

# The ABCs of CBT, ACT, PST, DBT...How Therapy Can and Should Facilitate Return to Work

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## Objectives

- ▶ Know what CBT is in its various forms
- ▶ Learn how it differs from other therapies
- ▶ Define “progress” in therapy
- ▶ Assist therapists to stay on track with treatment goals including return to work

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## Goals to Stay Focused On With All Therapies

- ▶ Improve quality of life
- ▶ Enhance recovery
- ▶ Facilitate employability/Return to work

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### CBT Basic Definition

- ▶ The most widely used evidence-based practice for treating mental health disorders
- ▶ CBT focuses on the development of personal coping strategies and using them!
- ▶ Focus: solving current problems and changing unhelpful patterns in
  - ▶ Cognition (e.g., thoughts, beliefs, and attitudes)
  - ▶ Behaviors, and
  - ▶ Emotional regulation

-Wikipedia

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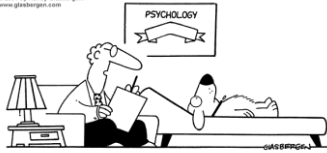
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### NOT CBT: Insight Oriented Therapy

© 2001 by Randy Glasbergen  
www.glasbergen.com



"Your mother never read to you and your father never hugged you. That's why you drink from the toilet."

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### The Value of CBT

Think different                      Act different  
The best way to improve how you feel is by **DOING THINGS**



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### CBT: Different From Other Therapies...

Problem focused  
Action oriented

- ▶ The “theory”-thought distortions and maladaptive behaviors play a role in the development of and maintenance of psychological disorders
- ▶ Symptoms and associated distress can be reduced by thinking about situations differently and taking different actions with improved coping mechanisms

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### CBT Format

- ▶ Most frequently used by therapists
- ▶ Time limited (10-20 weeks)
- ▶ Alliance built between therapist and client (as opposed to advocacy)
- ▶ Centered on “solving” identified problem(s)
- ▶ Homework essential (contracted with client)
  
- ▶ Restores function by challenging irrational beliefs and requiring behavioral activation

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### CBT ALONE

- ▶ When compared to using psychotropic medications...
- ▶ Review studies have found CBT alone to be as effective in treating less severe forms of
  - ▶ Depression
  - ▶ Anxiety
  - ▶ PTSD
  - ▶ Substance abuse
  - ▶ Borderline Personality Disorder

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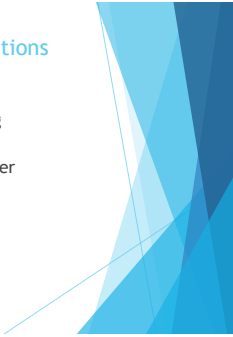
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### CBT in Combination with Medications

- ▶ Often recommended with the following conditions:
  - ▶ Severe Obsessive, Compulsive Disorder
  - ▶ Major Depressive Disorder
  - ▶ Opioid addiction
  - ▶ Bipolar Disorders
  - ▶ Psychotic Disorders



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### Interpersonal Therapy (IPT)

- ▶ Empirically supported (evidence based)
- ▶ Time limited
- ▶ Highly structured (12-16 weeks) with homework
- ▶ Brief, attachment focused approach
- ▶ Based on the principle that relationships and life events impact mood and that the reverse is also true
- ▶ Best when used in combination with medication



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### CBT and IPT

These are the only psychosocial interventions that psychiatry residents are mandated to be trained in, in the US

-Wikipedia



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### ACT

#### Acceptance and Commitment Therapy

- ▶ Empirically Based form of CBT
- ▶ Uses acceptance and mindfulness strategies with commitment and behavior change strategies
- ▶ Objective of ACT is not the elimination of difficult feelings...

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### ACT

- ▶ Rather, it is to be present with what life brings us and to "move toward valued behavior"
- ▶ Open up to unpleasant feelings, and learn not to overreact to them, and not avoid situations where they are invoked
- ▶ Feeling better leads to a better understanding of the truth

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### Difference Between CBT and ACT

- ▶ ACT doesn't teach people to control their thoughts, feelings, sensations, memories and other private events better
- ▶ ACT teaches people to "just notice," accept, and embrace these things
- ▶ Core concept: psychological suffering comes from avoidance and "cognitive entanglement"-twisted up in knots!
- ▶ This results in psychological rigidity that prevents the individual from living true to their core values

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### ACT and Mindfulness



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### Mindfulness

- ▶ Brings one's attention to the internal and external experiences occurring in the present moment
- ▶ Reduces rumination and worry
- ▶ Is shown empirically to improve mental health
- ▶ Reduces stress
- ▶ Reduces pain

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### PST: Problem Solving Therapy

- ▶ Help individuals adopt a realistically optimistic view of coping
- ▶ Understand the role of emotions more effectively
- ▶ Develop an action plan geared to reduce psychological distress and enhance well-being
- ▶ Interventions include psychoeducation, interactive problem-solving exercises, and motivational homework assignments
- ▶ Less frequently used therapy

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### PST Phases

- ▶ Discovery (finding a solution)
- ▶ Performance (implementing the solution)
- ▶ Verification (assessing the outcome)



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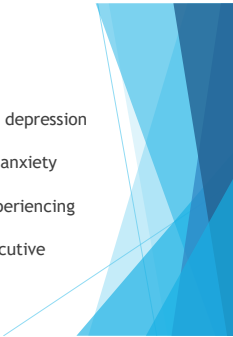
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### PST Uses

- ▶ Effective as antidepressants in treating depression
- ▶ Effective, but not as robust in treating anxiety
- ▶ Beneficial for those in primary care experiencing multiple problems
- ▶ Also effective with linear thinkers, executive types, engineers, etc.



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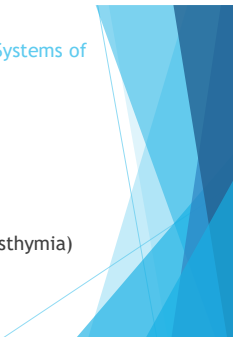
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### CBASP: Cognitive Behavior Analysis Systems of Psychotherapy (newer therapy)

Best application

- ▶ Chronic depression
- ▶ Persistent Depressive Disorder (Dysthymia)



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“Treating the chronically depressed adult - dislodging the refractory cognitive-emotional and behavioral armor that is the disorder - is analogous to breaking through a granite wall using a 10 lb. sledgehammer. One hits the wall repeatedly in the same area with little or no effect until, almost imperceptibly, a slight hairline crack appears. Under continuous pounding, the crack gradually enlarges until, finally, the wall breaks and crumbles.”

McCullough, J.P. (2000) p.1

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### Goals of Therapy

- ▶ The individual recognizes that their behavior has specific consequences. More specifically:
  - ▶ They learn to be more cognitively aware of their interpersonal effects upon others and other's effects upon them
  - ▶ They develop the ability to feel and convey empathy

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### Role of the Therapist

- ▶ Similar to that of humanistic therapies
  - ▶ Therapist is involved in the relationship between client and therapist - the therapist uses that relationship in the session
  - ▶ The therapist continually reminds the client that the therapist views the client with unconditional positive regard (this orients client to the positive interpersonal variables between the two)
- ▶ Cautions for therapists:
  - ▶ The client's progress will be hindered if the therapist does the work (for example, therapist makes suggestions or comes up with the answers if the client's response is slow or client does not know)

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### First Step: Situational Description

- ▶ Client is instructed to describe a specific situation
- ▶ The situation needs to have both a beginning and an endpoint
- ▶ The situation needs to be described in objective or behavioral terms, not emotional terms
- ▶ It is common to get resistance - clients do not want to slow down to describe one instance. "As long as patients talk about their problems, they avoid having to confront the consequences of their behavior"

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### Second: Situational Analysis

- ▶ What did the event mean to you?
- ▶ What did you do in the situation (how did you behave)?
- ▶ Goal is for person to be able to figure out what went well, what did not go well and how to change that for future interactions

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### Termination of Treatment

- ▶ Therapy is considered to be successful when:
  - ▶ Client can do 2 entire situational analyses by themselves in the session
  - ▶ Client is aware of interpersonal effect upon others and other's effects upon them
  - ▶ Client develops empathy for others

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### DBT: Dialectical Behavior Therapy

Best practice treatment for Personality Disorders

- ▶ Intensive group therapy with weekly individual therapy
- ▶ Groups are 1.5-2 hours in length; twice weekly
- ▶ Long term (6-9 months)

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### DBT

- ▶ Uses daily diary of thoughts, urges, impulses and strategies to maintain boundaries and contain moods and actions
- ▶ Teaches mood regulation and how to act not react to things in their lives as well as improving ability to have sustained positive relationships
- ▶ Commonly used in US; becoming more so in Canada

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### “The Patient is Making Progress”

- ▶ What does that mean?
- ▶ Can it be quantified?
- ▶ How soon should the patient be making progress in therapy?
- ▶ How long will it take?

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### Progress-What Does That Mean?

- ▶ Therapist and patient develop goals together
- ▶ Objectives are the actions needed to take to achieve the goals
- ▶ Progress, therefore is what measurable steps have occurred toward the goal



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### Progress Example With Mental Health Conditions- This Can be Quantified

- ▶ Objective: Exercise 3 times per week
- ▶ Obj: Go out with friend 1-2 times per week
- ▶ Obj: Complete 2 household chores daily
- ▶ Obj: Run 2 errands per week
- ▶ Obj: Set return to work date



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### Progress: How Soon Should You see Progress in Therapy?



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### The Answer is...

After the first session!

And measure every 3-4 sessions thereafter!  
If there is no progress after even as few as three sessions-time to talk!!!

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### So, How Long Will it Take?

- ▶ Depends on the therapist -how good are they?
- ▶ Depends on the "depth" of the issue-how severe is it and how long has it been going on?
- ▶ Depends on if there are other comorbid issues present
- ▶ Depends on if there is a personality disorder or addiction issue present

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### How Long?

- ▶ Depends on if work issues are present
  - ▶ Depends if a return to work goal is expected and established
  - ▶ Depends on the support network of the patient
  - ▶ Depends on what the doctor said...
- Average is 10-20 sessions...could take longer...

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### The Importance of Work-What? Talking Points With Therapists



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### Dr. Richard Pimentel-Disability Rights Activist

“You don’t get injured workers well to put them back to work. You put them back to work to get them well.”

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### Why RTW Focused Therapy Is Better

This study showed that integrating RTW strategies into therapy leads to less time off work with little to no compromise in people’s psychological well-being.

“Work Focused Psychotherapy Can Help Employees Return To Work Sooner”  
Suzanne Lagerveld, February 27, 2012

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### More Facts...

- ▶ Work stress contributes to duration of leaves
- ▶ Psychosocial stressors present can extend duration
- ▶ Once duration is extending...more stressors can occur
- ▶ The longer someone is off work, the harder it is to go back to work



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### Risks With Staying Off Work Longer Than Medically Necessary

- ▶ Lack of productive activity negatively impacts physical health, mental health and well being
- ▶ Secondary conditions emerge-depression/anxiety start to affect the person if not already present
- ▶ Financial stress starts to affect mood and behaviors
- ▶ Additional stressors may occur in person or family
- ▶ Fear increases; perceptions, memory and beliefs get distorted after being off work for a short time



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### It's Important to Help Therapists Stay On Track



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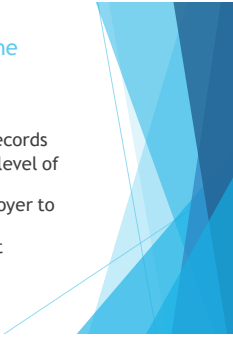
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### Advantages When You Contact the Therapist

- ▶ You are not in the woods with them
- ▶ You have an “outside in” view and records
- ▶ You have information about current level of function (ADLs)
- ▶ You have information from the employer to counter the fear and imagination
- ▶ You are not emotionally involved-not advocating



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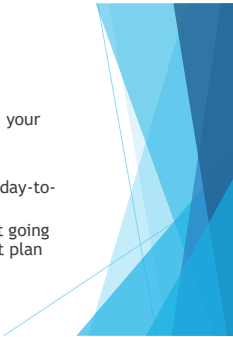
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### Ask Good Questions

- ▶ Have you discussed return to work with your patient? (If not, when will you?)
- ▶ What did the patient say?
- ▶ Do you know how your patient is doing day-to-day?
- ▶ What fears does the patient have about going back to work? How does your treatment plan address this?



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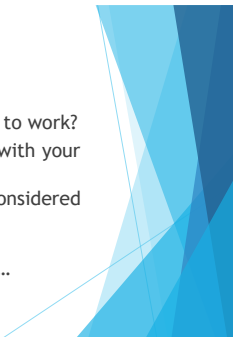
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### More Question Examples

- ▶ What date has been set for return to work?
- ▶ When will you set a date for RTW with your patient?
- ▶ What accommodations have you considered to help with return to work?
- ▶ Are you aware of how I can be of assistance? Let me share with you...



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### Speaking of Accommodations: Job Accommodation Network to the Rescue!



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### Common Mental Health Conditions Where JAN Can Help

- ▶ Anxiety Disorder
  - ▶ Bipolar Disorder
  - ▶ Major Depressive Disorder
  - ▶ Obsessive Compulsive Disorder
  - ▶ Seasonal Affective Disorder (SAD)
- Panic Disorder  
ADD, ADHD  
PTSD

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### Common Limitations JAN Finds Solutions For

- Concentration  
Memory  
Emotional regulation  
Fatigue  
Panic attacks
- Organization  
Communication  
Stress tolerance  
Attendance

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### Summary

- ▶ Good therapists get good results
- ▶ CBT in its various forms is effective
- ▶ Goals and objectives must be spelled out
- ▶ Daily functioning of the claimant should be well-known and shared frequently
- ▶ Goal of therapy ultimately should be resolving the problem that led to the need for medical leave from work

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### Summary Continued

- ▶ Know what the employer thinks about the employee and return to work
- ▶ Know what the employer is willing to do to facilitate return to work-share with claimant and provider
- ▶ Know that accommodations are cheap, easy and effective
- ▶ Communicate and collaborate with everyone

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### And Finally

Know that work is good for our wellbeing (physical and mental) and all resources should be made available as early as possible to help restore function so the person can resume working

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## Resources

- ▶ Askjan.org
- ▶ Accessibletech.org
- ▶ Workplacementalhealth.org
- ▶ Carmha.ca/publications

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## Resources/References

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Questions?

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