BOOK REVIEW

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Using CBT in General Practice. The 10 Minute Consultation

The author, a general practitioner with a masters degree in cognitive–behavioural therapy (CBT), continues to work as a partner in practice as well as a cognitive–behavioural practitioner and also runs UK-wide training workshops in CBT. Her website identifies her as the ‘founder of 10 minute CBT’, so with this bold statement in mind it was with some interest that I approached this book.

The evidence surrounding the use of CBT as an early intervention strategy is now well documented. While vast numbers of clients presenting to occupational health practitioners will have some form of common mental health problem such as anxiety or depression, it may be better classified as circumstantial adjustment disorders with disordered beliefs. This latter area is where we may have a chance to positively influence the situation—not by medicalizing but by normalizing and trying to change negative thought processes. Early challenge to these processes in a meaningful way will result in quicker gains and sustained improvement in health and by association performance.

Unlike our colleagues in general practice, most occupational health practitioners have the advantage of a less time-limited consultation, so can this book help us to develop useful skills for what essentially could be seen as a brief intervention?

The book is well ordered and structured with the first chapter setting the scene and outlining what CBT has to offer. The theory of a cognitive–behavioural model (CBM) is presented with advice on how to break problems down into five areas—thoughts, feelings, physical reactions/symptoms, behaviour and environmental factors.

There are useful ‘reminders’ throughout each chapter breaking down the learning points into bite-sized chunks. There is a particularly good chapter on the use of consultation skills for the CBM and I have adopted some suggestions from this into my practice, notably the agenda-setting and focus on specific and concrete issues.

Surprisingly, there was no mention made of ‘adjustment disorders’ or of the biopsychosocial model although it is clear that the author understands these as a concept. I would also have hoped that there would have been some reference to the therapeutic role of employment.

I found the book useful in helping me consolidate my consultation skills and have applied some of the principles. Having said that, most clients I see tend to have more deeply entrenched and highly disordered thought processes which require more in depth therapeutic support. Nonetheless, I highly recommend this book to anyone with an interest in the use of CBT or who wishes to develop consultation skills.

Rating (Overall verdict)
★★★★ (Buy, read and keep)

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