


# Cognitive Behavioral Interventions in Case Management

By Jason Chapman, - JusticePoint 2020

# Objectives

- Participants will understand the evidence behind the efficacy of CBT programming
- Participants will be able to articulate the theories underpinning CBT programming
-  ~~Participants will have practiced and experienced several different brief CBT interventions~~
- Participants will examine best practices for delivering CBT interventions
- Participants will consider ways they can integrate CBT interventions into their existing case management interactions



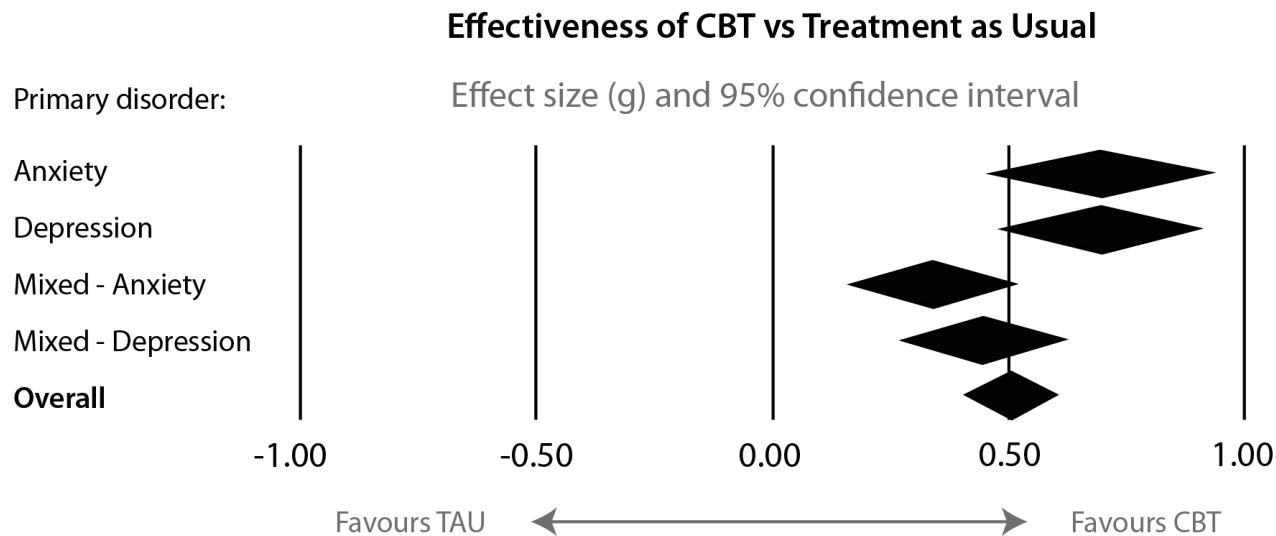


# Objective #1

Participants will understand the evidence behind the efficacy of CBT programming

# CBT Works – Mental Health & Addiction

## CBT for Addiction

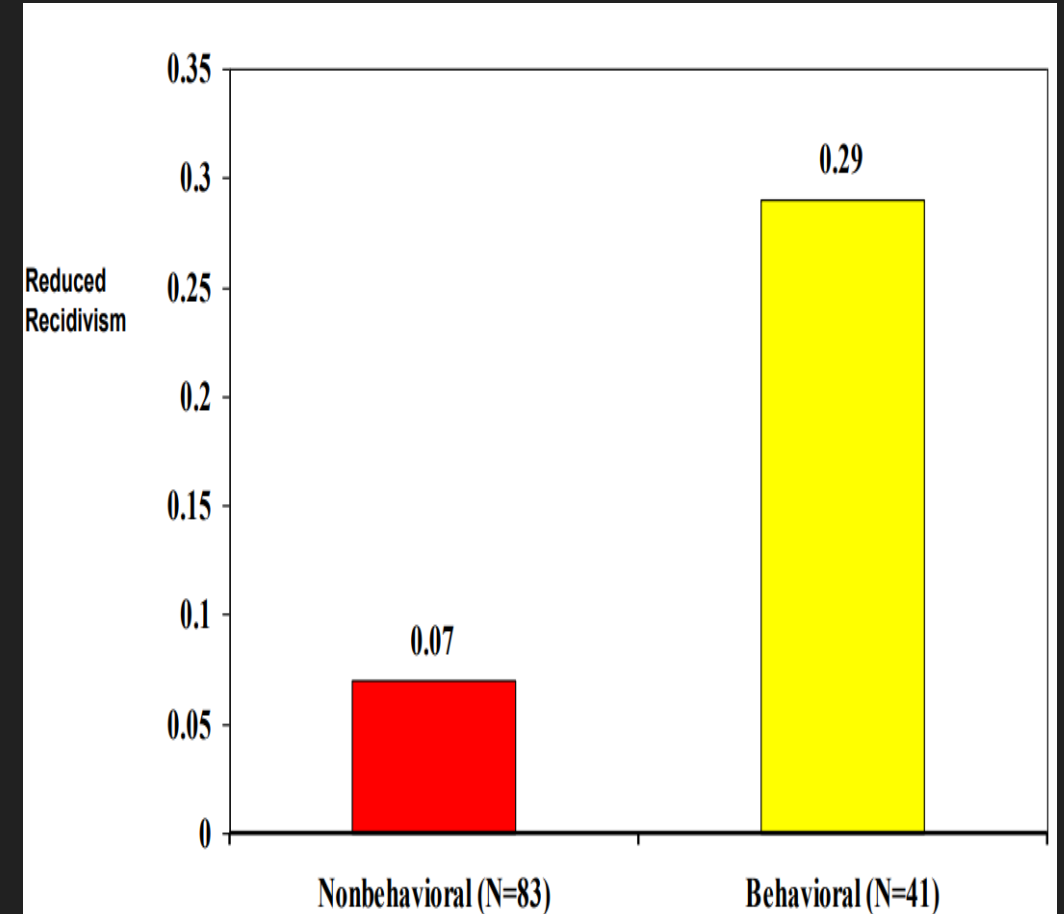


Scores with an effect size this side of 0 indicate that CBT is more effective than treatment as usual

- Is more effective than TAU
  - Less effective than contingency management
  - About as effective as relapse prevention
  - Improved outcomes when used together
    - Pairs particularly well with MAT
- Outcomes depend on substance
  - Highly effective for THC, nicotine, gambling, and sex addiction
  - Lower efficacy for cocaine, opiates, and polysubstance

# CBT Works - Recidivism

<b>Cognitive Behavioral Program</b>	26% reduction
<b>Case Management</b>	20% reduction
<b>Social/Interpersonal Skills Training</b>	13% reduction
<b>Meditation</b>	12% reduction
<b>Academic Training (GED)</b>	10% reduction
<b>Job Related Interventions</b>	6% reduction



# CBT Works – Bottom Line

“Four separate meta-analytic studies supported the efficacy of CBT for criminal offenders (Illescas, Sanchez-Meca, & Genovés, 2001; Lösel & Schmucker, 2005; Pearson, Lipton, Cleland, & Yee, 2002; Wilson, Bouffard, Mackenzie, 2005). Out of several theoretical orientations and types of psychological interventions for criminal activity, behavior therapy and **CBT appeared to be the superior interventions in reducing recidivism rates**”



## Objective #2

Participants will be able to articulate the theory underpinning CBT programming

# Definition of CBT

- “CBT builds a set of skills that enables an individual to be **aware of thoughts and emotions**; identify how situations, thoughts, and behaviors influence emotions; and improve feelings by changing dysfunctional thoughts and behaviors. . . **Skill acquisition** and **homework assignments** are what set CBT apart from “talk therapies.” You should use session time to **teach skills** to address the presenting problem and **not simply to discuss the issue . . .or offer advice.**” – Jeffrey Cully & Andra Teten
  - Skill acquisition recommendation: Skill Streaming for the Adolescent McGinnis and Goldstein 1997
- “(CBT) is a **short-term, goal-oriented** psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to **change patterns of thinking or behavior** that are behind people’s difficulties, and so change the way they feel.” – Ben Martin



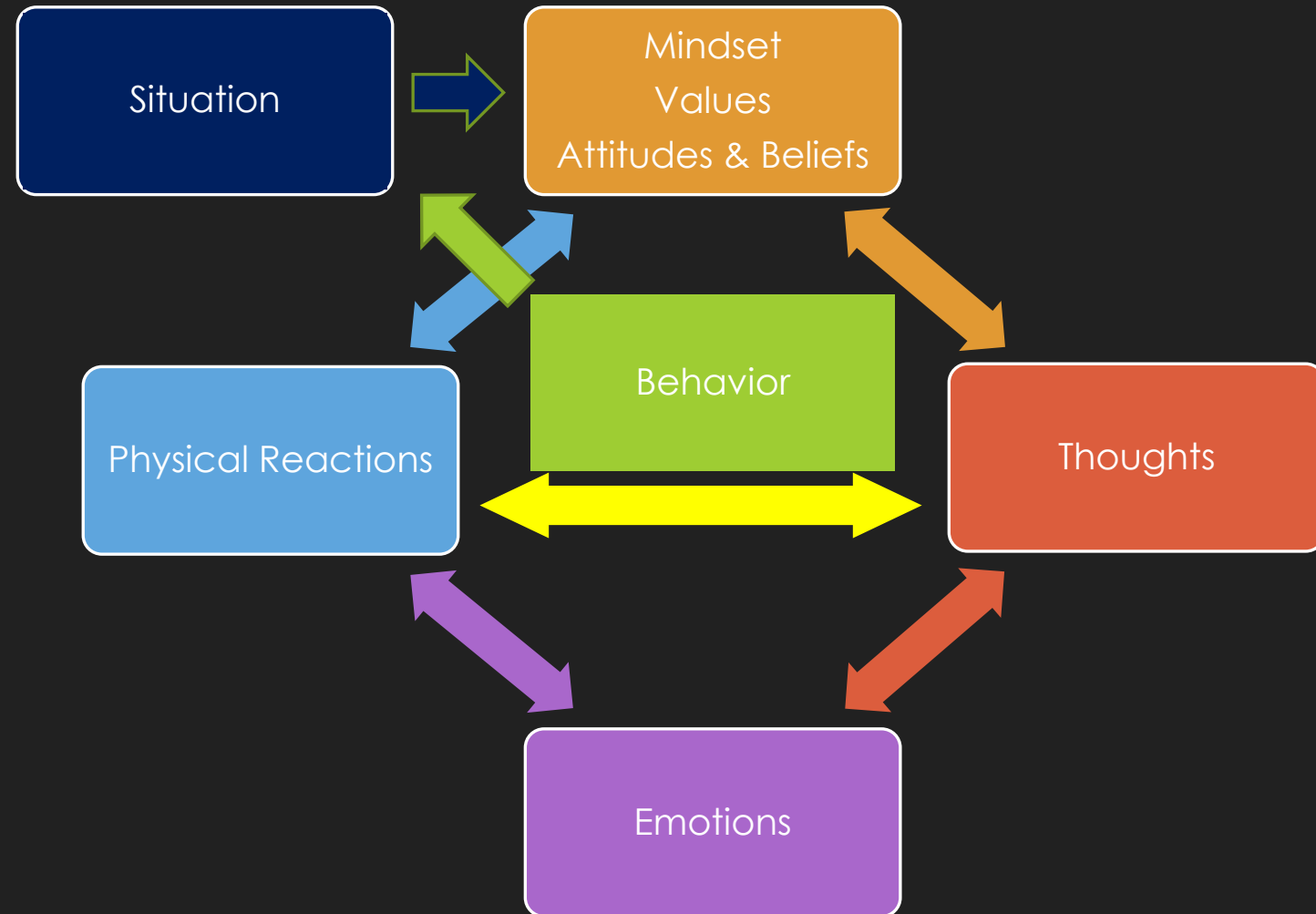
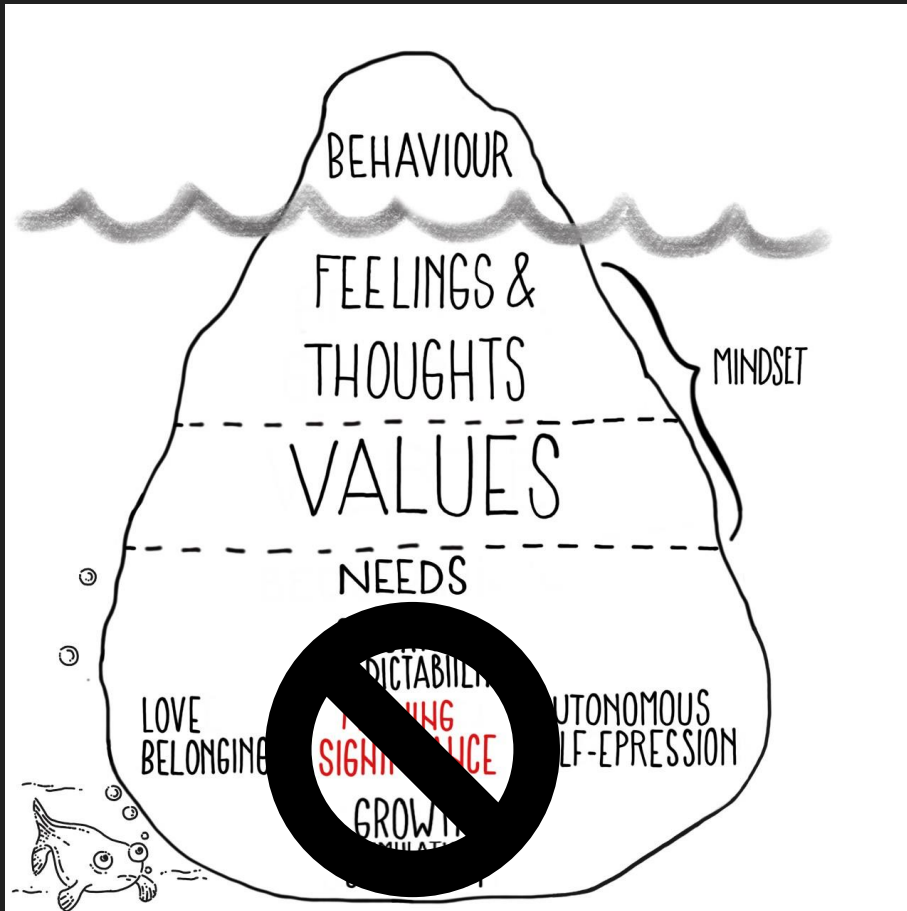
# Shared Definitions

- Thought: Our inner monologue and visualizations
- Automatic Thoughts: Thoughts that just pop up and that we don't have control over
- Feelings: Emotions and moods
- Physical Reactions: The reactions going on in our body in response to thoughts or that let us know we feeling something (Pounding heart, flushed face, clenched fists, chest tight, etc.)
- Attitudes/Beliefs/Mindset/Values: They are the lens through which we view the world (schema).
- Behavior: The physical actions we take
- Objectivity: Treating situations, and our responses to them, as if they were objects that we can view without bias, judgement, or emotional response
- Replacement Thought: The thoughts we choose to think in response to our automatic thoughts. Also known as new thinking.

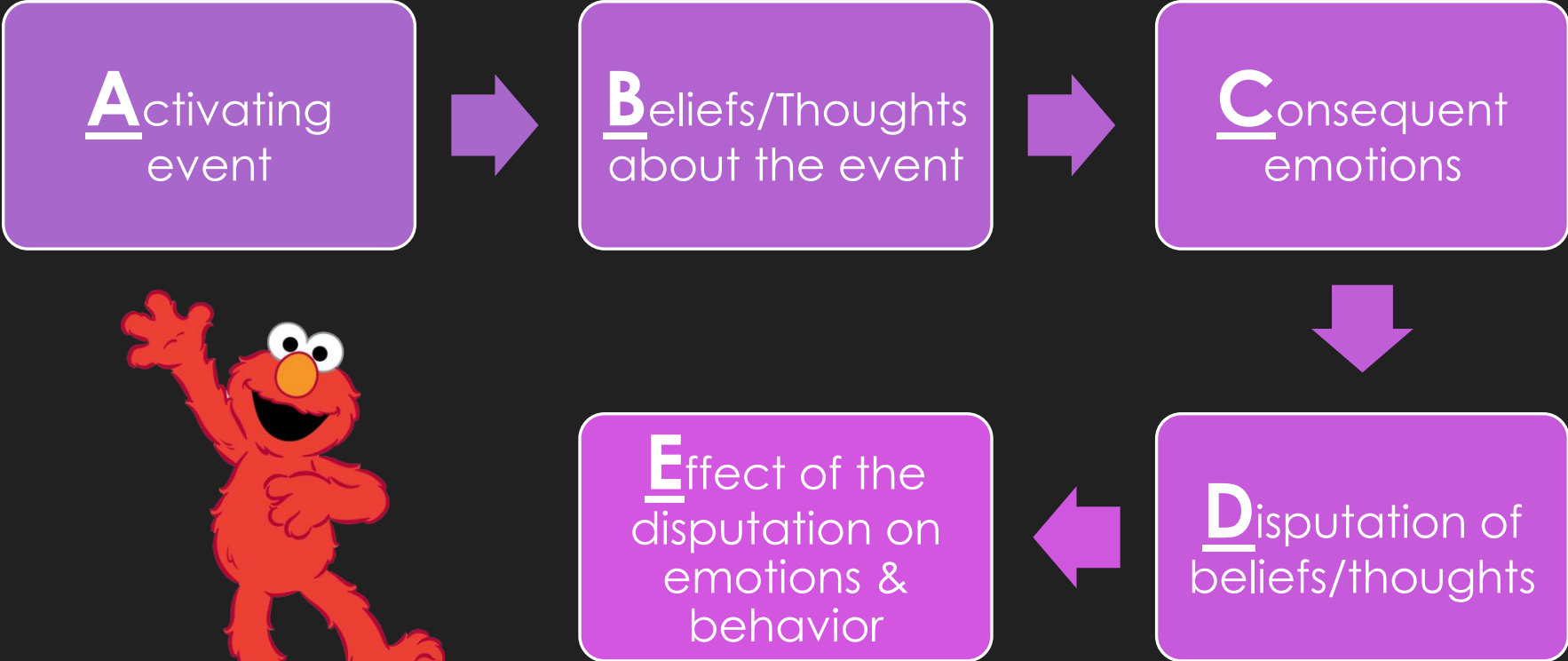
# Origins of CBT

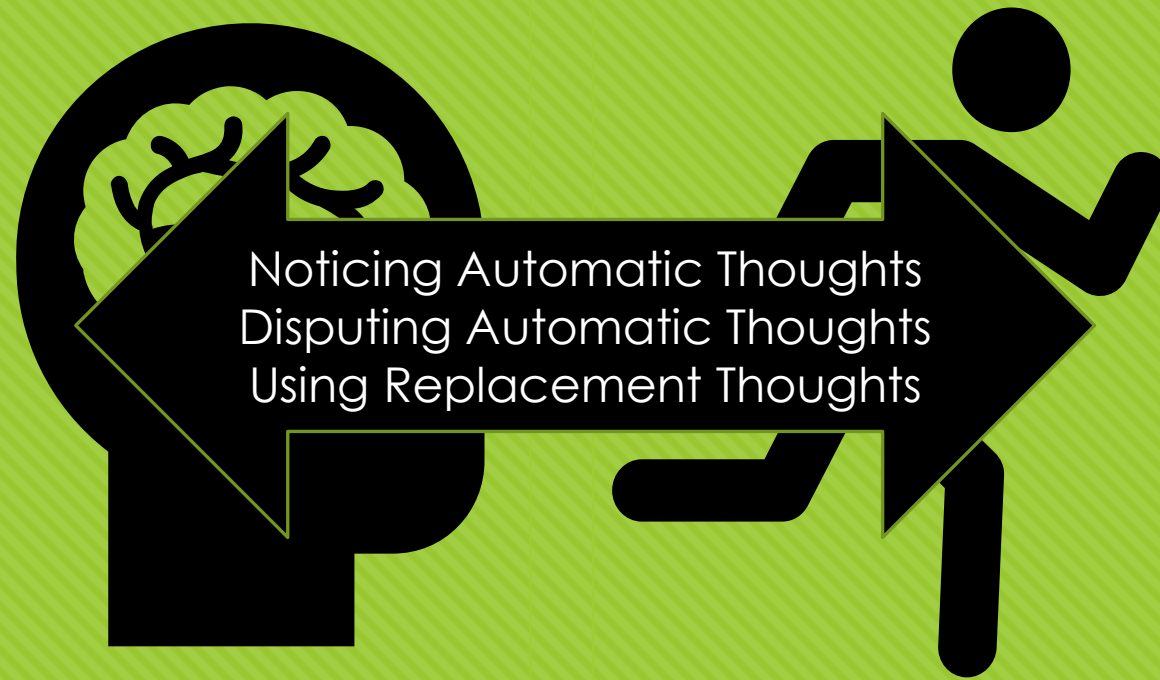


# Thought/Feeling/Action Link



# CBT ABC's





## Cognitive Fusion/Defusion

Cognitive Fusion – Automatic Thoughts are taken literally and as truth. Thoughts must be acted upon. No separation of thought and action.

Cognitive Defusion – Thoughts and emotions are treated objectively; they are pure information, and we can choose if and how we respond to them.

# Theory of CBT Bottom Line

- “We don’t see things as they are, we see things as we are.” – Anaïs Nin
- “Every action is preceded by thought. If we want to control our actions, we must control our thinking.” – James Allen



## Objective #3

Participants will examine best practices for delivering CBT interventions

# Therapy vs. Non-Clinical Support

- What is the difference between Therapy and Non-Clinical Support?

Therapy	Non-Clinical
Retrospective	Present Focus or Prospective
Introspective/Intrapersonal	Action/Behavior Oriented
Expert/Caretaker Role	Guide on the Side
Analytical	Practical
Goal Based on Diagnosis	Goal Based on Client Desire
Goal is to Create Wellness	Goal is to Increase Capacity
Addresses Root of the Problem	Results Based



# Principles and Methods of CBT

## ○ Principles

- Present Centered
- Client Focused
  - The client is the expert
- Thought Centered
  - Recognize irrational thoughts
  - Elicit rational replacement thoughts
- Solution Focused
- Therapeutic Relationship
  - Accurate empathy

## ○ Methods

- 20/20/20 Rule
  - 1/3<sup>rd</sup> of session – Assess status and review
  - 1/3<sup>rd</sup> of session – Instruction
  - 1/3<sup>rd</sup> of session – Practice and Review
- Use a systematic approach
  - “Leahy(2003)notes that some clinicians view CBT as too technique oriented, too mechanical, too structured and too formula driven. But the purpose of the structured ingredients used in CBT combine to actively intervene by using specific strategies to move the client forward into self efficacy.”
- Practice and Homework
  - Written work
  - Step based approach

# Attitude Matters

- **Objective**
  - Non-judgmental
    - No good or bad, right or wrong
  - Model being purely factual
- **Empathetic**
  - Adopt the client's viewpoint
  - Avoid argumentation
- **Support Self-Efficacy**
  - The client is the expert
  - Only provide suggestions with permission



**Power-Up:** These traits have been shown to increase effectiveness of CBT interventions



## Connections: Principles of MI/MET

Motivational Interviewing	Motivational Enhancement Therapy
<ul style="list-style-type: none"><li>• Collaboration</li><li>• Evocation</li><li>• Emphasize Autonomy</li><li>• Compassion</li></ul>	<ul style="list-style-type: none"><li>• Empathy</li><li>• Develop Discrepancy</li><li>• Avoid Argumentation</li><li>• Roll with Resistance</li><li>• Support Self-Efficacy</li></ul>

# The Systematic Approach

1. Explicitly agree that you will have a conversation about the thinking that led up to a problem situation
    - a) Explain that they might be asked to write or tryout (roleplay) their thoughts and actions
  2. Identify and write down a **specific real-life** example of the selected problem
    - a) Rewrite the problem situation to focus on their behavior or response
  3. Client identifies their thoughts, feelings, and physical reactions that led up to the behavior
  4. Summarize and reflect the client's thoughts
    - a) Highlight the link between their thought or belief and their behavior
    - b) Emphasize the negative consequence they identified of their behavior
  5. Client identifies a different behavior they would like to see and identifies the thought that would support that behavior
  6. Empower the new thinking
    - a) Summarize and reflect
    - b) Tryout (roleplay)
    - c) Agree to experiment in real -life
    - d) Assign homework
- 
- The diagram illustrates the systematic approach with callout boxes for each step:
- Step 1: Collaboration
  - Step 2: Support Self-Efficacy
  - Step 3: Support Self-Efficacy
  - Step 4: Operant Conditioning/Social Learning Theory
  - Step 5: Operant Conditioning/Social Learning Theory
  - Step 6: Social Learning Theory



## Objective #4

Participants will consider ways they can integrate CBT interventions into their existing case management interactions

# CBT Tool

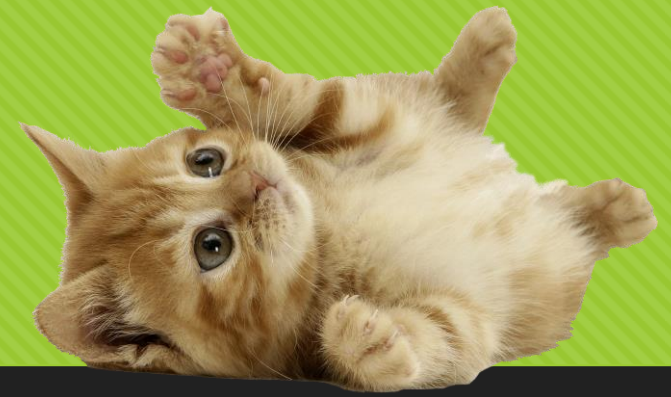
## Classic Model Thinking Report

<b>Situation:</b>			
Automatic Thoughts & Attitudes/Beliefs	Consequences & Emotions (rate 0-10)	New Thoughts & Attitudes/Beliefs	Consequences & Emotions (rate 0-10)
	+		+
	-		-

# CBT Tool

## Classic Model Thinking Report

### Sample



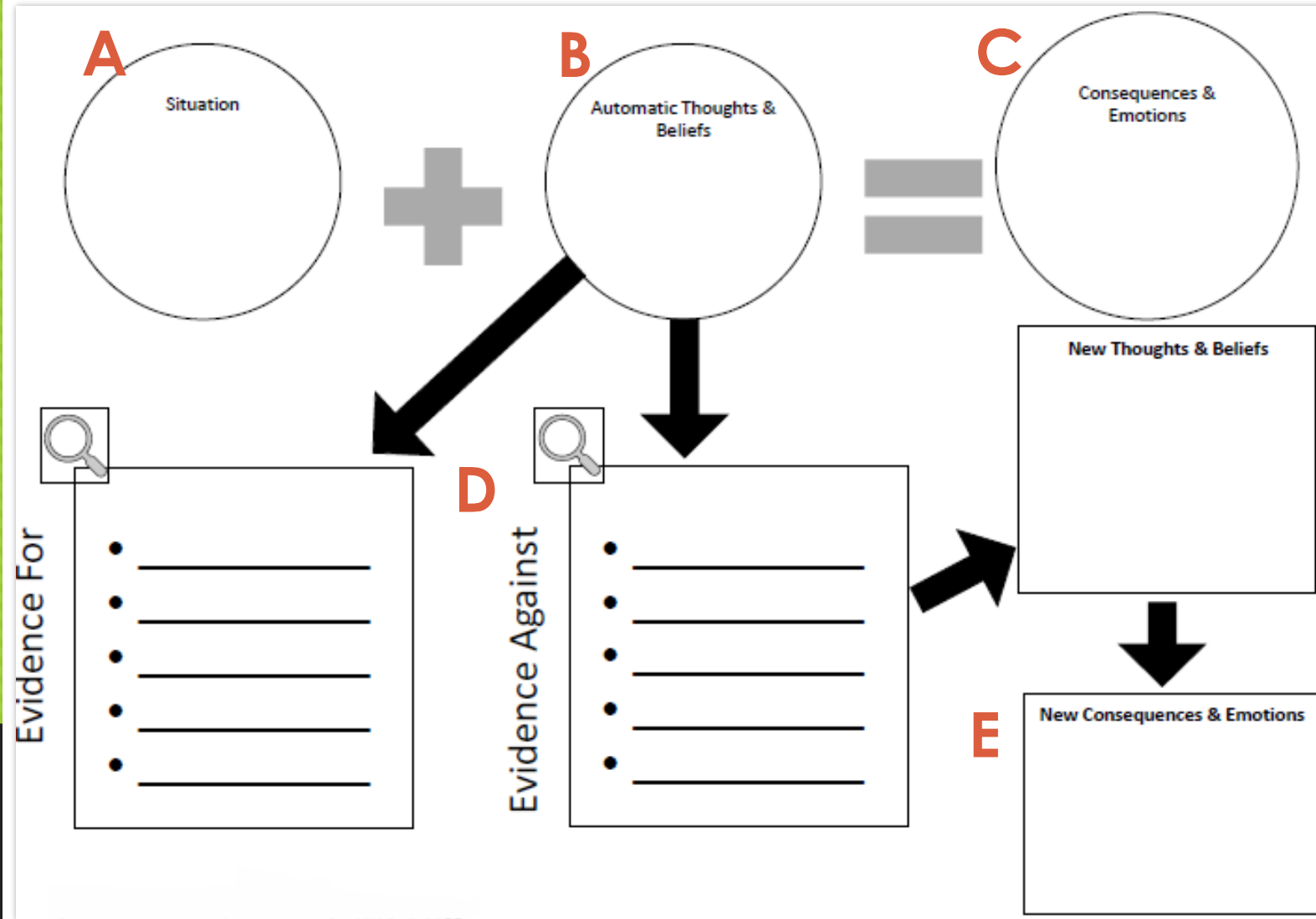
**Situation: I spent two hours watching cat videos instead of preparing this PowerPoint.**

Automatic Thoughts & Attitudes/Beliefs	Consequences & Feelings (rate 0-10)	New Thoughts & Attitudes/Beliefs	Consequences & Feelings (rate 0-10)
(A/B) I work better under pressure	+ Joy (9)	(NT) I can get this done now and watch videos later	+ Accomplished (7)
(AT) I've been doing so much shit, I need a break	Relaxed (6)	(NT) If I do this I will feel guilty	The project is done! (10)
(AT) I deserve this	- Guilt (8)	(A/B) I don't like feeling guilty	Smiling (3)
(AT) There is plenty of time	Stay up late (8)	(A/B) My work is important to me	- I feel grrrr. . . (5)
	Distracted (2)		Exhausted (4)

# CBT Tool

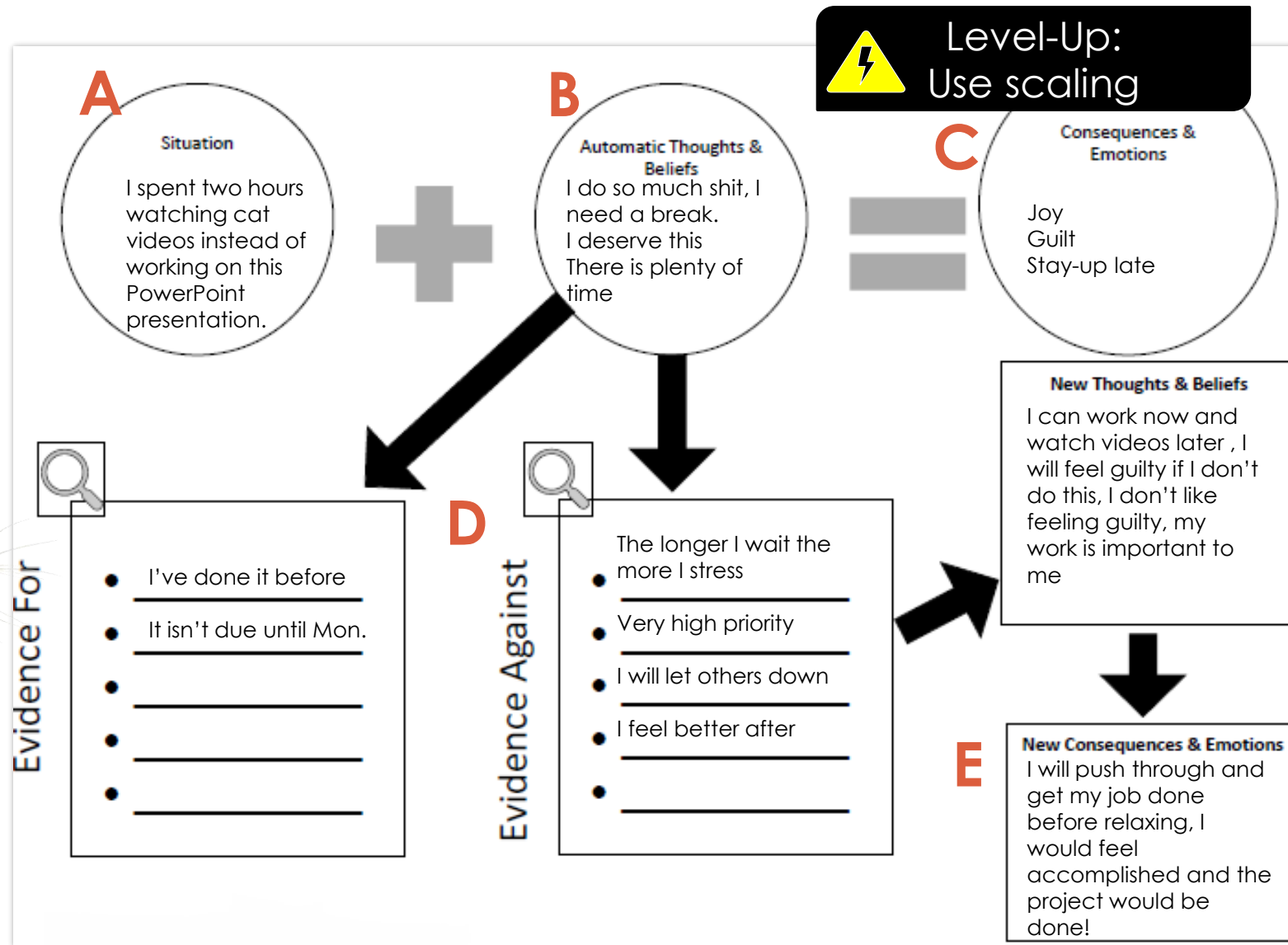
## ABC Thinking Report

- Evidence for/Evidence Against should be objective
  - Clients often need help with this but there are still the authority on their report



# CBT Tool

## ABC Thinking Report Sample





# CBT Tool

## – Classic Model

### Recognizing Thinking Distortions

- 1976 Samuel Yochelson and Stanton Samenow - 36 Criminal Thinking Errors
- Other Thinking Errors:
  - List of 15
  - List of 12
  - List of 10
  - List of 4
- Not thinking deficiencies, shortcuts everyone's' brain takes sometimes

Situation:	<u>Thinking Distortions</u>	<u>New Thoughts &amp; Beliefs</u>	<u>Will I feel better thinking this?</u>
<u>Thoughts &amp; Beliefs</u>	Filtering: focus on the negatives and ignoring the positives	1.	1.
1.	Black & White: either/or, all or nothing	2.	2.
2.	Overgeneralization: making a general conclusion from limited evidence	3.	3.
3.	Jumping to Conclusions: assuming something, especially others' thoughts, that we can't actually know	4.	4.
4.	Fortune-Telling: assuming nothing we do can change what will happen	5.	5.
5.	Magnifying: always assuming the worst, making something a bigger issue than it is		
	Minimizing: choosing to ignore something, making something a smaller issue than it is		
	Personalization: believing everything that happens is directed at yourself		
	External Control: others control what I do or feel, I have no choice in my responses		
	Internal Control: assuming we are responsible for everything around us		
	Fairness: assuming we know what is fair or that life should be fair		
	Should: believing in ironclad rules about how people, including ourselves, should act or behave		
	Emotional Reasoning: if I feel that way it must be true		

# CBT Tool Recognizing Thinking Distortions – Sample



**Situation:** I spent two hours watching cat videos instead of preparing this PowerPoint.

### Thoughts & Beliefs

1. I work better under pressure.
2. I do so much shit I need a break
3. I deserve this.
4. There is plenty of time.
- 5.

### Thinking Distortions

**Filtering:** focus on the negatives and ignoring the positives

**Black & White:** either/or, all or nothing

**Overgeneralization:** making a general conclusion from limited evidence

**Jumping to Conclusions:** assuming something, especially others' thoughts, that we can't actually know

**Fortune-Telling:** assuming nothing we do can change what will happen

**Magnifying:** always assuming the worst, making something a bigger issue than it is

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**Personalization:** believing everything that happens is directed at yourself

**External Control:** others control what I do or feel, I have no choice in my responses

**Internal Control:** assuming we are responsible for everything around us

**Fairness:** assuming we know what is fair or that life should be fair

**Should:** believing in ironclad rules about how people, including ourselves, should act or behave

**Emotional Reasoning:** if I feel that way it must be true

### New Thoughts & Beliefs

1. I can get this done now and watch videos later
2. If I do this, I will feel guilty
3. I don't like feeling guilty
4. My work is important to me
- 5.

### Will I feel better thinking this?

1. Yes
2. No
3. Yes
4. Yes
- 5.

# Combining MI and CBT

## CBT Based Questions

- Ask questions to evoke the thought/feeling/action link
  - “What was going through your head at that moment”
    - “How did those thoughts make you feel”
    - “How did those thoughts lead you to do what you did?”
    - “What do you wish you had done? What thoughts would you have focused on to make that happen?”
  - “Was there factual evidence that led you to that thought? What was it?”
  - “If you were an outside observer or a video camera how would your description of the situation be different?”
  - “What was it that you really would have wanted to have happened?”
    - “What would you have to do differently to make that outcome happen?”
  - “Are there other ways that you could think about what happened?”
  - “If you always thought that way how would your life be different?”



Scaling Questions  
develop discrepancy  
and cognitive diffusion

# Combining MI and CBT

## CBT Based Reflections

- Label thoughts and beliefs to help client identify their thoughts and beliefs
  - “I work better under pressure.”
    - “You believe you work better under pressure.”
  - “I deserve this.”
    - “You thought you deserved a break.”
- Transform client language into more factual objective constructs
  - “There is plenty of time.”
    - “You had until the end of the day to get it done.”
- Draw attention to the possibility of changing thoughts or beliefs
  - “I work better under pressure.”
    - “At the time, you were thinking you work better under pressure.”
    - “One belief you sometimes have is that you work better under pressure.”

# Combining MI and CBT

## CBT Based Reflections

- Replace thinking distortions with objective descriptions or thought/feeling/action link
  - “I do so much shit I need a break.”
    - “You do a lot at work and you were tired.”
  - “I work better under pressure.”
    - “On one hand you believe you work better under pressure, on the other hand not having the work done was really stressful and made you feel guilty.”
  - “I deserve this.”
    - “Focusing on what you thought you deserved led to your decision.”
- Make thought/feeling/action connections for the client
  - “I have plenty of time.”
    - “It makes sense that since you thought you had plenty of time you were willing to procrastinate.”

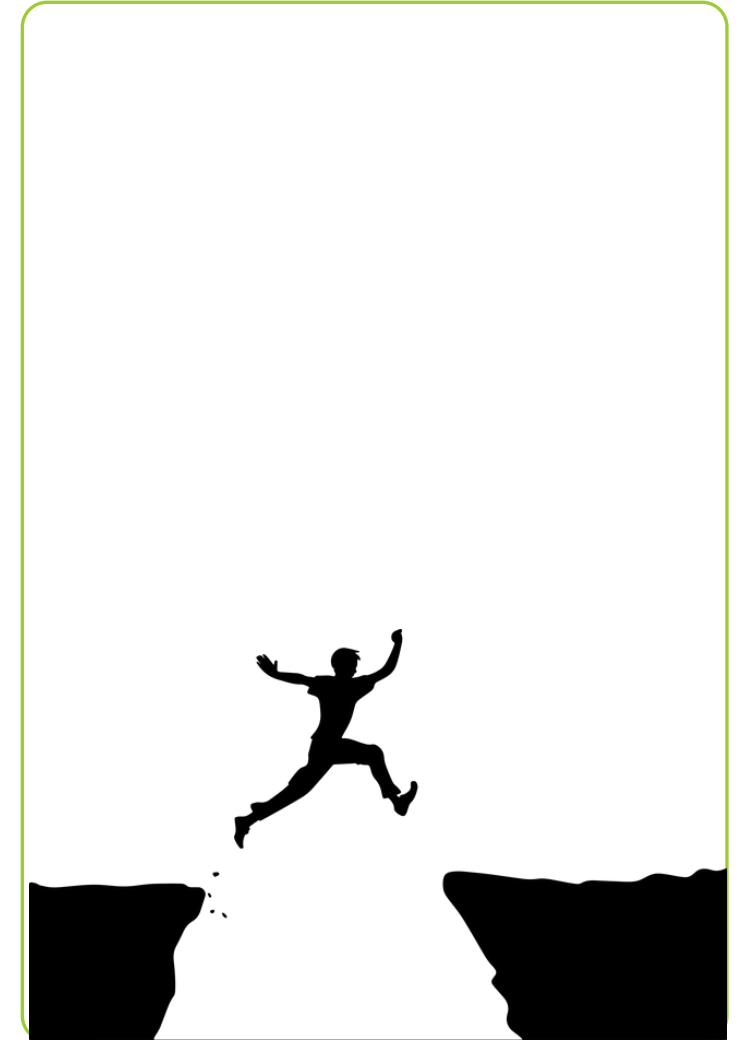
# Combining MI and CBT

## CBT Based Summarization

- You (thought or felt) \_\_\_\_\_ because \_\_\_\_\_ . You reacted by \_\_\_\_\_ .
  - “You thought you needed a break because you had been working hard and were tired. You reacted by watching cat videos instead of doing your work.”
- Your [thought/feeling/belief] \_\_\_\_\_ led you to \_\_\_\_\_ but you wish you had done something differently.
  - “Your belief that you work best under pressure led you to watch cat videos instead of work on your PowerPoint but you wish you had done something differently.”

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- With all MI you must be genuinely objective
  - Not snarky or judgmental
- When combining CBT and MI don't push further than the client is ready to go
  - Help them up to the edge, look around, don't push them, let them take the leap.



# Combining MI, CBT, and the Systematic Approach - Example

1. Explicitly agree that you will have a conversation about the thinking that led up to a problem situation
2. Identify a **specific real-life** example of the selected problem
3. Client identifies their thoughts, feelings, and physical reactions that led up to the behavior
4. Summarize and reflect the client's thoughts
  - a) Highlight the link between their thought or belief and their behavior
  - b) Emphasize the negative consequence they identified of their behavior
5. Client identifies a different behavior they would like to see and identifies the thought that would support that behavior
6. Empower the new thinking



# Working With Clients in CBT Groups

- What happens in group stays in group
  - Offer to help with homework but tell them they don't have to
- Instead of demanding they work through violations in group use what they have learned in group to address the violations
  - If they have learned a social skill tryout (roleplay) using the social skill in their situation
  - If they have learned thinking reports, do a thinking report using the same format as in the group
  - The exception is MRT where facilitators should be told of violations and lies
- Encourage them to trust the process
  - It is okay to go through the motions even if they aren't "feeling it" yet
  - Cycling the Puck
    - Just like passing the puck in hockey, or the ball in soccer, you keep trying to keep moving around until an opportunity for a goal presents itself.



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## ○ Definition of CBT

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## ○ Origins of CBT

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## ○ Thought Feeling Action Link

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- *The Framework: Understanding, Transforming and Reducing Stress, Autostress and Anxiety*; Marks, Rebecca, 2017

## ○ Mindset/Thought/Behavior Link

- <https://www.intechopen.com/books/mental-disorders-theoretical-and-empirical-perspectives/cognitive-behavioral-therapy-approach-for-suicidal-thinking-and-behaviors-in-depression>

## ○ ABCs of CBT

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