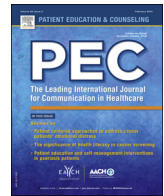




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Review article

Training primary care physicians in cognitive behavioral therapy: A review of the literature

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ABSTRACT

Objective: Patients often seek mental health treatment through primary care. Training primary care physicians (PCPs) in approaches to address common mental health concerns may be a useful method for narrowing gaps in care. Cognitive Behavioral Therapy (CBT) is especially applicable in medical settings given its brief, skill-based approach and strong evidence for a number of presenting problems. This paper reviews the current literature on training PCPs in CBT with a focus on PCP-level outcomes.

Methods: We reviewed studies that described and evaluated CBT training programs for PCPs. Of 652 records identified and screened, 33 full-text articles were assessed for eligibility, resulting in 9 articles identified for inclusion.

Results: We extracted and report information about study design, participants, intervention and dose, training content, and outcomes (PCP reaction, learning, and performance; patient outcomes).

Conclusion: There was substantial variability in sample size, methodology, training content and design, and assessment of outcomes, which translated into mixed findings across studies. In order to best assess effectiveness and allow replicability, future studies should provide adequate information about training curricula and assess multiple levels of learning outcomes.

Practice Implications: Additional studies are needed to determine whether PCPs effectively implement skills within routine practice after CBT training.

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1. Introduction

The healthcare system in the United States is adopting a biopsychosocial approach that embraces personalized, whole-person care, with emphasis on health promotion and disease prevention [1,2]. In response to the growing evidence base for the significant contribution to morbidity and mortality of behavioral and social factors such as tobacco and alcohol use, physical inactivity, and poor diet, the Institute of Medicine released a report in 2004 highlighting the need for integration of behavioral and social science education into medical school curricula [3–5]. The Patient Protection and Affordable Care Act also recognizes and addresses the role of behavioral factors by requiring that certain preventive services be covered by insurance plans, including screening and counseling for obesity, diet, tobacco use, and sexually transmitted infections, as well as screening for depression [1]. There is growing evidence that mental health variables, such as depression, anxiety, and stress, are linked to poor health outcomes, including nonadherence to medical regimens [6–8], cardiovascular disease [9,10], disease progression [11,12], symptom burden [13,14], and health-related quality of life [15,16], suggesting that detection and treatment of mental health issues can significantly impact not only psychological wellbeing but also overall health.

Despite the increasing awareness of the role of behavioral and psychological factors in health, access to mental health care in the US remains somewhat limited [17,18]. Patients are often hesitant to engage in mental health treatment [19,20] and tend to seek care from primary care physicians (PCPs) rather than mental health professionals [21]. Educating and training PCPs in approaches to address common mental health concerns such as depression, anxiety, and chronic stress may be one method for addressing these gaps in care. The literature base on successfully adapting and teaching Motivational Interviewing, a behavior change approach developed for substance abuse and later applied to other health

behaviors such as improving diet and increasing physical activity) to PCPs, could serve as a model for educating and training PCPs in brief evidence-based treatments for mental health issues [22,23].

Cognitive Behavioral Therapy (CBT) is a therapy approach that addresses maladaptive thoughts and behaviors that can negatively impact mood and overall functioning. It has a strong evidence base and broad applicability to many common mental health problems presenting to primary care clinicians [24,25]. CBT helps patients recognize relationships among thoughts, feelings, and behaviors, and their related impact on functioning. More specifically, CBT helps patients understand how their distorted or unhelpful thinking patterns, as well as problematic behavior patterns such as avoidance or isolation, exacerbate negative feelings and overall functioning. Patients learn to replace these maladaptive thoughts and behaviors with functional ones. As with motivational interviewing, CBT may be adaptable to the primary care setting, where visit lengths are shorter than traditional mental health sessions and multiple agenda items need to be addressed in a given encounter. While there are few papers describing CBT training for medical providers, providers have reported that CBT training is useful and that they have been able to successfully implement skills in their practice [26]. This paper reviews the literature on CBT training programs for PCPs, and describes the structure, content, and outcomes of identified studies.

2. Methods

2.1. Selection strategy

We reviewed studies that described and evaluated CBT skills training programs for PCPs. Studies that included medical residents were also considered. Of interest were studies in which PCPs received sufficiently comprehensive training in CBT such that the principles and skills were transportable to various contexts and

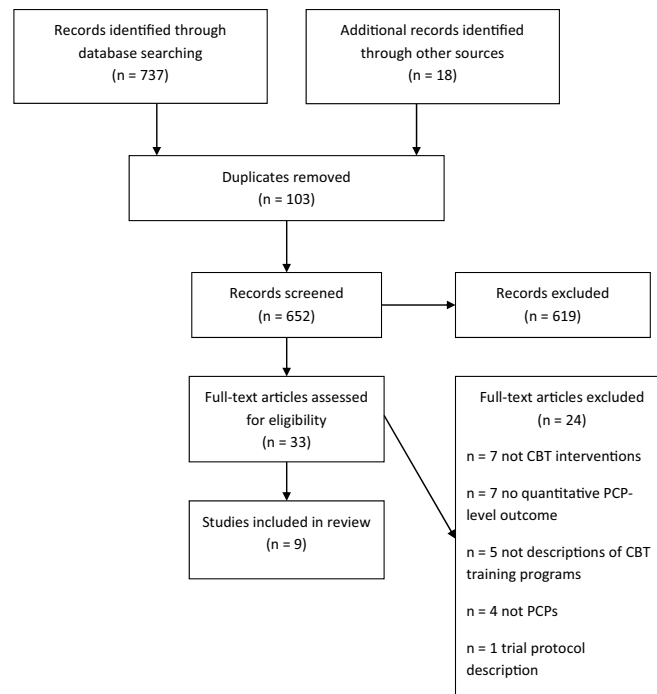


Fig. 1. PRISMA Flow diagram.

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