CBT Can Enhance Hospitalization

• Hospitalization has challenges:
  • Maintaining stability after discharge
  • Hospitalization is intended for stabilization, not affecting lasting change

• CBT can help:
  • Develop skills to cope with life stressors/responsibilities
  • Develop skills to effectively reduce substance use
  • Reduce time spent in subsequent hospitalizations - by 41%
    (Wright, et al, 2006)
Brief CBT significantly reduced time spent in hospital for those who relapsed (CBT mean 47 days vs TAU mean 80 days) and delayed time to rehospitalisation (OR, 1.837, 1.108, 3.04, p=0.018).

(Advances in Cognitive Therapy for Psychosis, Kingdon) Turkington et al, 2006
CBT Can Enhance Pharmacotherapy

Adherence to Medication is a challenge:

- Schizophrenia: 50% non-adherent (Dolder, 2003)
- Bipolar: 51% non-adherent (Keck, 1997)
- Depression: 49% non-adherent (Akincigil, 2007)

- **CBT improves medication adherence outcomes** (Cochran, 1986; Kemp, et al, 1996)
- **CBT has an additive affect to pharmacotherapy** for many disorders including Schizophrenia (Rector and Beck, 2001; Sensky, et al, 2000; Tarrier, et al, 1993)

Substance use = single biggest predictor of med non–adherence (Osher and Kofoed, 1989, and many others since)


  (Wright, et al, 2009)
CBT can Enhance Case Management

Case Management – small to moderate effects (Ziguras and Stewart, 2016):

- Improvement in symptoms
- Length of hospital stay
- Proportion of patients hospitalized
- Contacts with mental health services
- Contacts with other services
- Drop-out rates from mental health services
- Improvement in social functioning
- Patient satisfaction with care
- Family satisfaction with care and burden of care

(ACT teams had greater effects for those with frequent hospitalization)

CBT has also been shown to improve many of these areas

What would happen to effect sizes if all case managers utilized CBT interventions? (More research needed)
Key Elements of Cognitive Behavioral Approaches on Intensive Teams
CBT for Severe Mental Illness (Wright et al, 2009)

Key Elements:

• Considers cognitive-behavioral, biological, interpersonal, and sociocultural elements

• Integrative theory and method

• Used with medications and/or other biological treatments

• Treatment plans address interpersonal and sociocultural influences

• Stress-vulnerability conceptualization

• Treatment interventions guided by standard CBT model (linkage between events, cognitions, emotions, and behavior)
CBT for Severe Mental Illness (Wright et al, 2009)

Core Treatment Methods:

- Engaging/Assessing
- Normalize and destigmatize (symptoms/experience)
- Provide psychoeducation
- Modify automatic thoughts and core beliefs

- Implement behavior strategies
  - Address problems with concentration or thought disorder
  - Enhance adherence
  - Treat comorbid substance abuse
  - Build relapse prevention skills
Basic Concepts: Engagement
Remember - Relationship and Readiness....
Basic Concepts: Assessment

- **Bio-psycho-social assessment**
- **Case conceptualization**
- **Functional analysis**
  - Collaboratively determine how the pieces of the issue fit together
  - Hypothesis informs treatment plan and interventions
CBT for Severe Mental Illness (Wright et al, 2009)

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Basic Strategies: Understand and Modify Beliefs/Thoughts

Examine the Evidence:
• What evidence do you have that this is true?
• What evidence do you have that this is false?

Developing Rational Explanations:
• What is another possible explanation for the event?

Taking a Different Perspective:
• What might someone else think in this situation?
• What is the worst that could happen? Could I live through it?
• What is the best that could happen?
• What is the most realistic outcome?

Consider Options:
• What should you do about it?
Basic Strategies: Understand and Modify Beliefs/Thoughts

- Perceptions/Beliefs:
  - May be involuntarily generated by an individual
  - May be triggered by becoming aware of a situation or circumstance
  - May develop quickly
  - Are not subject to detailed inquiry or logical examination

- Developing a Thought Record:
  - Helps record thoughts in the moment for analysis later
  - Complexity can vary depending on skills/abilities of person
  - Staff can help person to complete as needed
### Thought Record Examples

<table>
<thead>
<tr>
<th>A=Activating Event</th>
<th>B=Belief</th>
<th>C=Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage girls stop laughing as I enter the mall.</td>
<td>They know all about me and what happened when I met those men.</td>
<td>I return home immediately without buying the computer game.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Automatic Thoughts</th>
<th>Realistic Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brother reaches for Kleenex and wipes nose.</td>
<td>• I am in danger. • He is sending me a sign to watch out. • He would never hurt me – he’s trying to protect me. • He knows something he isn’t telling me.</td>
<td>• He has allergies and wipes his nose a lot. • People would have to be absolutely still for me to not think they were sending signs. • I’m just scared because bad things have happened to me.</td>
</tr>
</tbody>
</table>
Basic Concepts: Identifying Thought Distortions

Identifying Thinking Styles

• ALL-OR-NOTHING THINKING
  • “The medications aren’t working in the way I had hoped for, nothing will ever work.”

• OVERGENERALIZATION
  • “These people can’t help me. No worker ever has.”

• MENTAL FILTER
  • “I lost my temper yesterday. I’m a terrible person.”

• DISQUALIFYING THE POSITIVE
  • “She just spent time with me because she feels sorry for me.”
Basic Concepts: Identifying Thought Distortions

Identifying Thinking Styles

• JUMPING TO CONCLUSIONS
  • MIND READING
    • “I know what they’re going to say…."
  • THE FORTUNETELLER ERROR
    • “They’ll never find me a place to stay, no place will take me.”

• MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION
  • “If they can’t see me this week, I’ll probably just end up in the hospital or jail.”
  • “It’s just pot, I’m not shooting up or anything.”
Basic Concepts: Identifying Thought Distortions

Identifying Thinking Styles

• EMOTIONAL REASONING
  • Road Rage
  • “They shouldn’t have pissed me off, they had it coming.”

• SHOULD STATEMENTS
  • “I’m a grown man, I should be able to handle my own money.”

• LABELING AND MISLABELING
  • “All these people are idiots, they don’t know what they’re doing.”

• PERSONALIZATION
  • “I’ve had four case managers in the last five years, I have a way of driving people out of here.”
Core Treatment Methods:

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Additional CBT Strategies: Implement Behavior Strategies/Coping Skills

- Distraction
- Focusing
- Mental Imagery
- Graded Exposure
- Coping Cards
- Relaxation Techniques
- Social Skills Training
- Journaling
- Behavioral Plan and Experiments

- Role-playing
- Pie Technique
- Activity Scheduling
- Mindfulness
- Sleep Hygiene
- Reminder Strategies
- Symptom Recognition and Monitoring

- Planning for Temptations-Triggers-Cravings
- Other
Basic CBT Concepts
Exercise
Contact Us

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- Training events
- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks
Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers

www.centerforebp.case.edu
Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research