The Fifteen Minute Hour
and
Cognitive Behavioral Therapy

Marian R. Stuart, Ph.D.
Emeritus Professor of Family Medicine and Community Health
Rutgers-Robert Wood Johnson Medical School
Focus of Presentation

• The connection between primary care and mental health care delivery
• Why and how to screen for emotional problems
• Demystifying the therapeutic process
Psychiatric Epidemiology

• National Comorbidity Survey Replication
• 9282 English Speaking People Surveyed
• Mental illness begins earlier in life than previously believed
• Overall 12 month prevalence of any mental disorder in the range of 30%
• Lifetime history of 41-46%

Kessler RC Berglund P & Dermier et al Arch Gen Psych 2005;62:593-602
12 Months Use of Mental Health Services in the U.S.

- National Comorbidity Survey Replication
- Of 12 Months Cases 41% received some Tx
- 12.3% treated by psychiatrist
- 16% treated by non MD mental health
- 22.8% by general medical provider
- 60% of those with a disorder receive no Tx
- 32.7% of treatment given is “adequate”

Wang PS Lane M Pincus et al Arch Gen Psych 2005;62:629-640
Mental Health and Primary Care

- Most mental health services here and elsewhere are provided in primary care--and this will continue
- Primary care is the de facto mental health system
- At least one third of primary care patients have a psychiatric diagnosis
- Three fourths will primarily complain of physical symptoms
- Cognitive therapy is an effective modality that can be provided in the framework of a brief office visit
Therapy in Primary Care

• Physicians can treat emotional problems without labeling them mental problems
• Emotional concerns are addressed normally during medical treatment
• Physicians are in a unique position to understand body-mind interactions
• Every visit should involve attention to the emotional component
Stress and Social Support

As Stress Levels \( \uparrow \) Sense of Control \( \downarrow \)

As Social Support \( \uparrow \) Subjective Stress \( \downarrow \)
Two Basic Human Needs...

• To feel competent

• To feel connected

Andrus Angyal
The BATHE Technique

- Background
- Affect/Feeling
- Trouble
- Handling
- Empathy
How to BATHE your Patients as you SOAP Them:

**Background:** What is going on in your life?

**Affect:** How does that make you feel?

**Trouble:** What about it troubles you most?

**Handling:** How are you handling that?

**Empathy:** That must be very difficult.
REASONS TO BATHE PATIENTS

• 1. To serve as a screening test for anxiety, depression or situational stress
• 2. To establish rapport with patients
• 3. To answer the question, "why is the patient here now" as part of constructing a medical history
• 4. Explore reactions to a diagnosis, resistance to treatment or making a lifestyle change
The Study

- Dr. Sandra Leiblum, Eliezer Schnall and psychology interns designed it
- IRB Approved
- 4 doctors, 10 patients with BATHE, 10 patients no BATHE
- Research assistant (RA) obtained informed consent in waiting room
- RA informed physicians of condition and collected data after the visit

Leiblum et al. *Fam Med* 2008(6)407-11
# The Results

<table>
<thead>
<tr>
<th></th>
<th>BATHE</th>
<th>Non-BATHE</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendliness/courtesy of your doctor</td>
<td>4.71</td>
<td>4.45</td>
<td>NS</td>
</tr>
<tr>
<td>Explanations your doctor provided about any problems/condition you may have</td>
<td>4.47</td>
<td>3.95</td>
<td>0.01</td>
</tr>
<tr>
<td>Concern your doctor showed for your questions/worries</td>
<td>4.46</td>
<td>3.95</td>
<td>0.03</td>
</tr>
</tbody>
</table>

1 = Very Poor, 5 = Very Good
# The Results

<table>
<thead>
<tr>
<th></th>
<th>BATHE</th>
<th>Non-BATHE</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your doctor's efforts to include you in decisions about your treatment</td>
<td>4.11</td>
<td>3.47</td>
<td>0.05</td>
</tr>
<tr>
<td>Information your doctor gave you about medications</td>
<td>4.59</td>
<td>3.92</td>
<td>0.00</td>
</tr>
<tr>
<td>Instructions your doctor gave you about follow-up care</td>
<td>4.63</td>
<td>3.94</td>
<td>0.00</td>
</tr>
</tbody>
</table>

1 = Very Poor, 5 = Very Good
The Results

<table>
<thead>
<tr>
<th></th>
<th>BATHE</th>
<th>Non-BATHE</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of your recommending this doctor to others</td>
<td>4.65</td>
<td>4.20</td>
<td>0.02</td>
</tr>
<tr>
<td>Please rate your overall satisfaction with today's visit to your doctor</td>
<td>4.68</td>
<td>3.95</td>
<td>0.00</td>
</tr>
</tbody>
</table>

1 = Very Poor, 5 = Very Good
Basics of CBT Therapy

1. CBT is based on the cognitive model of emotional response
2. CBT is brief and time-limited (Elements can be included into a 15 minute visit)
3. A therapeutic relationship is required
4. It’s a collaborative effort
Cognitive-Behavioral Therapy (CBT) Demystified

• We constantly tell ourselves, as well as others, stories
• These stories create our reality and affect our experience
• These stories limit how much energy we invest to achieve a goal
• These stories determine what we are capable of achieving
Cognitive Therapy Edits the Story

- First: The story must be heard
- Second: The story must be reflected back with empathy
- Third: Limits must be challenged
Challenging Absolutes

- Always
- Never
- Everyone
- No-one
Challenging Imposed Limits

- Can’t
- Must
- Should
- It’s impossible
The Amazing Power of the Word “YET”

- **YET** implies it is possible
- **YET** implies impending change
- **YET** empowers people to contemplate changes
Summary

• Mental illness is prevalent in the primary care population and can be successfully identified and treated by primary care physicians.

• The BATHE Technique is used to efficiently obtain relevant psychosocial data while improving patient satisfaction.

• Listening to patient’s stories empathically and helping them to edit these stories is the essence of cognitive therapy.
The 20 Edition of the Text

Described as Excellent by Doody’s

Now Available as a Kindle
THE BEGINNING

www.marianstuart.com
www.15minutehour.com