COGNITIVE BEHAVIORAL APPROACHES (CBT) FOR INTENSIVE TREATMENT TEAMS: MAKING THE CASE

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A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Service innovations for people with mental illness, substance use disorders

- IDDT: Integrated Dual Disorder Treatment
  - Strategies for co-occurring disorders
  - Evidence-based practice

- DDCAT: Dual Diagnosis Capability in Addiction Treatment
  - Organizational assessment & planning tool

- DDCMHT: Dual Diagnosis Capability in Mental-Health Treatment
  - Organizational assessment & planning tool

- SAMI: Substance Abuse & Mental Illness
  - Strategies for co-occurring disorders

- ACT: Assertive Community Treatment
  - Evidence-based practice

- SE/IPS: Supported Employment/Individual Placement & Support
  - Evidence-based practice

- IPBH: Integrated Primary & Behavioral Healthcare

- MI: Motivational Interviewing
  - Evidence-based treatment

- MC/PRO: Tobacco: Recovery Across the Continuum
  - Stage-based motivational model

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Training Objectives

1. Explain the importance of building readiness to change in preparation for cognitive-behavioral interventions.

2. Describe the development of the CBT model, including its core philosophy and elements.

3. Explain the key reasons to utilize cognitive-behavioral approaches with people experiencing mental illness and co-occurring substance use disorders.

4. Identify the key elements and core treatment methods of CBT for people with mental illness.
“Setting the Stage” for Change
Does a Person Need to ACCEPT their Illness in Order to Change?

• Historically, providers thought in order for treatment to proceed, the person needed to:
  • Accept the illness identified
  • Admit they had a problem in this area
  • Show “insight” into the illness and potential solutions

• However, the symptoms of SPMI and SUD can limit the ability for an individual to have insight

• So, essentially...
We have required people to have insight into an illness that interferes with them having insight.
A Bit About Readiness...

• Treatment Works*

• Getting and Keeping People in Treatment is NECESSARY

• Relationship, Respect and Rapport are the CORNERSTONES

• Stage-Wise and Motivational Interventions should become NATURAL considerations
Stages of Change

Precontemplation

Contemplation

Preparation

Action

Maintenance
Motivational Interviewing (MI)

A collaborative conversation style for strengthening a person’s own motivation and commitment to change.

(Miller and Rollnick, 2013)
People change voluntarily

Only when they become…

- Become *Interested and concerned* about the need for change
- Become *Convinced* change is in best interest or will benefit them more than cost them
- Organize *plan of action* that they are *committed* to implementing
- *Take the actions* necessary to make and sustain the change

*(Miller and Rollnick, 2013)*