

Interventions with potential to improve behavioral health

Cognitive behavioral therapy (CBT)

Cognitive behavioral therapy (CBT) is a short, structured form of psychotherapy shown to be effective for a range of conditions, including

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depression, anxiety, panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder. CBT works by helping people learn how to interrupt and change their thoughts and feelings—particularly negative ones—and develop and reinforce new ways to think and act. It can be used to augment the effectiveness of medication for depression. It is considered a “gold standard” for talk therapy because of the strength of evidence supporting it and because it gives people self-management tools and skills, yet it can be difficult to access because of a shortage of trained providers who participate in insurance networks. It can be difficult to verify that the key components of CBT are adhered to and reliably delivered in practice. Evidence from tele-behavioral studies indicates that CBT can be effectively delivered remotely.

A study sponsored by PCORI compared CBT (delivered by phone) with yoga for older adults with high levels of worry. The yoga treatment resembled other mindfulness programs and included breathing techniques, movement, and meditation. Some participants were randomly assigned to the treatment options and some chose which intervention to receive. After 11 weeks, participants were measured on anxiety and sleep and both groups showed

improvements in both measures, with the CBT group reporting fewer sleeping problems. The group that chose their treatment had the same program completion rates as those randomly assigned. The study suggests both types of interventions may offer improvement for anxiety.

Chronic pain can be disabling and contribute to depression and there is a need to find effective alternatives to opioid medications, which can cause harm. Cognitive behavioral therapy (CBT) and mindfulness-based therapy (MBT) can be effective and offer skills to cope safely with pain and improve functioning and wellbeing. PCORI is currently funding a large clinical trial that compares CBT and mindfulness-based training in persons treated long-term with opioids for chronic low back pain. The trial tested eight weekly therapist-led, two-hour group sessions, and home practice during the 12-month study and is now in peer review. If MBT demonstrates effectiveness when compared with CBT, MBT could become a first-line non-pharmacologic treatment option for this patient population. However, MBT, like CBT, also must be delivered with consistency by a trained provider.

Disclaimer

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