Care & PCBH

- 15-20% have any anxiety disorder

(Ansseau et al., 2004; Cwikel, Zilber, Feinson, & Lerner, 2008; Kroenke, Spitzer, Williams, Monahan, & Löwe, 2007; Niesenson, Pepper, Schwenk, & Coyne, 1998)

- Subthreshold anxiety also as common, if not more common

(Cwikel et al., 2008; Olfson et al., 1996; Rucci et al., 2003; Wittchen et al., 2002)

- Anxiety 2nd only to depression in reason for referral to PCBH

(Auxier et al., 2012; Bryan, Morrow, & Appolonio, 2009; Cigrang et al., 2006; Funderburk et al., 2010)

- MDD: ~45% current, >70% lifetime

(Rodriguez et al., 2004)

- Impairing and burdensome

(Sherbourne et al., 2010; Stein et al., 2005)

Limitations of Evidence-Based Anxiety Treatment Options

CIH
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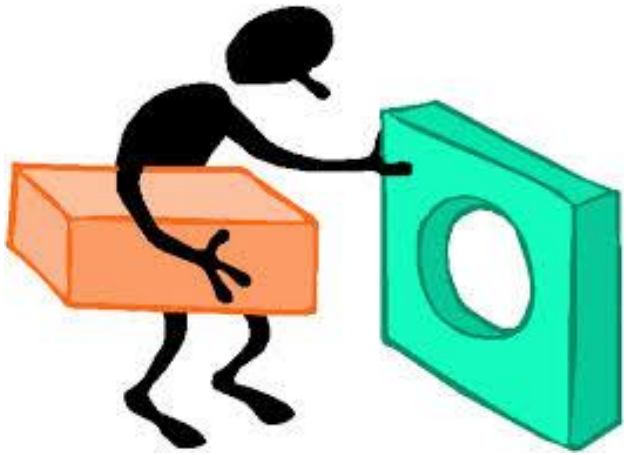
Pharmacotherapy

- Many patients not open to taking medication
- Side effects
- Not advised for certain populations
- Not warranted for transient, situational, or mild symptoms

Psychotherapy

- Most protocols are disorder-specific
- Developed for traditional specialty care model & format
- Not appropriate for PCBH setting



Adapting EST for Anxiety to Fit the PCBH Setting

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ESTs for Anxiety

- Anxiety disorders share common etiology, symptoms, maintaining processes, etc.
  - Cognitive: future-oriented, perceived threat
  - Behavioral: avoidance
  - Physiological: autonomic arousal

→ similar treatment approach across different anxiety presentations

(Norton & Philipp, 2008)

PCBH Setting

- Population-based care
- Brief episodes of care
- Goals of improving function and reducing symptoms
- Patient education, activation, engagement in own health care

→ education and targeted self-management skills for at home practice

(Hunter & Goodie, 2010; Strosahl, 1996; Strosahl & Robinson, 2008)

Goals: Increase awareness and Teach coping skills

6 Useful (and Brief) Interventions for PCBH

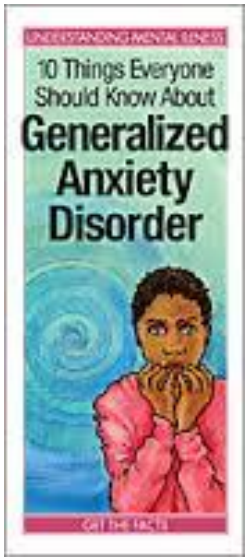
- Adapted from existing evidence-based interventions
  - Psycho-education
  - Mindfulness & acceptance based behavioral interventions
  - Relaxation training
  - Cognitive restructuring
  - Exposure
  - Behavioral activation

Focus on: Adults and
GAD, panic, social anxiety, phobias, adjustment, anxiety NOS

(Not PTSD or OCD)

Psycho-education

- Providing basic information about anxiety
- Can range from passive (e.g., a pamphlet) to active (e.g., sessions led by therapist)
- Advantages
  - Increase patients' knowledge about their condition and correct their misperceptions
  - Less expensive than other approaches
  - Easy to administer
  - More accessible than therapy/meds
- Provides the rationale for other interventions
- Can yield small symptom reduction on its own



(Donker, Griffiths, Cuijpers, & Christensen, 2009)

Psycho-education for PCBH

- Topics to cover
  - Common symptoms
  - Anxiety spiral
  - Relationship between thoughts, feelings, & behavior
  - Prevalence (normalize)
  - Adaptive nature of anxiety & fear
  - Goals of treatment

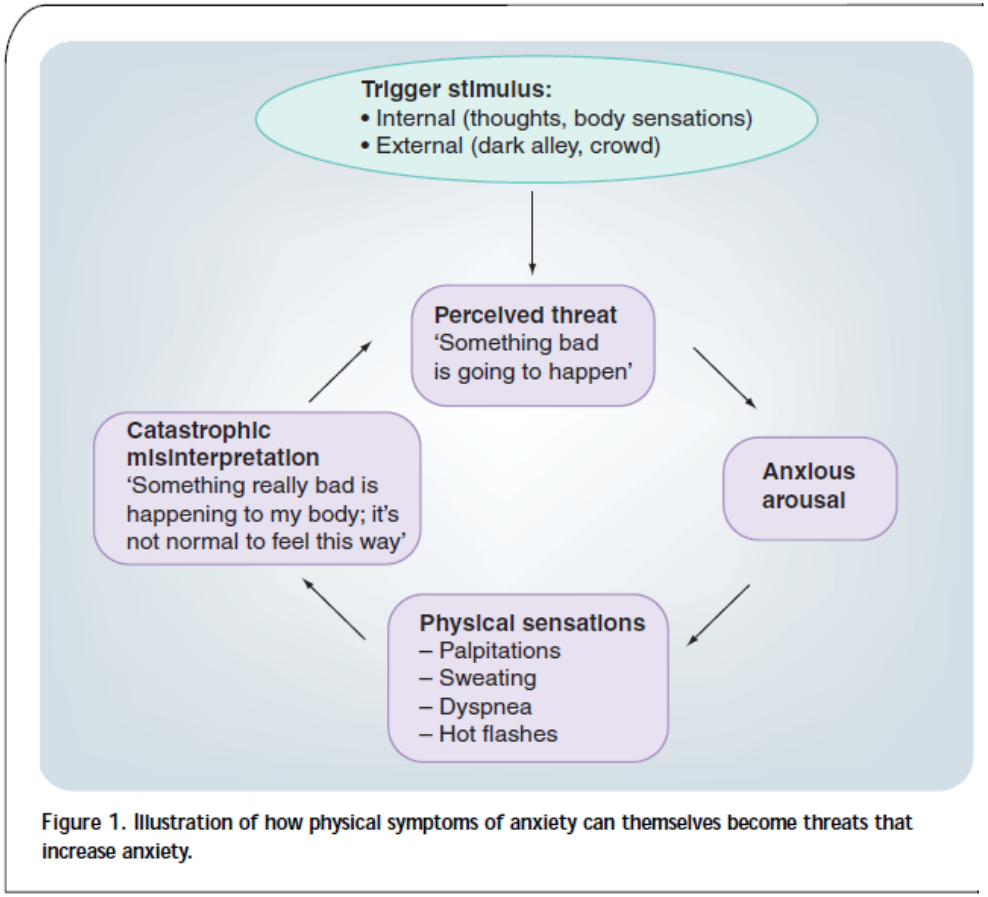
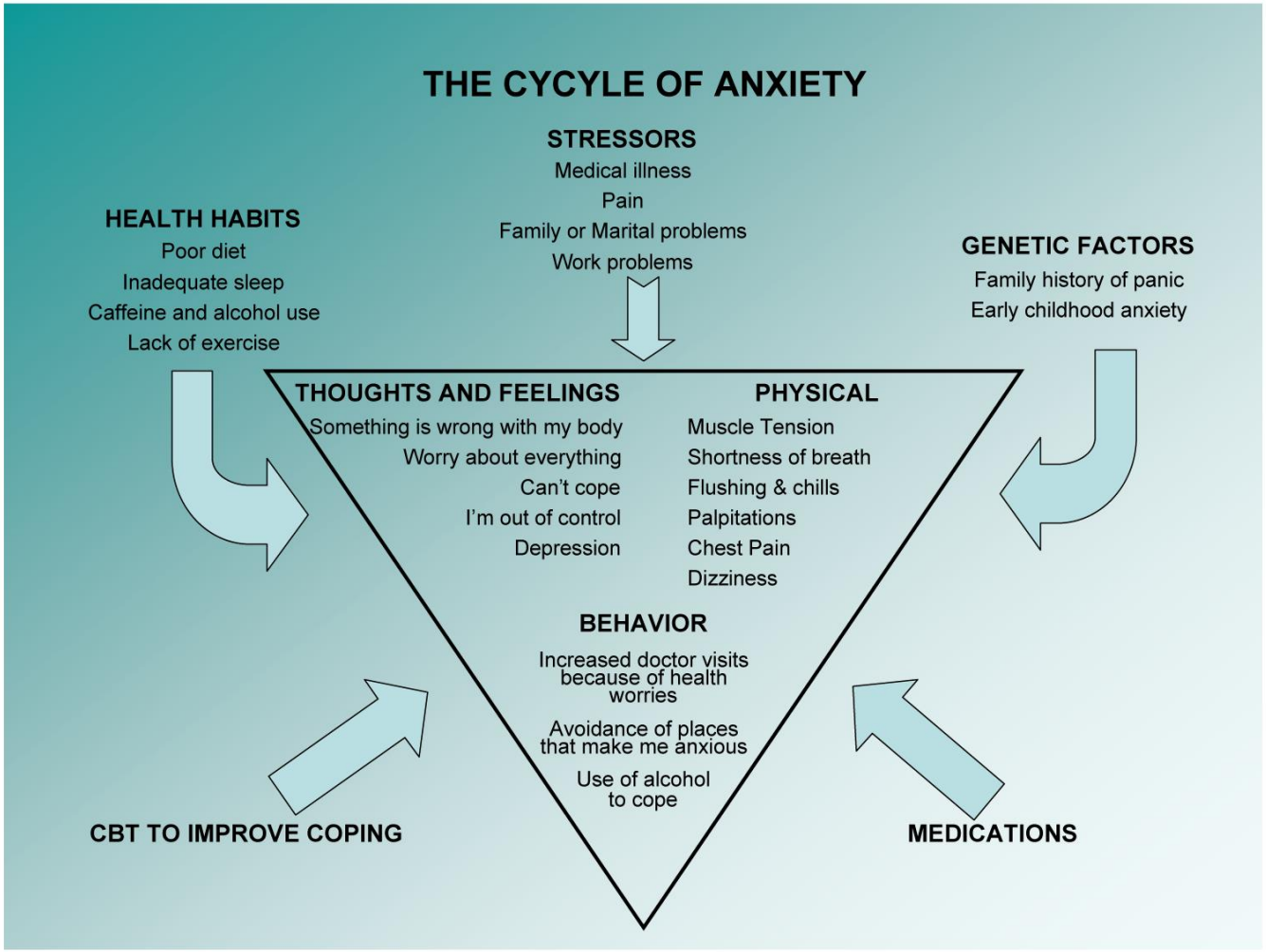


Figure 1. Illustration of how physical symptoms of anxiety can themselves become threats that increase anxiety.

(figure from Asmundson, G. J., Taylor, S., Bovell, C. V., & Collimore, K. (2006). Strategies for managing symptoms of anxiety. *Expert Review of Neurotherapeutics,* 6, 213-222. doi:10.1586/14737175.6.2.213)

Psycho-education for PCBH



(figure from P. Roy-Byrne et al. (2009). Brief intervention for anxiety in primary care patients. *Journal of the American Board of Family Medicine*, *22*, 175-186. doi:10.3122/jabfm.2009.02.080078)

Psycho-education Resources

- CIH handouts: Anxiety, Panic attacks, Action Plan for Anxiety, Stress Fact Sheet, Stress Response and How It Affects You, etc.
  - Patient education tab: www.mirecc.va.gov/cih-visn2/clinical_resources.asp
- Other handouts
  - Panic attack info: http://www.therapistaid.com/content/0148.pdf
  - Intro to anxiety assessment: http://www.therapistaid.com/content/0048.pdf
  - What is rumination?: http://psychology.tools/what-is-rumination.html
  - Fight or flight response: http://psychology.tools/fight-or-flight-response.html
  - Safety behaviors: http://psychology.tools/safety-behaviors-worksheet.html
  - Breathing: http://psychology.tools/how-breathing-affects-feelings.html
  - Anxious worry: Figure 5.2 in Hunter, Goodie, Oordt, & Dobmeyer (2009)
- ADAA website (Consumers section)
  - Overview: www.adaa.org/understanding-anxiety
  - Statistics: www.adaa.org/about-adaa/press-room/facts-statistics
  - Webinars: www.adaa.org/living-with-anxiety/ask-and-learn/webinars
  - Videos: www.adaa.org/about-adaa/press-room/multimedia/videos

Mindfulness and Acceptance-Based Behavioral Techniques

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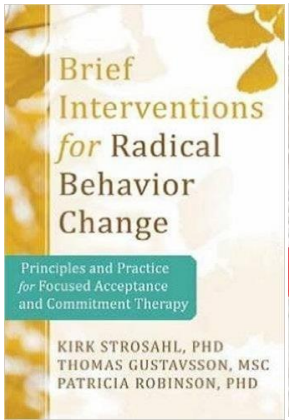
- Growing in popularity over last ~15 years
- MABBTs emphasize:
  - Increasing awareness of present-moment experiences
  - Practicing non-judgmental acceptance
  - Increasing values-driven actions

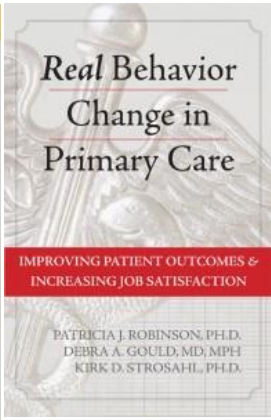
(Hayes, 2004; Roemer, Williston, Eustis, & Orsillo, 2013; Vøllestad, Nielsen, & Nielsen, 2012)

- Effective in reducing anxiety in SMH settings
  - ~8-16 sessions of 90-120 minutes

(Vøllestad, Nielsen, & Nielsen, 2012)

- Primary care setting
  - Recommended in clinical literature





MABBTs adapted for PCBH

- Mindfulness
  - Simple mindful breathing exercise
  - What is mindfulness: http://psychology.tools/what-is-mindfulness.html
  - Mindfulness skills: http://www.therapistaid.com/content/0034.pdf

(Roemer, Williston, Eustis, & Orsillo, 2013)

- Help get some space from anxiety (defusion)
  - Thoughts/Feelings ≠ Facts/Truth
  - e.g., “I’m having the thought that…”

- Highlight their agency and ability to pursue values
  - Past experience when they pushed through distress or discomfort

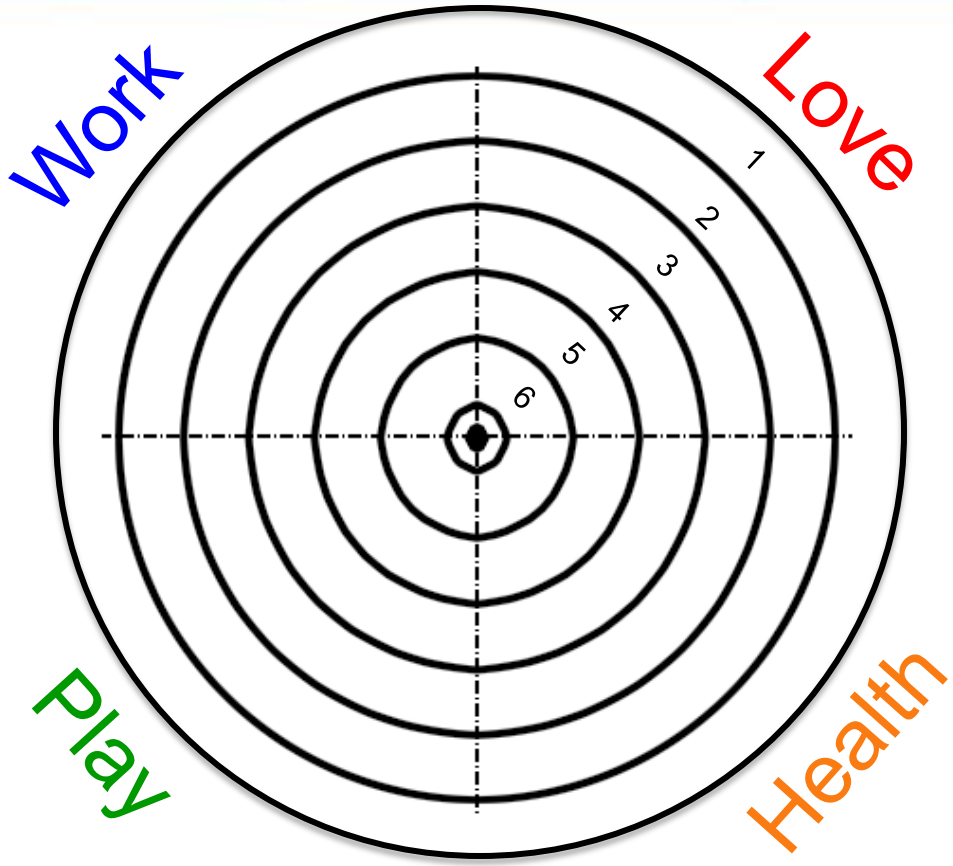
MABBTs adapted for PCBH

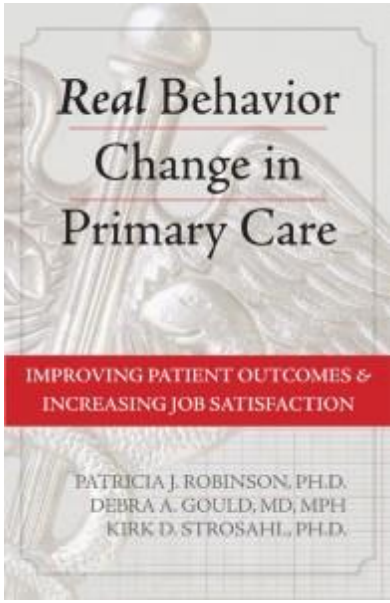
- Eliciting the patient's values
  - Verbal inquiry, e.g., What matters most to you in your life?

  - List or worksheet
    - http://www.therapistaid.com/content/0147.pdf
    - http://psychology.tools/values.html

- Identify what valued activities are being avoided due to anxiety
  - Help them set 1-3 specific goals that would move them in the direction of their priority values
  - Troubleshoot by identifying potential barriers and developing corresponding coping strategies

MABBTs adapted for PCBH





(& Tobias Lundgren)

1	2	3	4	5	6	7
Not at all consistent	Slightly consistent	Somewhat consistent	Consistent	Remarkably consistent	Very consistent	Bull's eye!

Relaxation Training

- EST for anxiety

(Eppley, Abrams, & Shear, 1989; Manzoni, Pagnini, Castelnuovo, & Molinari, 2008)

- Teach patient to attend to and control their physiological arousal
- Variety of techniques
  - Diaphragmatic breathing
  - Progressive muscle relaxation
  - Applied relaxation
  - Autogenic training
  - Transcendental meditation

- Traditional protocols call for 8-15 50-minute sessions

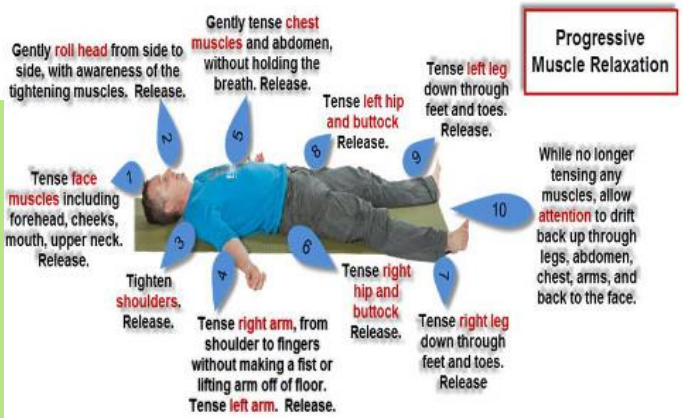
Relaxation Training Adapted to Fit PCBH Format

- Skill demo
  - Educate re: physiological relaxation response
  - Teach 1 skill via a 3-5 minute demo
  - Have patient rate tension or relaxation level before and after on 0-10 scale to get data
- Address common issues
  - Explain relaxation as a skill (like playing instrument)
  - Plan when to do regular practice
  - Give written guide and/or audio aid
  - Problem solve barriers (e.g., location, noise, thoughts)
- If skeptical
  - Normalize concerns
  - Note similar others' success with it
  - Propose trying it as experiment (now, and at home)

Relaxation Training for PCBH

- Provide a menu of options
  - Deep breathing
  - Mindfulness meditation
  - Progressive muscle relaxation
  - Guided imagery

> "Mindfulness means paying attention in a particular way; On purpose, in the present moment, and non-judgmentally."
>
> Jon Kabat-Zinn

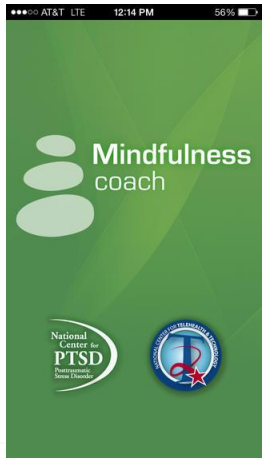


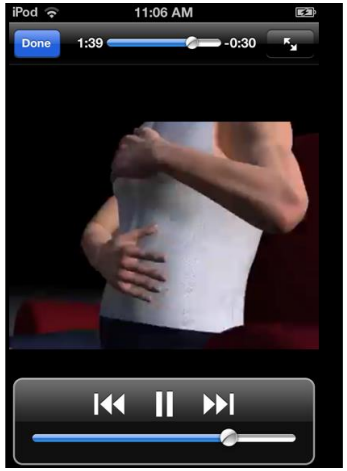
Relaxation Training Resources

- Encourage regular at-home practice and PRN use
  - Self-directed OR Guided by audio or video aid
- For you: Module 13 of Cully & Teten (2008) Brief CBT Manual
  http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf
- For patients: handouts with instructions
  - CIH Patient Education Materials (Relaxation fact sheet, General relaxation exercise, Deep breathing, Abdominal breathing, Visualization guided imagery, Meditation, PMR): http://www.mirecc.va.gov/cih-visn2/clinical_resources.asp
  - Relaxation exercises (deep breathing, imagery, PMR): http://www.therapistaid.com/content/0081.pdf
  - PMR Script: http://www.therapistaid.com/content/0097.pdf or http://psychology.tools/progressive-muscle-relaxation.html
  - Relaxed breathing: http://psychology.tools/relaxed-breathing.html
  - Mindfulness exercises (mindfulness meditation, body scan, mindful eating, 5 senses): http://www.therapistaid.com/content/0132.pdf
  - Cue-controlled relaxation: Figure 3.2 in Hunter, Goodie, Oordt, & Dobmeyer (2009)

Relaxation Training Resources

- Free mobile apps
  - Mindfulness Coach
  - Virtual Hopebox (Relax Me)
  - Tactical Breather
  - Breathe2Relax
  - Headspace
  - Calm
  - OMG I Can Meditate!
  - CBT-I Coach (Tools → Quiet Your Mind)
  - PTSD Coach (Manage Symptoms → Tools)





Relaxation Training Resources

- Websites with a good selection of audio files (with spoken instructions and calming music) to guide patients through various relaxation exercises
  - http://medweb.mit.edu/wellness/resources/downloads.html
  - http://www.dartmouth.edu/~healthed/relax/downloads.html
  - http://www.mckinley.illinois.edu/units/health_ed/relax_relaxation_exercises.htm
  - http://www.uhs.wisc.edu/health-topics/stress/relaxation.shtml
  - http://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx
  - http://marc.ucla.edu/body.cfm?id=22

Cognitive Restructuring

- Learn to identify and evaluate the accuracy of negative thoughts and develop alternative thoughts

(Arch & Craske, 2009; Beck & Dozois, 2011)

- Address cognitive distortions
- Automatic thoughts, thought records, downward arrow exercises, behavioral experiments to test hypotheses, etc.

- Efficacious across anxiety disorders

(Norton & Price, 2007)

- BUT usually delivered in 12 to 24 50-minute sessions

(Beck & Dozois, 2011)

Cognitive Restructuring Adapted for PCBH

- Highlight contribution of negative thought patterns and cognitive distortions to anxiety spiral
- Educate that thoughts are hypotheses, not facts (Demertzis & Craske, 2006)
- Focus on overestimating and catastrophizing
- "Catch yourself" and label it as your anxiety
- Encourage to challenge thoughts
  - Consider alternative explanations
  - Evaluate the evidence for and against

Example Illustrating Connection Between Thoughts & Feelings

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Situation:
You wake up in the middle of the night due to a crashing noise coming from downstairs

Thought:
That must be the dog again. The poor thing can hardly see where he is going when it is light out, much less in the dark.

Thought:
That must be the stupid dog again. I don't know how much longer I can put up with him waking us up every night.

Thought:
That was too loud to be from the dog. It must be someone breaking in our house.

Feeling:
Sad, calm

Feeling:
Angry, annoyed

Feeling:
Scared, anxious

Cognitive Restructuring Adapted for PCBH

- Scenario: Patient catastrophizing that wife is going to die of cancer even though was caught early and prognosis is very good
- Automatic thought: *My wife is going to die*
  - Belief rating: 75%

Evidence Supporting Thought	Evidence Against Thought
She is in fact sick with cancer	They caught it very early and she is getting excellent treatment
Oncologist said no guarantees--there is a small chance she might not make it	She is responding well to treatment--feeling much better, looks better lately
	This type of cancer has high survival rate
	Oncologist said her specific prognosis is very good and chance of survival is 95%

  - Revised belief rating: 25%

Cognitive Restructuring Adapted for PCBH

- Example of an exercise to help the patient consider alternative thoughts

What if … ?
When we say to ourselves *"what if … ?"* we are often identifying a potential danger: *"what if something terrible happens?" "what if it all goes wrong?"*

Each time we do this there are many equally plausible neutral and even positive possibilities that we are failing to see. If we only see the bad possibilities and not the good ones then we have an unbalanced view of the situation.

Try to come up with 3 neutral or "glass half full" ways of seeing each "glass half empty" worry.

Negative "What if … ?"	Neutral / Positive "What if …"
What if my diabetes gets out of control and causes bad health problems?	What if my doctor helps me learn to manage my diabetes better?
	What if I take any problems as they come and get proper medical treatment as soon as I notice any problems?
	What if this health scare finally motivates me to make a real change in my eating habits and starting exercising regularly?
What if I have to raise my granddaughter and do a terrible job?	What if my wife and other family members all pitch in to help?
	What if I do a great job with her just like I did with my daughter?
(adapted from worksheet: http://psychology.tools/what-if.html)	What if I do the best I can and raise her with lots of love?

Cognitive Restructuring Adapted for PCBH

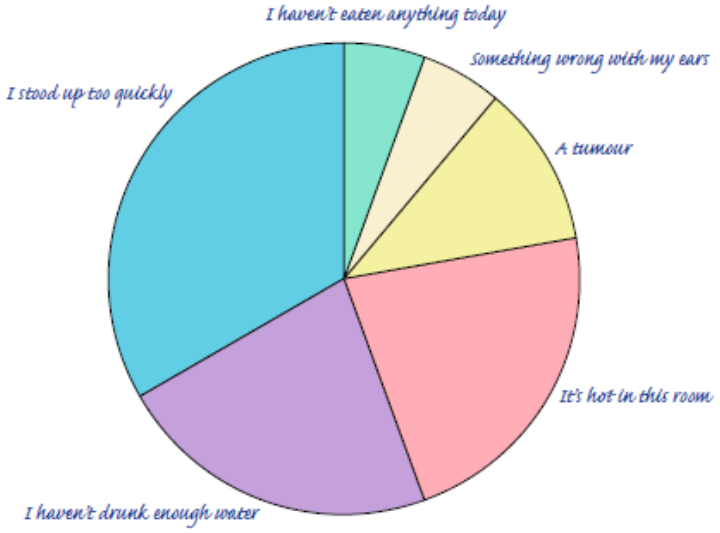
- Example of an exercise to help the patient consider alternative explanations

Pie Chart

1. Identify the distorted belief
2. Rate the strength of the belief
3. Have the patient make a list of all the possible factors involved
4. Using the list, divide the pie chart up into percentages starting at the bottom of the list
5. Re-rate the belief from #1

Health Anxiety Pie Chart

1. Identify the distorted belief
   I am dizzy, therefore something is seriously physically wrong with me
2. Rate the strength of the belief
   90%
3. Have the patient make a list of all the possible causes of the dizziness
   A tumour
   Something wrong with my ears
   I haven't eaten anything today
   I stood up too quickly
   I haven't drunk enough water
   It's hot in this room
4. One the list is finished divide the pie chart up into percentages **starting at the bottom of the list**
5. Re-rate the belief
   50%



(worksheet: http://psychology.tools/pie-chart.html)

Cognitive Restructuring Resources

- For you: Modules 9 & 10 of Cully & Teten (2008) Brief CBT Manual http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf

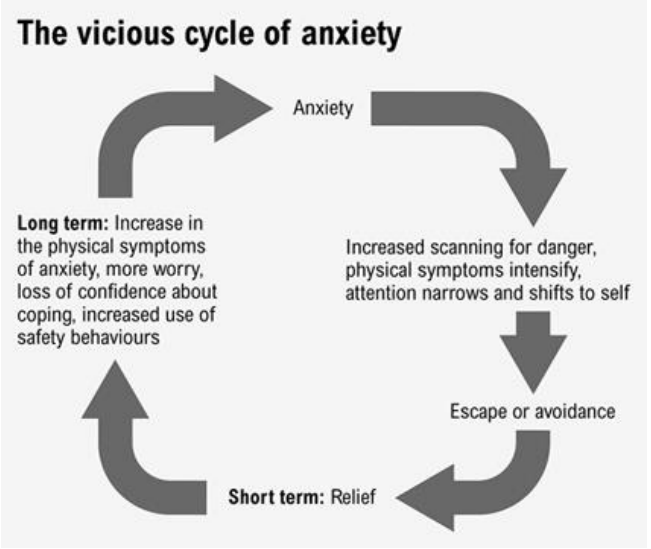
- For patients: Handouts and worksheets
  - CIH Patient Education Materials (Cognitive distortions, Fixing cognitive distortions): http://www.mirecc.va.gov/cih-visn2/clinical_resources.asp
  - Countering anxious thoughts: http://www.therapistaid.com/content/0003.pdf
  - Cognitive distortions: http://www.therapistaid.com/content/0047.pdf
  - Decatastrophizing: http://psychology.tools/decatastrophizing.html
  - CBT thought record: http://psychology.tools/cbt-thought-record.html
  - Worry thought record: http://psychology.tools/worry-thought-record.html
  - Unhelpful thinking styles: http://psychology.tools/unhelpful-thinking-styles.html
  - Challenging negative thoughts: http://www.therapistaid.com/content/0109.pdf
  - Questioning anxious thinking: Figure 3.3 in Hunter, Goodie, Oordt, & Dobmeyer (2009)

Exposure

- Hallmark of CBT for anxiety (Arch & Craske, 2009)
- Repeated exposure to internal or external fear cues to disconfirm anxious thoughts and lessen emotional reactivity
- Help patient learn that anxiety can decrease without resorting to avoidance or escape
- Particular type of exposure tailored to specific symptoms, e.g.,
  - Interoceptive exposure to bodily sensations for panic
  - Exposure to feared object/situation for phobia
- Can be done using imagery or in vivo

Exposure Adapted for PCBH

- Challenging due to time constraints
- Must use clinical judgment to determine if appropriate and feasible for each patient
- Emphasis on psycho-education regarding role of avoidance in maintaining anxiety
- Develop coping plan to allow patient to endure, rather than avoid, feared stimulus
  - Tie to their values to increase motivation



- If more severe, target motivation to accept referral to SMH

Exposure in PCBH

If patient exposure is appropriate and is motivated / stable / equipped with coping skills and support

- Explain rationale and develop buy-in
- Help patient create anxiety hierarchy
- Start with an exposure in the session
  - Interoceptive, imaginary or in vivo depending on specifics of their fear
- Plan gradual exposures for homework
  - Have a way to check in between sessions

Behavior	Fear rating
Think about a spider.	10
Look at a photo of a spider.	25
Look at a real spider in a closed box.	50
Hold the box with the spider.	60
Let a spider crawl on your desk.	70
Let a spider crawl on your shoe.	80
Let a spider crawl on your pants leg.	90
Let a spider crawl on your sleeve.	95
Let a spider crawl on your bare arm.	100

Exposure Resources

- Exposure practice form: http://psychology.tools/exposure-practice-form.html
- Exposure hierarchy: http://www.therapistaid.com/content/0053.pdf
- Interoceptive exposure examples: http://psychology.tools/interoceptive-exposure.html
- Avoidance hierarchy: http://psychology.tools/avoidance-hierarchy.html
- Situational exposure hierarchy: Figure 5.5 in Hunter, Goodie, Oordt, & Dobmeyer (2009)

Behavioral Activation

- EST for depression
  - 7 to 20 50- to 90-minute sessions

(Dimidjian et al., 2011; Kanter et al., 2010)

(Cuijpers, van Straten, & Warmerdam, 2007; Mazzucchelli, Kane, & Rees, 2009)

- Targets avoidance/disengagement
  - Activity monitoring*
  - Assessment of goals and values
  - Activity scheduling*

- BA helpful for anxiety?
  - Comorbid depression common (~50%)
  - Decrease avoidance and re-engage in life

(Chen, Liu, Rapee, & Pillay, 2013; Turner & Leach, 2009)

(Rodriguez et al., 2004)

Behavioral Activation Adapted for PCBH

- Psycho-education on depression spiral to set up rationale
- Identify pleasurable, valued activities
  - Verbal questioning (e.g., hobbies you (used to) enjoy, what kinds of things would you be doing if you were not feeling so down)
  - Self-report questionnaire (e.g., Pleasant Events Schedule)
  - List or worksheet (see resources)
- Set BA goals
  - Collaborative process
  - Incremental approach (only 1 to 3 goals)
  - SMART goals tied to values

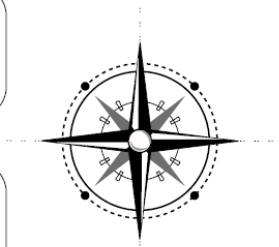
Behavioral Activation in PCBH

Values assessment to inform goal setting

Values

For each of these domains write a quick summary of your values, for example "to live a healthy life and take care of my body" (physical wellbeing), or "to be a good friend to people who need me, and to enjoy my time with the people I love" (friendships). Rate each domain for how important it is to you from 0-10 (0=not important)

Physical wellbeing	Family relations	Marriage / couple / intimate relations
Citizenship / community		Parenting
Spirituality		Friendships / social relationships
Recreation	Education / training / personal growth	Employment

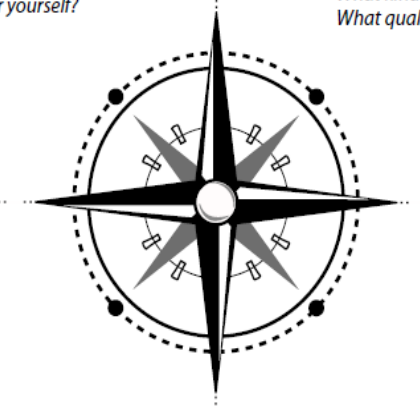


Family relations
What kind of relationships do you want with your family?
What kind of mother/father/brother/sister/uncle/aunt do you want to be?

Physical wellbeing
What kind of values do you have regarding your physical wellbeing? How do you want to look after yourself?

Marriage / couple / intimate relations
What kind of husband/wife/partner do you want to be?
What quality of relationship do you want to be a part of?

Citizenship / community
What kind of environment do you want to be a part of? How do you want to contribute to your community?



Parenting
What sort of parent do you want to be?
What qualities do you want your children to see in you?

Spirituality
What kind of relationship do you want with God / nature / the Earth?

Friendships / social relationships
What sort of friend do you want to be?
What friendships is it important to cultivate?
How would you like to act towards your friends?

Recreation
How would you like to enjoy yourself?
What relaxes you? When are you most playful?

Employment
What kind of work is valuable to you?
What qualities do you want to bring as an employee?
What kind of work relationships would you like to build?

Education / training / personal growth
How would you like to grow?
What kind of skills would you like to develop?
What would you like to know more about?

(worksheet: http://psychology.tools/values.html)

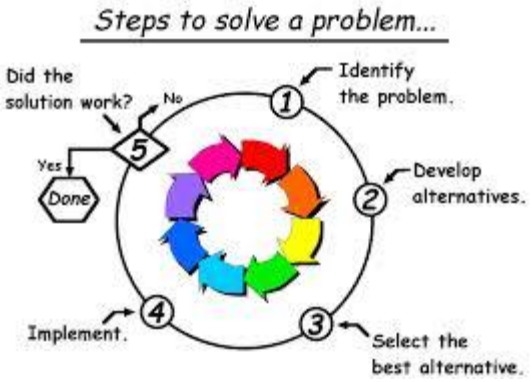
Behavioral Activation Resources

- For you: Modules 11 of Cully & Teten (2008) Brief CBT Manual http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf

- For patients: Handouts and worksheets
  - CIH Patient Education Materials (Depression spiral, Action plan for depression): http://www.mirecc.va.gov/cih-visn2/clinical_resources.asp
  - Behavioral activation: http://www.therapistaid.com/content/0022.pdf
  - Values assessment: http://psychology.tools/values.html
  - Values self-exploration: http://www.therapistaid.com/content/0147.pdf
  - Values clarification: http://www.therapistaid.com/content/0023.pdf
  - Weekly schedule: http://www.therapistaid.com/content/0108.pdf
  - Activity list: http://www.therapistaid.com/content/0106.pdf

Other Approaches Compatible with PCBH

- Problem-solving therapy
- Solution-focused therapy
- Self-help materials
- Focused ACT
- Lifestyle changes
  - Exercise
  - Yoga
  - Improve sleep
  - Improve diet (e.g., reduce caffeine)
  - Reducing smoking & drinking
  - CAM



Which Approach Should I Use?

Patient Factors to Consider

- Most bothersome symptoms
- What has helped in the past
- Preferences / interest
- Concrete vs. abstract thinking
- Psychological mindedness
- Education level / literacy

Provider Factors to Consider

- Competence
- Prior training
- Comfort level delivering different interventions
- Availability of resources to give out (e.g., handouts, audio)

Use your clinical judgment to determine the most appropriate intervention(s) to use with any given patient!

Measurement-based Care

- Ongoing assessment of anxiety symptoms to track progress
- Have patient complete self-report measures in waiting room or at start of each session
- Brief measures in public domain
  - Generalized Anxiety Disorder-7 (GAD-7)
  - Overall Anxiety Severity and Impairment Scale (OASIS)
- Also give depression measure to track mood and suicidal ideation
  - Patient Health Questionnaire-9 (PHQ-9)

Key Points

- Not much available that fits scope & format of PCBH services, so we do our best to adapt existing evidence-based interventions to fit
- Keep in mind the different goals and population in PCBH vs. SMH
- Adjust the focus of interventions accordingly!
  - More psycho-education and self-management skills
  - More behavioral techniques that can be quickly demonstrated in session then practiced at home
- Adjust the scope of interventions accordingly!
  - Maybe just arming them with 1 key piece of information or 1 good coping skill that works for them
  - Improving functioning and reducing symptoms (vs. treating to remission of disorder in SMH)

Resources

- See our recent article for more on this topic:

- Shepardson, R. L., Funderburk, J. S., & Weisberg, R. B. (2016, April 11). Adapting Evidence-Based, Cognitive-Behavioral Interventions for Anxiety for Use With Adults in Integrated Primary Care Settings. *Families, Systems, & Health*. Advance online publication. doi:10.1037/fsh0000175

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- For more resources related to integrated care, visit the Center for Integrated Healthcare's website: www.mirecc.va.gov/cih-visn2/

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