

Today's webinar will begin shortly



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2022-23

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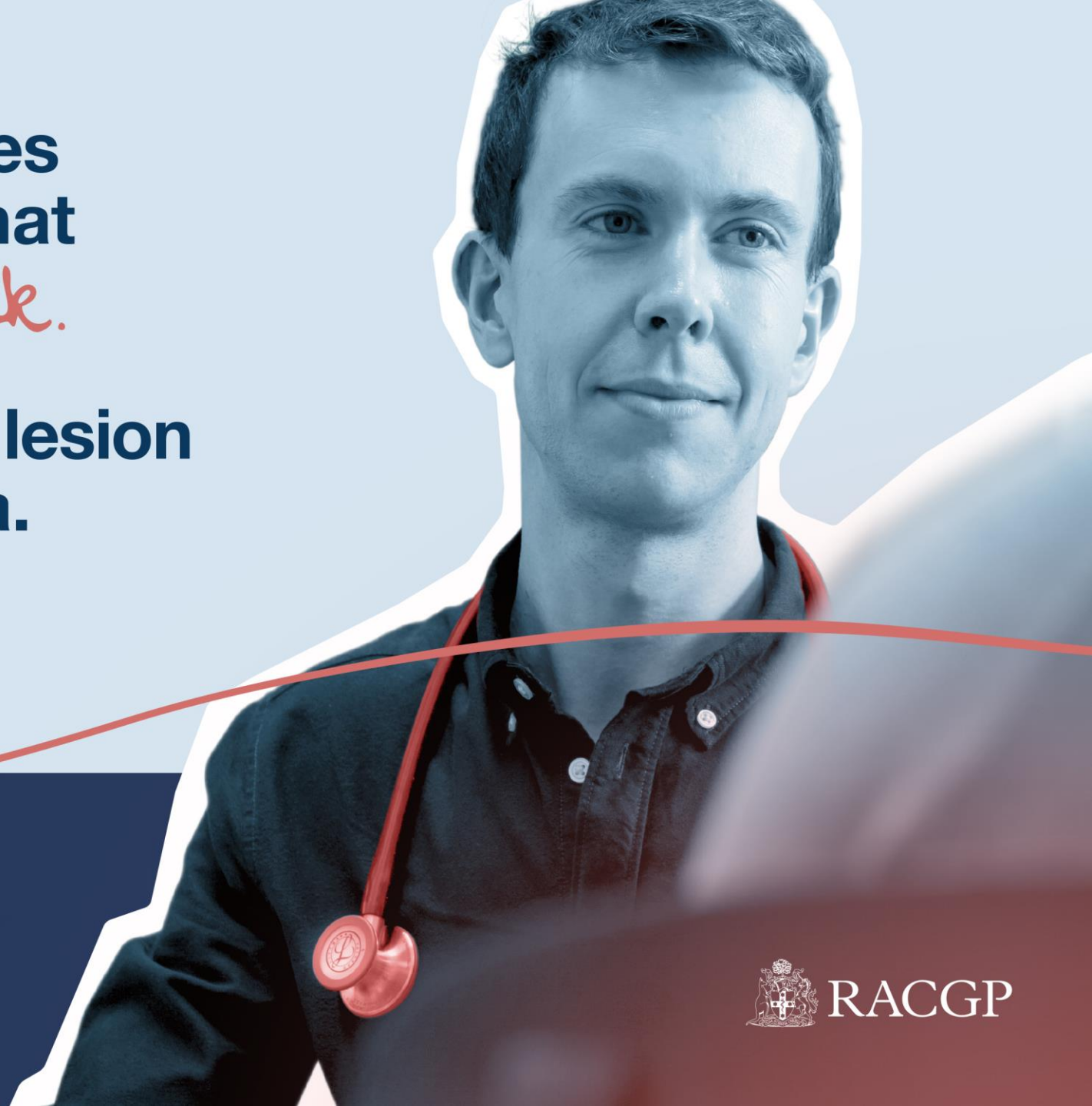
After six years of diabetes
check-ups, you notice that
pigmentation on her cheek.

You decide to excise the lesion
and find early melanoma.

General practice – everything
you've trained for **and more**



become a GP



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IMiA

International Medicine in Addiction



17-19 February 2023

Melbourne Convention and
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imia.com.au

Collaborate, innovate and survive



The Royal
Australian &
New Zealand
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RACP
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EDUCATE ADVOCATE INNOVATE



RACGP
Royal Australian College
of General Practitioners

Wonca 2023

Sydney, Australia

26–29 October 2023

Find out more at
wonca2023.com.au





Celebrating 30 years

The Rural Faculty was established in 1992 as the Faculty of Rural Medicine following a resolution by the RACGP Council on 26 April 1992. The first General meeting of the Faculty of Rural Medicine was held during the Annual Scientific Convention at Hilton on the Park in Melbourne in September 1992.

Today RACGP Rural has over 22,000 members including more than 10,000 who are currently living and working in rural and remote Australia. We are the voice of rural GPs and provide education, training and support.

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RACGP | CPD

2020

22



30

years of Rural



RACGP | Rural

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2020

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We will begin in 30 seconds



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NACCHO–RACGP *Resource Hub*

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safe primary healthcare

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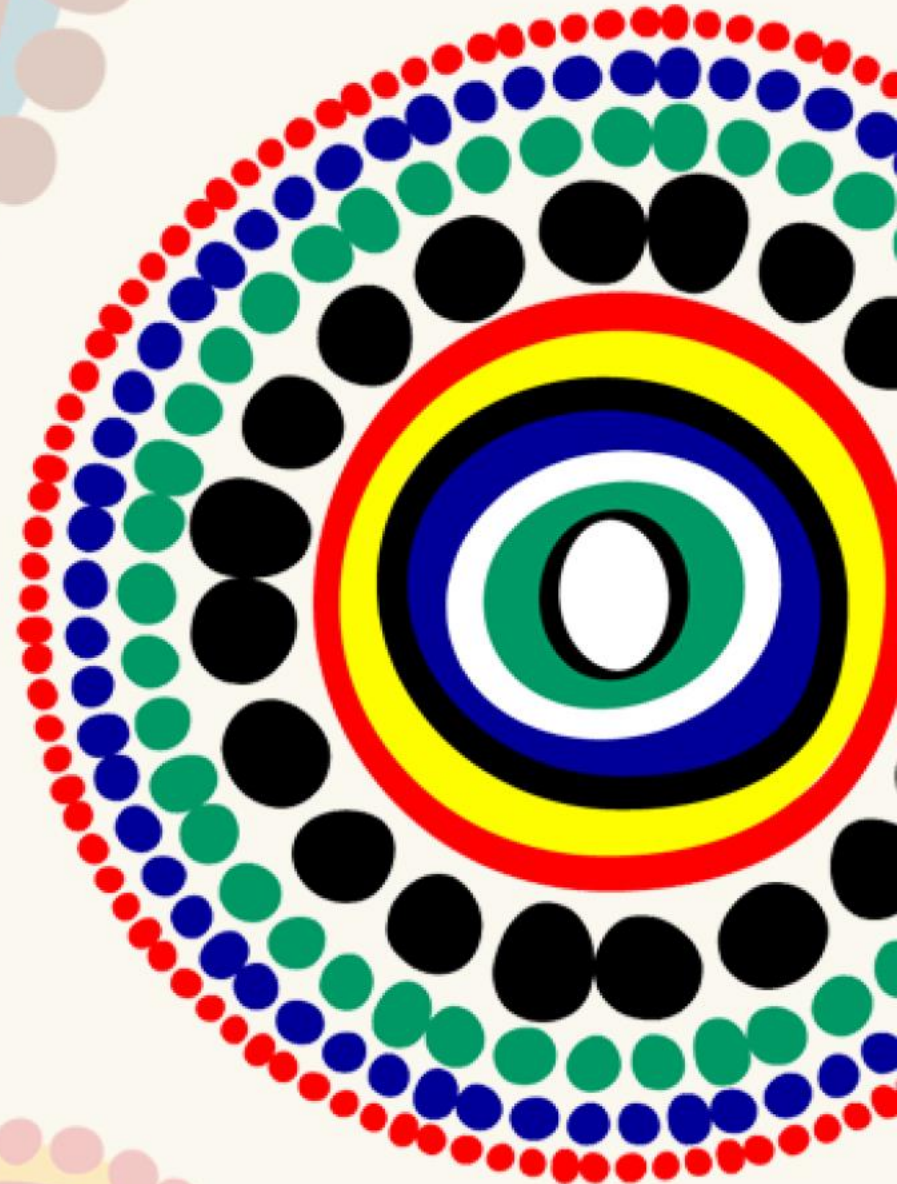


RACGP

Royal Australian College of General Practitioners



NACCHO



We will begin in 15 seconds



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people tackle alcohol
and other drug use



racgp.org.au/AOD



Wonca 2023

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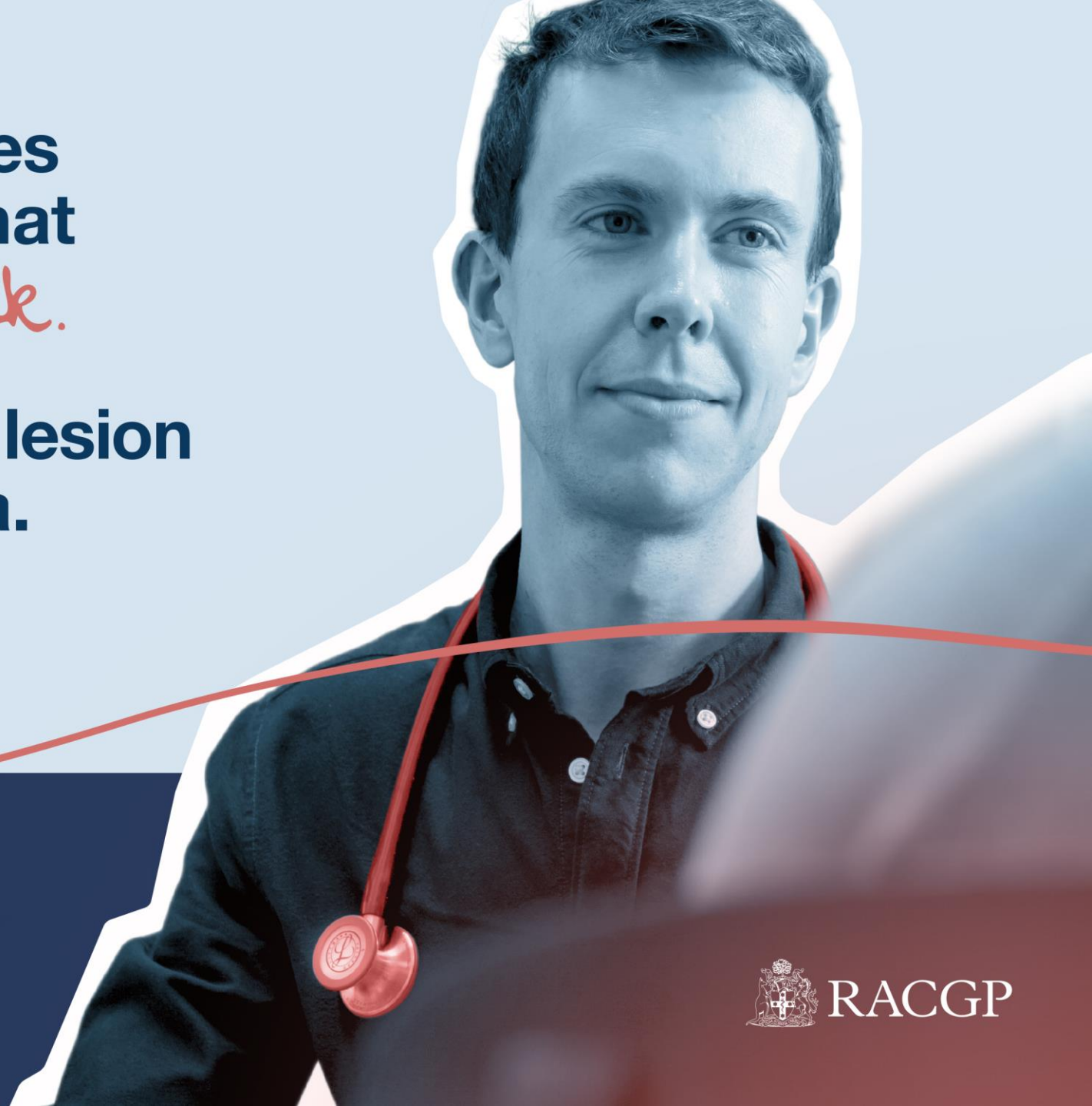
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Welcome to today's webinar





Webinar series:
Mental bites

Essential topics on
psychological medicine for GPs

Interpersonal Therapy- a practical guide using a trauma lens



Dr Cathy Andronis
Chair, RACGP Psychological Medicine
Specific Interest Group

Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen

Welcome to tonight's webinar

If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear

Audio Settings ^

Raise Hand

Q&A

Leave Meeting



GP presenter



Dr Cathy Andronis

Chair, RACGP Psychological Medicine
Specific Interest Group

Acknowledgement of Country

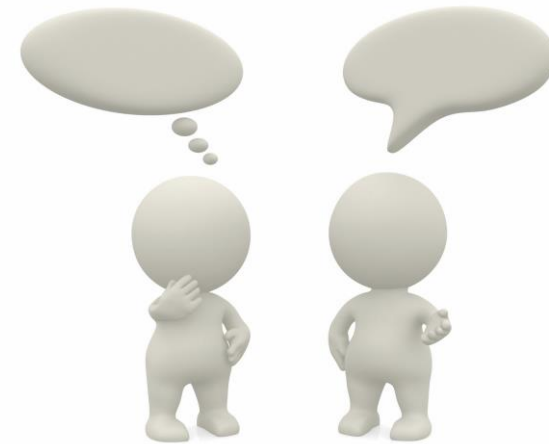
I would like to acknowledge the traditional owners of the lands from where each of us are joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.



Inter-Personal Therapy through a trauma informed lens

Dr Cathy Andronis



Learning outcomes

- To identify micro skills available to engage with patients and their mental health
- Apply techniques to form safe and therapeutic communication with patients



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Specific Interests

Healthy Profession.
Healthy Australia.

Being a Trauma Informed GP means:

- Knowing trauma occurs – ACEs, abuse, disasters, accidents..
- (Repetitive/chronic single events)
- Recognising signs and symptoms in patients
- Avoiding re-traumatization
- Responding by integrating trauma knowledge into practice
 - Safety –including emotional co-regulation
 - Trust and transparency
 - Peer support and supervision
 - Collaborative approach
 - Empowerment and Choice
 - Cultural sensitivity

“Trauma”

- Survival strategies –“useful”, age appropriate
- Develop into habits – useful or negative
- Stressful events or reminders –trigger FFFF
(“the body remembers”)
- Maladaptive emotions, behaviours and
thoughts – especially in relationships

AVOID BLAMING!

Why do IPT using a trauma informed approach?

- Most trauma occurs in relationships – emotional, physical, sexual abuse and neglect.
- Adverse childhood events are common predisposing risk factors of illness presentations in GP.
- Insecure attachment in childhood is predictive of relationship problems in adulthood (but can be repaired).
- Social baseline theory –J Coan – being in relationship with others is the baseline state of safety and security for humans.
- Polyvagal theory – S Porges- co-regulation by social engagement .
- Doctor-Patient Relationship is our best attribute in therapy.

What is Interpersonal Therapy?

- Time limited, present focused
- Symptom relief - bio, psycho, social approach – treating “the problem”- a specific focus (externalizing?)
- Aim to improve social functioning (supports) and interpersonal relationships – home, work, family, community
- Mood and life events are related – triggers, predisposing, perpetuating – task of Reframing and Understanding.
- Based on attachment theory – people want to feel secure
- Evidence based- started as “control group”- effective treatment of depression. Also- grief, role transitions, relationship conflict, EDs...

How is IPT structured?

Time limited:

- 6-16 weeks – suits a course of FPS
- (note briefer IPC- interpersonal counselling- adapted to GP setting)

3 phases: initial, middle, ending

How to: IPT Initial sessions

INITIAL Sessions (1-3)

Include assessment, motivation, finding a focus, supports

Explore:

- current relationship
- history of current problems in relationship(s)
- patterns of interactions, communication
- treatment goals

How to: IPT Initial sessions

An “**Interpersonal Inventory**” is **developed**
– hypotheses generated about patient’s difficulties:

To identify the **4 IPT problem areas**

- **Grief**
- **Interpersonal Disputes**
- **Role transitions**
- **Interpersonal sensitivity**

How to: IPT Middle sessions

Address 1 or more of the **IPT Problem Areas** using IPT techniques

Collaborative approach- to develop solutions

- Problem solving
- Communication skills
- Realistic expectations

Encourage practice (framed as experiments), review and refine (no formal homework)

Maintain **hope**, build **strengths**

How to: IPT End sessions

Ending Sessions (1-3)

Review

Reinforce strengths, self efficacy

Maintenance of functioning - independence

Recontract for ongoing treatment ('stock-take session') prn

How to: IPT Techniques

- Basic **micro-skills** of trauma informed psychotherapy
- Therapeutic **relationship**- unconditional positive regard, safety, attunement
- Process **affect in** the consultation – window of tolerance, mindfulness
- Process **affect** occurred **outside** of session – reflection, reframing, understanding, accepting, consider **RAIN** approach of Tara Brach

Recognise

Allow

Investigate

Nurture

- Communication Skills:
 - I statements: “when **x** happens, I feel **y**, because I think/believe..**z**”
- Assertiveness –neither passive nor aggressive: Psychoeducation

How to: IPT Techniques

Reframing and re-scripting: guided imagery to imagine responding differently, new behaviour with others

Role-playing: empty chair approach, practice “being in others shoes”

Somatic awareness: grounding, breathing exercises, 5 senses

Mood thermometer and scaling questions: 1-10 for affect, confidence

Circles of Closeness: from intimate to acquaintances

Genogram construction: to visualise and understand patterns and to describe various individual relationships within a “family”

Case study: IPT

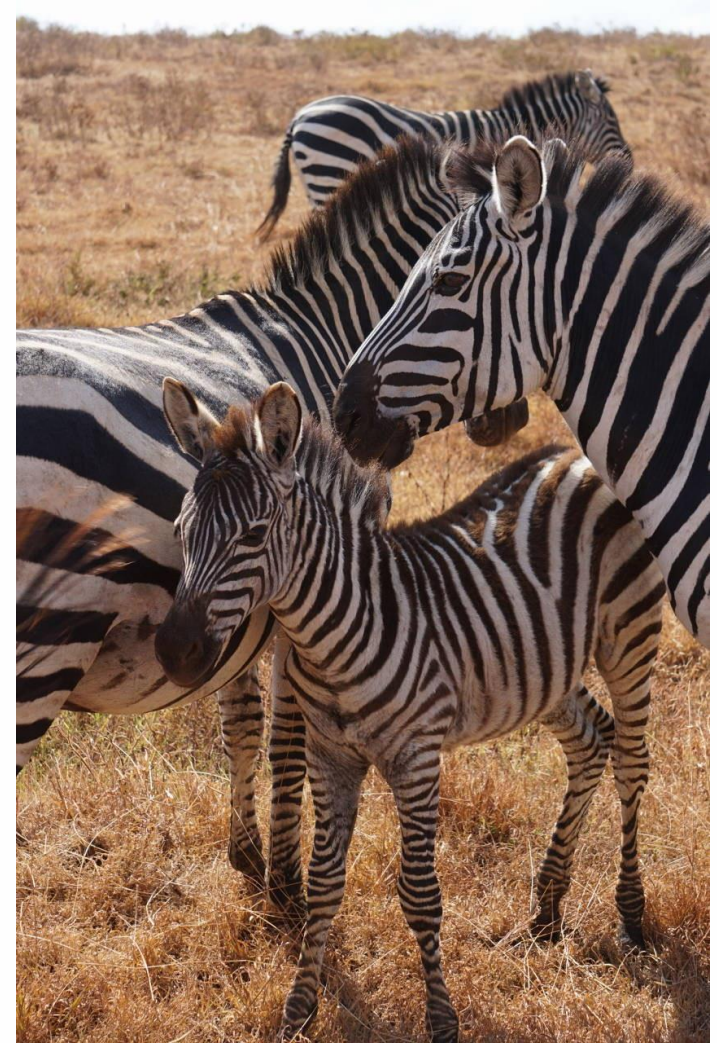
<p>'Priya' arrived from India for arranged marriage Husband 'not interested in any intimacy' Can this relationship work or can I leave? How do I do this?</p>	<p>INITIAL SESSION Problem Area: Grief, Role Transition</p>
<p><u>Collaborative</u> problem solving, affect regulation, assertiveness, comm skills, holding hope, building strengths, finding and building supports</p>	<p>MIDDLE SESSIONS focus on the problem areas- "unhappy marriage", social isolation</p>
<p>Review and Reinforce new skills, new friendships, confidence to be independent, plan to review PRN</p>	<p>END SESSION Summarising, validating, independence</p>

Q&A



Trauma informed
Interpersonal therapy
Dr Cathy Andronis

drcathyandronis.com.au



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b

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<https://www.youtube.com/watch?v=4bisa3dYf7U>

Brach, T.

– <https://www.tarabrach.com/rain/>

Blue Knot Foundation.

– <https://professionals.blueknot.org.au/resources/key-concepts-for-working-with-a-trauma-lens/being-trauma-informed/>

Join the RACGP Psychological medicine specific Interest group

<https://www.racgp.org.au/the-racgp/faculties/specific-interests/become-a-member>

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