



# Training GPs in cognitive behaviour therapy for the unemployed



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Cognitive behavioural therapy (CBT) is effective in improving psychological health and promoting employment for people who are unemployed.<sup>1</sup> General practitioners have a role in building the capacity of their unemployed patients to manage health problems<sup>2</sup> and can be trained to deliver CBT effectively to people with depression.<sup>3</sup> We conducted a pilot study of training for GPs in using CBT to assist their unemployed patients. The evaluation assessed changes in GP attitudes toward CBT and their self reported use of CBT techniques with unemployed patients as a result of training.

## Methods

A letter outlining the pilot program was mailed to all GP members of a division of general practice (n=186). The training program involved three, 2 hour sessions in CBT techniques. Training was facilitated by a clinical psychologist who presented techniques in assisting patients to restructure distorted cognitions related to job search and unemployment through case method discussions,<sup>4</sup> and provided individual feedback to GPs on their self reported use of CBT strategies with unemployed patients. Training was further supported by a self directed 'unemployment and health' manual outlining standards for the management of health problems related to unemployment in general

**Table 1. GP self reported experience with CBT at 'time 1' and 'time 2' during training (%)**

|                              | <b>Time 1<br/>(n=53) (%)</b> | <b>Time 2<br/>(n=57) (%)</b> | <b>p</b> |
|------------------------------|------------------------------|------------------------------|----------|
| CBT reframing of problems    | 39 (74)                      | 36 (63)                      | NS       |
| Eliciting distorted thoughts | 25 (47)                      | 30 (53)                      | NS       |
| Modifying distorted thoughts | 28 (53)                      | 38 (67)                      | NS       |
| CBT homework                 | 13 (25)                      | 13 (23)                      | NS       |
| Problem solving              | 34 (64)                      | 38 (67)                      | NS       |
| Useful for patient*          | 32 (64)                      | 44 (79)                      | NS       |
| Useful for GP                | 34 (64)                      | 46 (81)                      | 0.04     |
| Follow up for CBT            | 28 (53)                      | 37 (65)                      | NS       |

\*four missing cases (T1=50, T2=56)

practice<sup>5</sup> and CBT concepts and strategies addressed during training.

A brief, purpose designed questionnaire consisting of both closed and open ended questions was developed to assess GPs' self reported use of CBT with their unemployed patients. This included CBT strategies used, perceived utility of CBT in addressing problems, and intention to follow up CBT in the next consultation. General practitioners completed five questionnaires twice during training: following training session one ('time 1') and 3 months later, following training session three ('time 2'). General practitioner responses were pooled and analysed using t-

tests. This was considered an appropriate analytic strategy given the small sample size and exploratory nature of the study.

## Results

Eleven GPs participated in the pilot CBT training program. *Table 1* shows GP self reported experience with CBT at 'time 1' (n=53) and 'time 2' (n=57) during training. General practitioners were significantly more likely to report that they found CBT useful in managing the health problems of unemployment at 'time 2' than 'time 1' ( $p=0.04$ ). Trends toward an increase in GP recording over the training period were noted in CBT being useful for

patients ( $p=0.07$ ), modifying distorted thoughts ( $p=0.09$ ), and follow up for CBT ( $p=0.09$ ).

## Discussion

The results from this pilot study suggest that training in CBT may be useful for GPs in providing care to their unemployed patients: at least in terms of GPs' perceptions that CBT was useful in assisting them to address the health problems of unemployment. However, the exploratory nature of this research design including a lack of appropriate controls, random sample, and evaluative patient data means these results should be interpreted with caution.

The CBT approach focusses upon joint decision making and the shared negotiation of patient beliefs and behaviour. This style of consultation may better suit the needs of GPs in addressing issues related to unemployment or other social problems. However, GP perceptions of the utility of CBT may not necessarily translate into improved patient outcomes. In a recent study, GP training in brief CBT techniques had no impact upon

patient psychological health, even though GPs rated their confidence in delivering CBT highly.<sup>6</sup> This gap between confidence and practice may in part reflect limited opportunity to apply learning. General practitioners in our study expressed concern that they would be unable to spend sufficient time using CBT with their unemployed patients because of workload issues and perceived restrictions in longer consultations regulated by Medicare. General practitioners practising in areas of high unemployment and disadvantage spend less time on average in consultation with patients than GPs practising in advantaged areas.<sup>7</sup> These structural issues have the potential to undermine the use and dissemination of CBT within general practice, particularly in areas that are disadvantaged.

Conflict of interest: none declared.

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