

# Family Physicians May Benefit from Cognitive Behavioral Therapy Skills in Primary Care Setting

Ömer Serkan TURAN<sup>1</sup>

<sup>1</sup> Uzm. Dr., Antalya Muratpaşa 3 Nolu Vali Saim Çotur Aile Sağlığı Merkezi, Türkiye

## Abstract

Dr Francis Peabody commented that the swing of the pendulum toward specialization had reached its apex, and that modern medicine had fragmented the health care delivery system too greatly. Thus the system was in need of a generalist physician to provide comprehensive personalized care. Family physician is the perfect candidate to fill the gap which Dr Peabody once speaks of and grants biopsychosocial model as its main philosophy. Biopsychosocial model proposes physician to consider multiple aspects of patient's life in order to manage disease. Behavioral pathogens such as poor diet, lack of physical activity, stress, substance abuse, unsafe sexual activity, inadequate emotional support, nonadherence to medical advice contribute to disease progress. Family physician can guide patient like a coach to obtain higher levels in Maslow's hierarchy of needs as biopsychosocial model suggests and obtain the change in behavior towards a healthier life with using cognitive behavioral therapy skills. So family physician, biopsychosocial model and cognitive behavioral skills are three pillars of comprehensive personalized care and family physicians having these skill sets can be very helpful in making positive changes in the life of the patient

**Keywords:** Biopsychosocial, family physician, primary care, cognitive behavioral therapy

## Öz

### Aile Hekimleri Birinci Basamakta Bilişsel Davranışçı Terapi Becerilerinden Yararlanabilir

Dr Francis Peabody, henüz çok erken olarak 1923 yılında tıpta uzmanlaşma doğrultusunda hızla salınan sarkacın artık zirveye ulaştığını ve modern tıbbın sağlık bakım sistemini çok fazla parçalamış olduğunu belirtti. Sistem, kapsamlı bir kişiselleştirilmiş bakım sağlamak için genel bir doktora ihtiyaç duyuyordu. Aile hekimi, biyopsikososyal modeli ana felsefesi kabul ederek, Dr Peabody'nin bir zamanlar bahsettiği bu boşluğu doldurmak için mükemmel bir adaydır. Biyopsikososyal model, hekimin hastalığı yönetebilmesi için, hastanın yaşamının birçok yönünü dikkate almasını önerir. Zayıf beslenme, fiziksel aktivite eksikliği, stres, madde kötüye kullanımı, güvensiz cinsel aktivite, yetersiz duygusal destek, tıbbi tavsiyeye uyumsuzluk gibi davranışsal patojenler hastalık ilerlemesine katkıda bulunur. Aile hekimi, hastanın, biyopsikososyal modelin önerdiği gibi Maslow'un gereksinimler hiyerarşisinde daha yüksek seviyelere ulaşabilmesi ve bilişsel davranışçı terapi becerilerini kullanarak daha sağlıklı bir yaşama doğru davranış değişikliklerini sağlayabilmesi için bir antrenör gibi yol gösterici olabilir. Bu nedenle, aile hekimi, biyopsikososyal model ve bilişsel davranışçı terapi becerileri, kapsamlı kişisel bakımın üç temel direğidir ve bu beceri setine sahip olan aile hekimleri, hastanın yaşamında olumlu değişiklikler yapmakta çok yardımcı olabilir.

**Anahtar Kelimeler:** Biyopsikososyal, aile hekimi, birincil bakım, bilişsel davranışçı terapi

## Correspondence / Yazışma:

Ömer Serkan TURAN  
Antalya Muratpaşa 3 Nolu Vali Saim  
Çotur Aile Sağlığı Merkezi, Antalya,  
Türkiye

**Tel:** 05052725971

**E-mail:** serkantur@yahoo.com

**Received / Geliş:** 04.04.2017

**Accepted / Kabul:** 20.05.2017

**Dear editor,**

In the course of time, the rapid increase in scientific knowledge has increased the necessity of classifying this information and thus this led to specialization of sciences. Very early, in 1927, Dr Francis Peabody commented that the swing of the pendulum toward specialization had reached its apex, and that modern medicine had fragmented the health care delivery system too greatly (Rakel et al., 2011). Thus the system was in need of a generalist physician to provide comprehensive personalized care. This was a warning done very early thus demand to specialization grew stronger.

Another trend was growing stronger; the biomedical approach to diseases. Mental illnesses were turning to the diseases of the brain, with the developments in psychopharmacology and genetics. But in 1977 psychiatrist George Engel proposed biopsychosocial model for comprehensive personalized care (Rakel et al., 2011). To manage disease, physician should consider multiple aspects of patient's life. The job that the patient has, the social environment that the patient lives in, religious and spiritual beliefs that the patient has, must be considered. This model considers not only biological processes, but also other factors which contribute progression of disease. Also factors effecting patient adherence to treatment must be considered. Such a biopsychosocial model may take into account Maslow's hierarchy of needs (Sloane et al., 2010). In order to achieve a change in higher step of hierarchy, patient firstly must satisfy lower steps in hierarchy pyramid. Treatment of tuberculosis must involve a shelter for a homeless person.

Whichever health component we are talking about, whether this is a biomedical marker that we follow up through blood, whether a behavior that effects health in a negative way like smoking, what we need is a change in order to treat. The biomedical model, based on the assumptions of mind-body dualism, biologic reductionism, and linear causality, has resulted in miraculous achievements of high-technology medicine (Rakel et al., 2011). But biomedical model provides change only on biological component of the patient's problem and broader approach is needed to gain higher quality of life. So with biopsychosocial model, it is possible to reach a definition of health as stated by WHO: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Taylor's tenets of primary care are continuity of care, comprehensiveness of care, attention of psychosocial issues, and patient education. Family physician is the main practitioner who follows up the patient through all of his or her life. Family physician knows not only medical but also psychosocial background of the patient, supports and guides patient in system of care like an advocate and manages treatment by collaborating with other medical disciplines like an orchestra conductor. Family physician is the perfect candidate to fill the gap which Dr Peabody speaks of and grants biopsychosocial model as its main philosophy.

Primary care has achieved many milestones with vaccination on infectious diseases. But today "behavioral pathogens" makes morbidity and mortality rates higher (DiTomasso et al., 2010). Factors such as poor diet, lack of physical activity, stress, substance abuse, unsafe sexual activity, inadequate emotional support, nonadherence to medical advice contribute to disease progress (DiTomasso et al., 2010). Lifestyle changes are major topics in primary care and family physicians mostly recommend their patients to alter their behavior about something. Physician gives information about unhealthy behavior and recommends a new behavior instead of it. But does this process mostly provide change in patient's behavior? Primary care physician can learn and use skill sets like motivational interviewing, socratic questioning to provide this change. Using cognitive behavioral therapy in treatment of obesity and irritable bowel syndrome is an good example of using CBT skills in primary care setting (Alimoradi et al, 2016) (Kennedy et al., 2005). Also a major challenge in primary care is called Medically Unexplained Physical Symptoms (MUPS). Physicians may benefit from CBT skills to manage this widely seen issue. In a study, time-limited CBT-type intervention ameliorated unexplained physical complaints of patients seen in primary care setting (Escobar et al., 2007). In another study; with bearing in mind that medical specialists often find patients without underlying pathology difficult to deal with, an 14 hour training program using techniques from cognitive behavioral therapy increased the interviewing and information-giving skills of participant medical specialists (Weiland et al., 2015).

Biomedical approach can only ensure biological changes but, family physician can guide patient like a coach to obtain higher levels in Maslow's hierarchy of needs as biopsychosocial model suggests. So family physician, biopsychosocial model and cognitive behavioral skills are three pillars of comprehensive personalized care and family

physicians having these skill sets can be very helpful in making positive changes in the life of the patient.

### Kaynaklar

1. Rakel, Robert E, and David Rakel. Textbook of Family Medicine. Philadelphia: Elsevier/Saunders, 2011
2. Sloane, Philip D, Lisa M. Slatt, and Richard M. Baker. Essentials of Family Medicine. Baltimore: Williams & Wilkins, 1988
3. DiTomasso, Robert A, Barbara A. Golden, and Harry J. Morris. Handbook of Cognitive-Behavioral Approaches in Primary Care. New York: Springer, 2010.
4. Alimoradi M, Abdolahi M, Aryan L, Vazirjavid R, Ajami M. Cognitive Behavioral Therapy for Treatment of Adult Obesity. International Journal of Medical Reviews 2016;1(3):371-379
5. Kennedy T, Jones R, Darnley S, Seed P, Wessely S, Chalder T. Cognitive behavior therapy in addition to antispasmodic treatment for irritable bowel syndrome in primary care: randomised controlled trial. BMJ 2005;331:435
6. Escobar J, Gara M, Diaz-Martinez A, Interian A, Warman M, Allen L, Woolfolk R, Jahn E, Rodgers D. Effectiveness of a time-limited cognitive behavior therapy type intervention among primary care patients with medically unexplained symptoms. Annals of Family Medicine 2007; 5(4): 328-35
7. Weiland A, Blankenstein AH, Van Saase JLCM, Van der Molen HT, Jacobs ME, Abels DC, et al. (2015) Training Medical Specialists to Communicate Better with Patients with Medically Unexplained Physical Symptoms (MUPS). A Randomized, Controlled Trial. PLoS ONE 10(9): e0138342. <https://doi.org/10.1371/journal.pone.0138342>