



**... enhancing the lives of
Nurse Practitioners since 2019**

Anna Elders, Clinical Lead, Nurse Practitioner and CBT Therapist

Your golden nuggets from today

1. Why do we need an online CBT tool anyway?
2. Helpful key messages for ourselves and to share with fellow humans we are supporting
3. Building success with using Just a Thought in practice

Swimming against the tide...

33% people who present
to the General Practice
setting have a MH disorder
(WHO, 1995)



**World Health
Organization**

*“...significant proportion of
cases then were, and still
are today, untreated”*

(pg 4, WHO, 2018)



*“The NNT of 16 means that
for every 100 patients given
antidepressants, 40 will
improve with placebo
alone, 6 improve from the
medication, and 54 will not
improve”*

(The Goodfellow Unit, 2018)

1 in 20 present with MH as main
issue, **HOWEVER 1 in 5** had
associated MH concerns as part of
presentation
(Bushnell et al, 2003)



**Lack of availability of
psychological interventions
identified as part of the
problem**

(WHO, 2018)

Could e-CBT be part of the answer...

- Immediate access incredibly valued (Perera-Delcourt & Sharkey, 2018)
- Quick and cost-effective dissemination of psychological knowledge and skills
- Effect sizes considered equivalent to face to face therapy (Andersson and Cuijpers, 2009; Griffiths et al., 2010; Carlbring et al., 2018)
- Mean completion rates identified at 67% with 'very high' or 'high' levels of acceptance for patients (Rost et al., 2017)



So the search began...



Collaboratively
developed by
University of NSW
and St Vincent's
Hospital

Used globally by:
36,000⁺
people

9,800⁺
clinicians



RCTs involving
2,000+ patients



Academic papers
on effectiveness in
clinical practice



18
Disorder-specific
and general
wellbeing
courses

Free for all New Zealanders



Self-care

– or –



**Prescribed & supervised
by GP or clinician**

Benefits of providing a prescribed & supported option

- Provides an immediately accessible treatment option
- Helps structure MH support provided
- Enhances adherence and improves outcomes for patients undertaking eCBT
- Allows for greater progress monitoring and risk identification
- Collects live, ongoing data to support clinical decision making



How it works...



Clinician registration



Prescribe



Patient sign up



Course selection



Learning



Clinical supervision



Support & encourage



Kia ora, Doctor

Dashboard

Clinician resources

View courses

Settings

Logout



Clinician welcome guide



Start prescribing...

Prescribe a course via email (quickscrip)

Fill out the form below to email a prescription code to your patient.

Patient's first name *

NHI number

Patient's last name *

Course *

Please select a course

Patient's email *

☐ Email me a copy

Prescribe Course

Download pad


NOTE: A prescription is used when the prescribing clinician elects to retain clinical responsibility for the patient and supervise them through the course. More information about this can be found in your Clinician Welcome Guide or the [terms of use](#) page.



Patients

View all

Below is a list of 10 most recent (non archived) patients

Name	Course	Lesson	Start Date
 Patient Wise	Generalised anxiety	1	06/03/2019

Patient experiences of eCBT

“...being quite immediate was really useful”

“I think it’s a very good first step...”

“The more I did it, the better I felt about it”

(Perera-Delcourt & Sharkey, 2018)



Evidence shows
80% of people
who *complete*
a course get better




The future...

- Depression
- Generalised anxiety disorder
- Mixed depression and anxiety
- Mindfulness-based CBT
- Panic disorder
- Social Phobia
- Obsessive compulsive disorder
- Health anxiety
- Coping with stress
- Post traumatic stress disorder
- Chronic pain
- Insomnia
- TeenSTRONG



**What is one of the
greatest stressors in
our every day of
our lives?**





I'm worrying too much... I'm making myself sick... I think I'm going crazy.

What if the kids get bad grades at school? Their lives will be ruined!

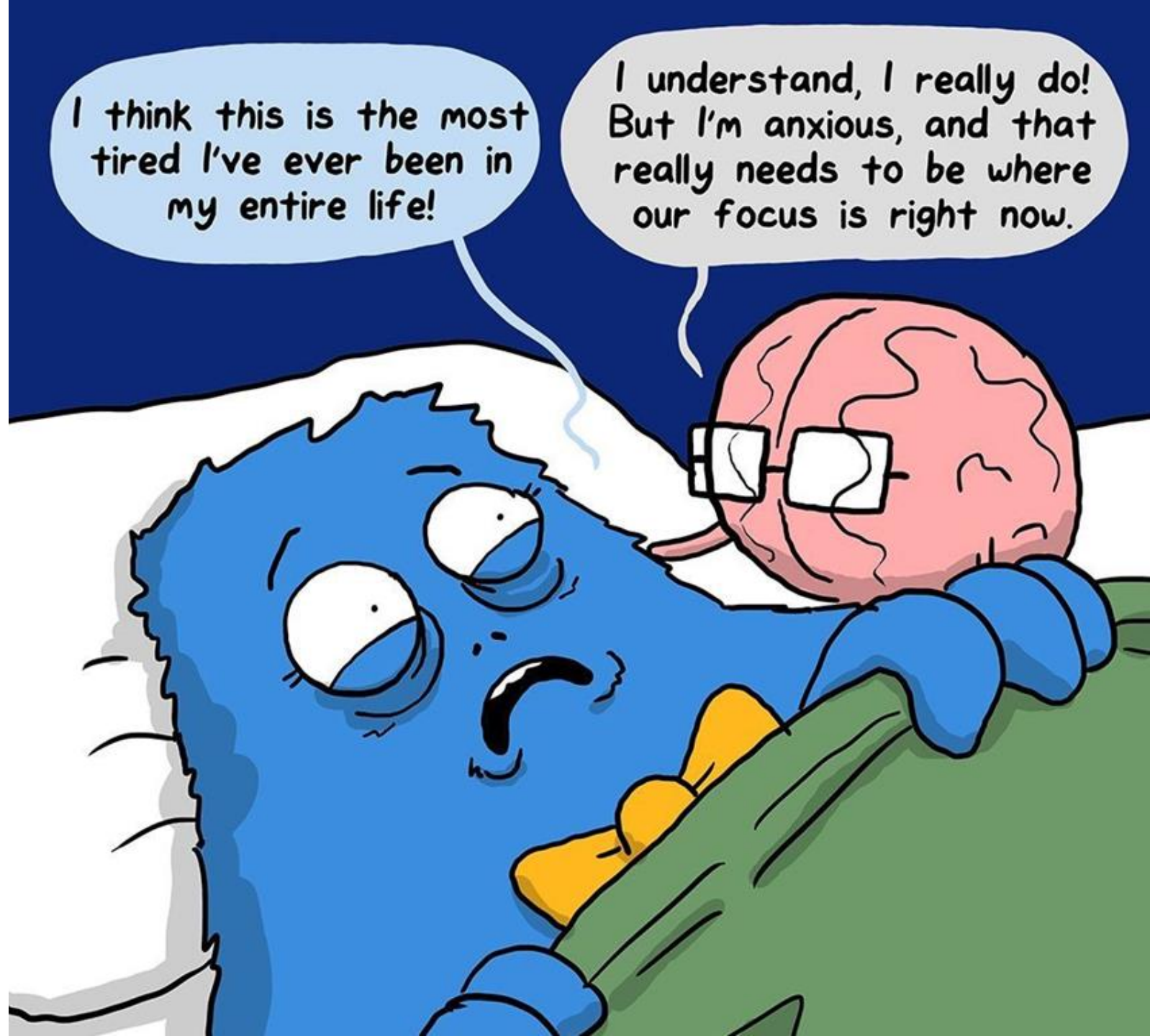


We can hold a
myriad of
different
perspectives
on the same
thing



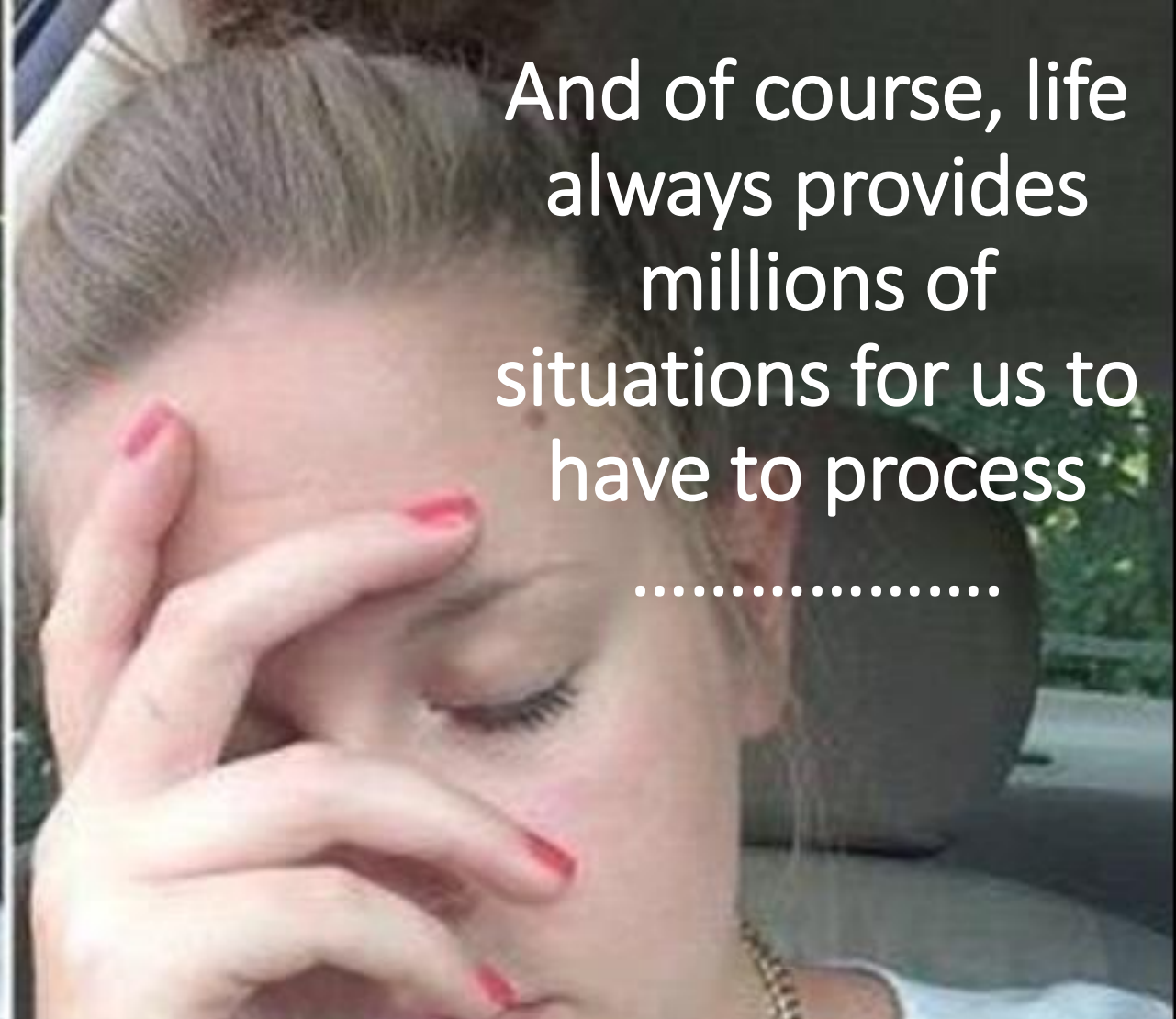
Whenever we
wish to be
focusing on
something in
particular

our brain
often has
other ideas!!





today I said orgasm insteadof organism



And of course, life
always provides
millions of
situations for us to
have to process

.....

In front of 30 13 year olds.

“There is little to prevent cognitive processes in human beings from becoming problematic”

(Steven Hayes, Founder of Acceptance and Commitment Therapy)



THE 'HUMAN' BRAIN



Reptilian brain

Regulates breathing,
temperature & fight
flight response



Limbic system

Responsible for
moods, memory,
hormones, learning



Cortex

Supports logic,
planning thoughts,
complex social
behaviour,

Our default settings

Life stressors

Anxiety
Anger
Sadness
Hopelessness
Shame

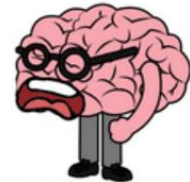


Our environment
either supports us....
or creates more stressors

We react by the quickest
(often ineffective) means to
reduce danger and distress



Emotional distress
DISTORTS
our thinking!
We filter for more
potential danger

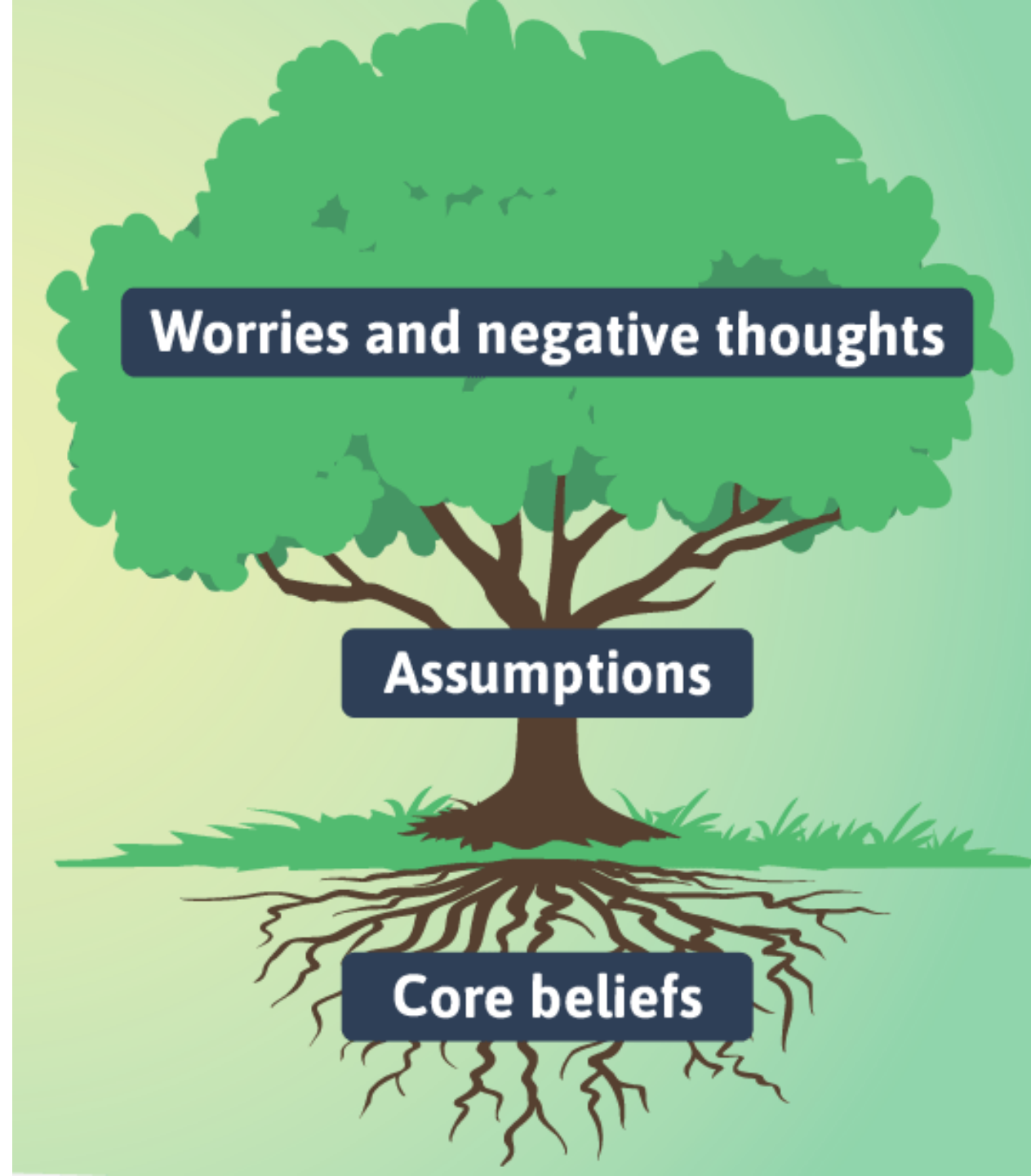


Our bodies pick up on
our distress and
thoughts and turn on
our alarm system



The stuff that rents space in our heads

- Cognitions are verbal 'events', images and memories that rent space in our heads
- We around 80,000 mental events per day (most occurring outside our awareness)
- These are largely based on our early experiences which form our 'core beliefs'
- Core beliefs generally act as our 'filter' in which we make sense of situations



Safety Behaviours

- Most of our behaviours function largely to reduce perceived risk and danger
- Behaviours also help manage stress
- Our memories help us predict and respond to difficult situations
- Unfortunately, often this information doesn't really fit the situation, producing unhelpful responses



Safety Behaviours



I was always double checking projects at work. I felt like I never got anything done which made me feel more anxious, only reinforcing my belief that I wasn't very good at anything.



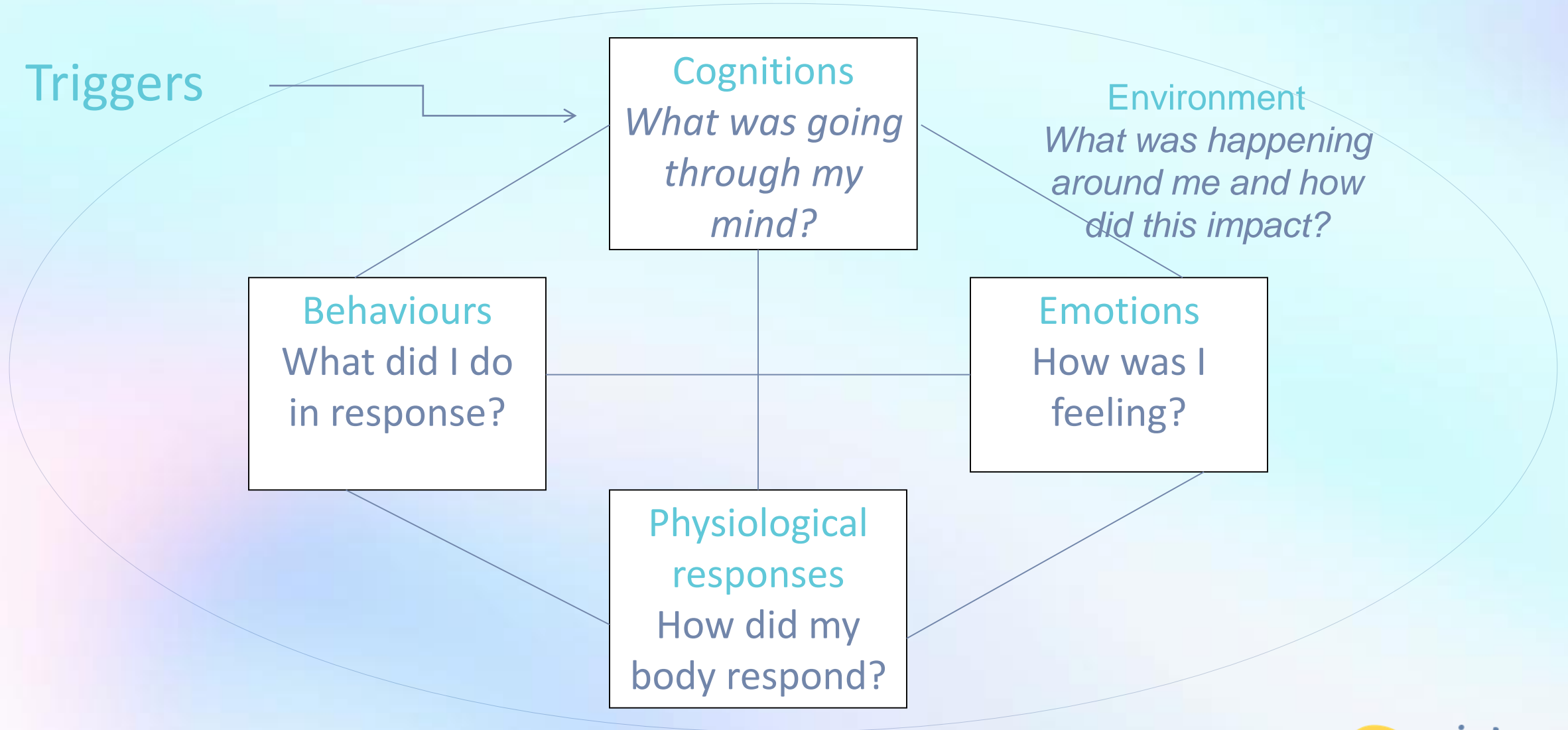
What is Cognitive Behavioural Therapy?

An empowering psychological approach to help us to:

- a) identify what 'rents space in our heads' (our cognitions)
- a) Identify the behaviours we revert to when distress shows up
- b) Gain insight into how these increase distress and make us feel 'stuck'
- c) Discover how to get 'unstuck' through shifting our thinking and choosing new behaviours

Building awareness, choice and resilience

The basic CBT model





Focus mechanisms of change in CBT

Growing reflective reasoning processes

Identifying and adjusting thoughts and beliefs

Experiential learning

Learning by experience (testing out graded behavioural changes)

**STEP 1:
Recognize
your thoughts**

Assumption: "If I make a mistake then I'm useless..."

Belief: "I am useless"

**STEP 2:
Test whether your
thoughts are realistic**

- My husband says I'm a good mother
- I get lots of things done around the house every day
- I often get positive feedback at work
- I have good relationships with my colleagues
- My friends often come to me for help
- I've been told I'm good at what I do

**STEP 3:
Change any unrealistic
or unhelpful thoughts
to more realistic
& useful thoughts**

**Assumption: If I do make a mistake that is ok...
everybody makes mistakes.**

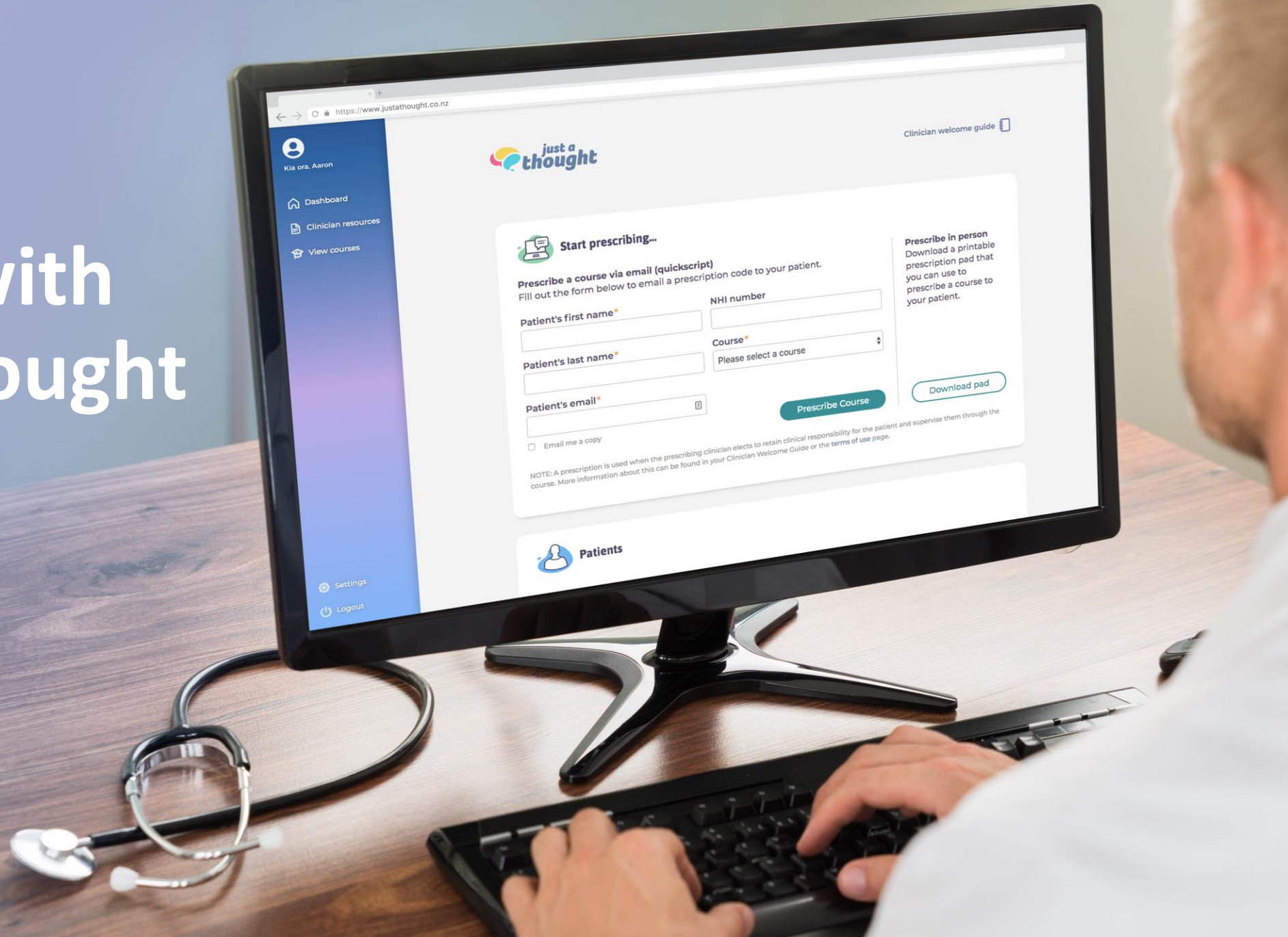
Belief: Nobody's perfect and I'm doing my best.





I thought I'd feel guilty leaving work on time, but instead it is becoming easier to let unimportant things go and refocus on my priorities.

Building success with Just a Thought





Engaging people in Just a Thought and supporting adherence

- Build **AWARENESS**
- Create **DESIRE**
- Provide **KNOWLEDGE**
- Ensure **ABILITY**
- Provide **REINFORCEMENT**

Build Awareness

The courses are based
on a therapy called CBT

Just a
Thought is
free, flexible
& available
immediately

CBT is one of
the most
effective
approaches
for low moods
and anxiety




Create desire

80% of people
that complete a
course, improve
their wellbeing

People feel
better as they
move through
the lessons

The skills last a
lifetime and can
be used anytime,
anywhere, for
any challenge.





What sort of challenges are you having that this tool could help you with?

How willing are you on a 0-10 scale to try an online tool to improve your wellbeing?

Why is it important to you to do something about how you're feeling at this point?

Ask motivation-enhancing questions



Build knowledge and instil confidence

- **Explain how CBT works**

“CBT helps us understand how our thoughts and behaviours impact on how we feel. It helps us begin to view things and choose behaviours in a way that helps improve our lives and wellbeing”.

- **Let people know the time needed**

Lessons take about 20 minutes, summaries a further 30 minutes during the week

Build knowledge and instil confidence

- **Time is important!**

What times of day will work? Encourage people to set 'appointments' for lessons (tool feature)


- **Practice, practice, practice**

Practice and take onboard the skills in real life to see results.

- **Stick at it!**

People get better outcomes when they complete the course so stick at it!





How could
you see this
tool helping
you?

What would
you love to
change
through using
this tool?

How ready
on a 0-10
scale are you
to try it out?

Check in and motivate again

Go on,
become a
Just a Thought
champion!

BECOMING EMPLOYEE OF THE MONTH
HAS REALLY GONE TO YOUR HEAD
HASN'T IT ERIC?



CARTOONSTOCK

Search ID: forn1010

Register and check it out now
www.justathought.co.nz

For any queries or support contact us at hello@justathought.co.nz

References

- Andersson G, Cuijpers P (2009). Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cognitive Behaviour Therapy* 38, 196–205. doi: 10.1080/16506070903318960
- Carlbring P, Andersson G, Cuijpers P, Riper H, Hedman-Lagerlöf E (2018). Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis, *Cognitive Behaviour Therapy* 47, 1–18. doi: 10.1080/16506073.2017.1401115
- MaGPIe Research Group. 2003. The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on mental health and general practice investigation. *New Zealand Medical Journal* 116(1171): U1379.
- Griffiths KM, Farrer L, Christensen H (2010). The efficacy of internet interventions for depression and anxiety disorders: a review of randomised controlled trials. *MJA* 192, S4–11.
- Perera-Delcourt, R.P. & Sharkey, G. 2018) Patient experience of supported computerised CBT in an inner-city IAPT service: a qualitative study. *The Cognitive Behaviour Therapist* 12 (e13), 1-23
- Reid, A. (2019) The truth about antidepressants. <https://www.goodfellowunit.org/gems/truth-about-antidepressants>
- Richards D, Richardson T (2012). Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clinical Psychology Review* 32, 329–342.
- Rost T, Stein J, Löbner M, Kersting A, Luck-Sikorski C, Riedel-Heller SG (2017). User acceptance of computerized cognitive behavioral therapy for depression: systematic review. *Journal of Medical Internet Research* 9, e309.
- Sartorius, Norman, Ustün, T. B & World Health Organization. (1995). Mental illness in general health care : an international study. Edited by T. B. Ustün, N. Sartorius. Chichester : Wiley.
- WHO. 2018. Mental Health in Primary Care: Illusion or inclusion. Retrieved from https://www.who.int/docs/default-source/primary-health-care-conference/mental-health.pdf?sfvrsn=8c4621d2_2