



# CBT for Management of Chronic Medical Conditions

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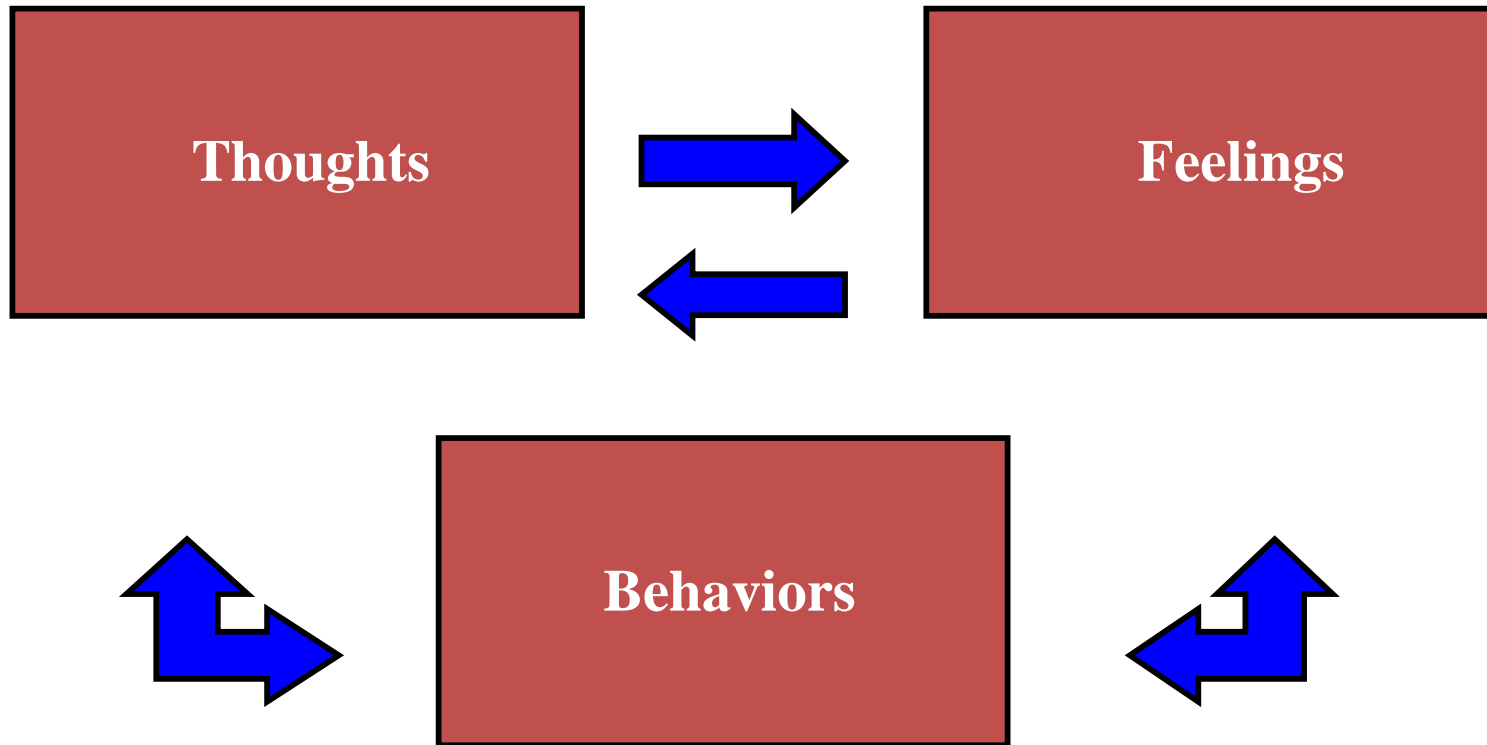
# Disclosures

I receive royalties from Oxford University Press for co-authoring treatment manuals. I receive royalties from Springer for co-editing a book. I receive honoraria from the Association for Behavioral and Cognitive Therapies (ABCT) for being Associate Editor of a journal.

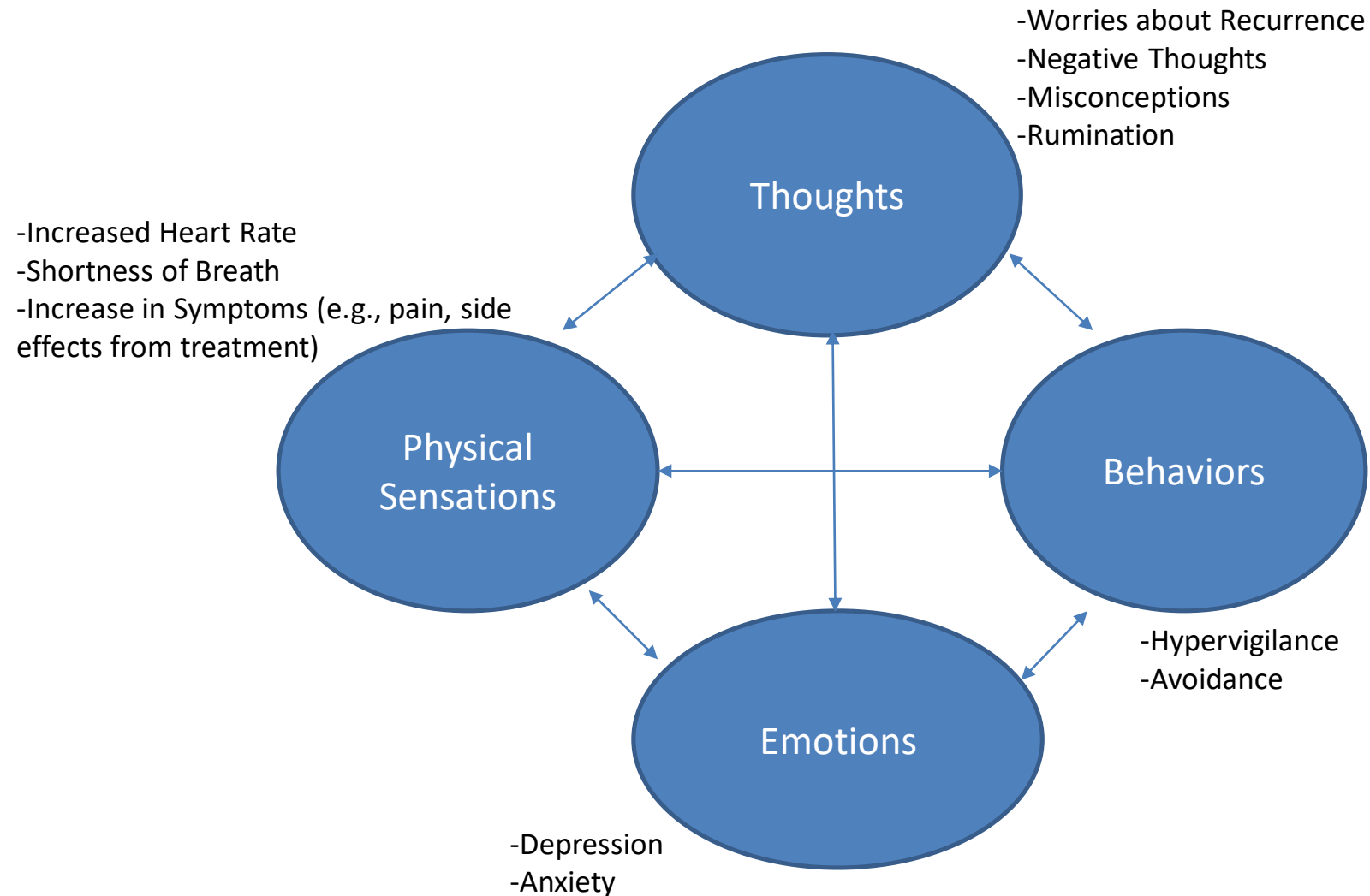
# Chronic Medical Conditions

- Chronic pain
- Diabetes
- Heart disease
- Epilepsy
- Kidney disease
- And many others....

# Simple CBT Model



# Cognitive Behavioral Therapy Model—Chronic Medical Conditions



# Motivational Interviewing

- Often needs to be used to enhance motivation to change
- Very often, behavioral changes are needed after an individual has been diagnosed with a chronic medical condition (e.g., changes in diet, exercise, medication adherence, smoking status, etc.)

# Behavioral Strategies

- Activity Scheduling
- Activity Pacing
- Self-Monitoring
- Adherence/Self-Care

# Activity Scheduling

- Many individuals with chronic medical conditions decrease participation in activities that they had previously found to be enjoyable.
- This can fuel depression and lead to greater focus on physical symptoms and increase disability.
- The way to combat this is to work with the patient to schedule activities that may be enjoyable and/or give the patient a sense of mastery.



# Activity Scheduling

## Overview of Steps for Activity Scheduling

1. Identify pleasurable or valued activities
2. Plan a specific time to engage in the activity
3. Anticipate and problem-solve barriers to engaging in the activity
4. Monitor emotions before and after activity

# Activity Scheduling

## Step 1: Identifying pleasurable or valued activities

- What activities did you use to enjoy before the illness?
- Can you still do those activities?
- If not, what is it that you valued about the activity?
- What else could you do to help connect with those values?

# Activity Scheduling

Step 2: Plan a specific time to engage in the activity

- Assist patients in picking a specific date/time.
- Encourage patients to write it on the calendar or schedule it in their smartphones.
- Encourage patients to commit to engaging the activity as planned, whether or not they “feel like it.”
  - Mood often improves and people “feel like it” once they get started.

# Activity Scheduling

## Step 3: Anticipate and problem-solve barriers

- Assist the patient in considering issues related to feasibility (e.g., cost, time).
- Encourage the patient to be aware of and plan for unexpected events (e.g., weather, cancellations)
- Remember that the chronic illness, itself, is often a primary barrier. Use problem-solving skills to help the patient identify ways to engage in the activity despite the illness (e.g., alternate periods of activity and rest).

# Activity Scheduling

## Step 4: Monitor mood before and after the activity

- Recall that tracking/logging is a backbone of CBT interventions.
- Patients should monitor their mood before and after the activity so that they have evidence of how the activity affects their mood.
- Mood often improves with activity.

# Activity Pacing –Increase Activity

- **Purpose:** to teach patients balance between activity and rest.
- Patients tend to oscillate between not doing any activity and doing too much.
- Explain how being inactive leads to muscle loss and, over time, increases disability.
- Explain how doing too much activity (after lengthy rest) leads to muscle fatigue and strain and increases pain.

# Activity Pacing

- **Goal:**
  - engage in activity regardless of pain
  - establish reward after activity
- **Example:**



# Activity Pacing - Strategies

1. Provide educational information.
2. Normalize the experience and show compassion.
3. Observe patient engaging in activity and record number of minutes patient can do so without pain.
4. Describe the skill of activity pacing, including rationale.
5. Provide patient with an activity pacing plan that gradually increases activity and decreases rest over time.
6. Discuss activities patient might be able to perform during rest breaks.



# Self-Monitoring

- Self-monitoring is the backbone of many CBT interventions.
- Self-Monitoring allows patients to
  - Observe patterns in behavior
  - Identify triggers/ “high risk situations” for reverting to old behaviors
  - Identify antecedents and consequences of thoughts, feelings, and behaviors
  - Measure success over time

# Self-Monitoring

- Self-Monitoring can be done with pencil and paper or via technology (e.g., smartphone apps, computers)
- The ABC acronym can be used to set up paper or electronic logs

Antecedent (what was the situation)	Behavior (what did I do? how did I feel? What was I thinking?)	Consequence (what happened?)

# Adherence Training

- Can include:
  - Simplifying the patient's regimen
  - Providing information (tailored to the patient's educational level)
  - Cognitive restructuring
  - Improving communication
  - Evaluating adherence

(Vranceanu, et al., 2017)

# Cognitive Strategies

- Many of the cognitive strategies that we use for other disorders are relevant for patients who are coping with chronic medical conditions

# Common Cognitive Errors

- Catastrophizing: predicting a negative outcome and believing that a negative outcome is a catastrophe. Ex: “My life is over because I will always be in pain.”
- All or nothing Thinking: categorizing events into either good or bad. Ex. “My life was perfect before I got sick, now my life is horrible.”
- Jumping to conclusions: making negative assumptions without enough evidence. Ex. “The doctor was late for the appointment. He truly does not care about helping me.”
- Mind Reading: thinking that one knows what someone else is thinking. Ex: “No one will want to date me once they learn that I have epilepsy.”

# Cognitive Strategies-Example

**Situation:** Being diagnosed with diabetes

**Negative thoughts:** “I am going to be dealing with this for the rest of my life. My friends and family won’t want to be around me anymore.”

**Emotion:** Anxiety

**Thinking Errors:** Catastrophizing, mind reading

**Rational Response:** “Yes, I will have to learn to cope with my diabetes, but I can do it. I have no evidence that people won’t want to be around me. Many people have medical conditions and they do just fine.”

# Cognitive Restructuring– challenges and tips

## Psychologists

- How do you know what is a cognitive error vs an adaptive thought?
  - Ex. "Pain means I am causing more damage"
  - Important to take the time to understand the condition.
- How do you handle thoughts that are true but unhelpful?
  - Ex. "I am no longer able to walk".
  - Not helpful to encourage patient to look for evidence that this isn't true (if it is)
  - Acceptance versus change

## Medical doctors

- How do you conduct restructuring during the medical visit?
  - Normalize and validate
  - Offer compassion
  - Provide evidence (corrective thought)
  - Instill hope
  - Offer books or referral for CBT.
  - Dialectic: this AND that

# Five Steps in Problem-Solving

1. Articulate the problem.
2. List all possible solutions.
3. List pros and cons of each solution.
4. Rate each solution.
5. Implement the best option.



# Problem Solving Form: Selection of Action Plan

Possible Solution	Pros of Solution	Cons of Solution	Overall Rating of Solution (1-10)

# Children and Adolescents

- Treatment needs to be tailored to developmental level
- Older children/adolescents may be able to take on responsibility for coping with illness, younger children need more parental involvement
- Parent emotions can play a huge role (anxiety, sadness, guilt)
- If parent reactions are adversely impacting child response, referral for individual counseling for the parent may be helpful

# Clinical Challenges

- It can be difficult for patients with chronic medical conditions to come to therapy appointments
  - They may not want to or be able to take the time to come to yet another appointment
  - The medical condition itself may get in the way of getting to appointment (e.g., the patient has a Crohn's flare up and can't leave the house)
  - Virtual visits can be helpful
  - Flexibility in scheduling may be needed

# Application to COVID-19 Pandemic

- Difficult to find pleasant activities that are available/safe for patients to do (especially those with medical conditions)
- Negative thoughts about current situation may be valid but unhelpful
- Patients with chronic medical conditions may be facing difficult choices, additional challenges
- When problem-solving, there may be no great solution, patient might need to pick the best solution from several sub-optimal solutions

# Additional Resources-Online Course

- Some of the slides used in this presentation were drawn from the MGH Psychiatry Academy online course entitled, Fundamentals of Behavioral Health Interventions (Vranceanu and Zale, course directors)
- Please visit our web site [www.mghcme.org](http://www.mghcme.org) for more information.

# Additional Resources—Books

- *The Massachusetts General Hospital Handbook of Behavioral Medicine.* Vranceanu, Greer, & Safren (2017).
- *Integrated Behavioral Health in Primary Care.* Hunter, Goodie, Oordt, & Dobmeyer (2009).
- *Coping with Chronic Illness.* Safren, Gonzalez & Soroudi (2008).