

Great Lakes Addiction Technology

Transfer center:

Teaching Thinking Skills for People with Behavioral Health Disorders

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Activating Your Clients



Behavioral Principles for Engagement

- The goal of behavioral health treatment is to *activate* a person's self management skills, including those needed to achieve self-defined goals or values
- The goal of behavioral health treatment is not to cure people of their behaviors or chronic behavioral conditions

Behavioral Principles for Engagement

- **Rule 4:** Clients can solve their problems and manage their chronic conditions if given the thinking tools for self-management
- **Step 4:** Teach thinking skills and avoid solving the clients problems for them
 - ✓ Avoid the righting reflex: i.e., the desire to fix people who are perceived to be broken and incapable of fixing their own problems

Behavioral Principles for Engagement: Empower Within

Covers @ FirstCovers.com

**DON'T TRY TO FIX ME ..
I'M NOT BROKEN**



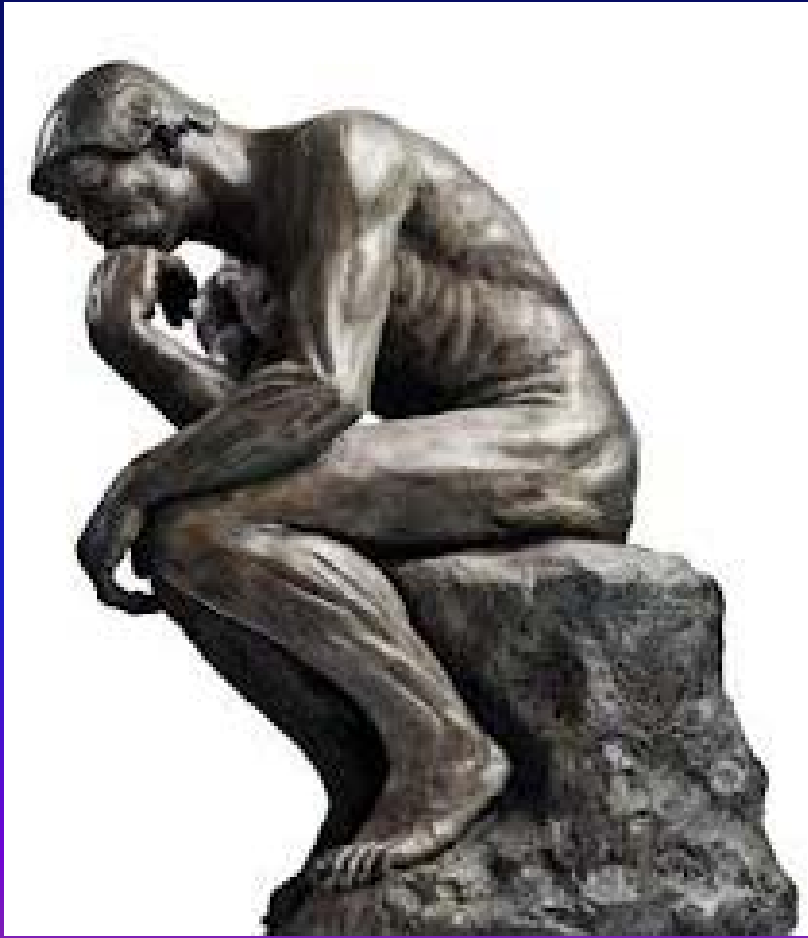
The Righting Reflex

- ❑ A common way of undermining the change process is through the righting reflex
- ❑ The righting reflex is the natural tendency of clinicians to solve a person's problem, provide good advice without waiting for the client, or prevent someone from making a mistake
- ❑ The clinician solves the problem for the client rather than having the client learn how to solve the problem

The Righting Reflex

- The righting reflex can undermine the change process by:
 - ✓ Undermining a person's ability to think through a problem
 - ✓ Preventing learning that could be used for future problems (when the clinician will not be around to solve the problem)
 - ✓ Suppressing the energy generated through feeling ambivalent and stressed (stress and ambivalence can motivate a person, but providing the answer relieves the pressure)
 - ✓ Transferring responsibility for solving the problem from the client to the clinician

Teach Thinking



Teach Thinking

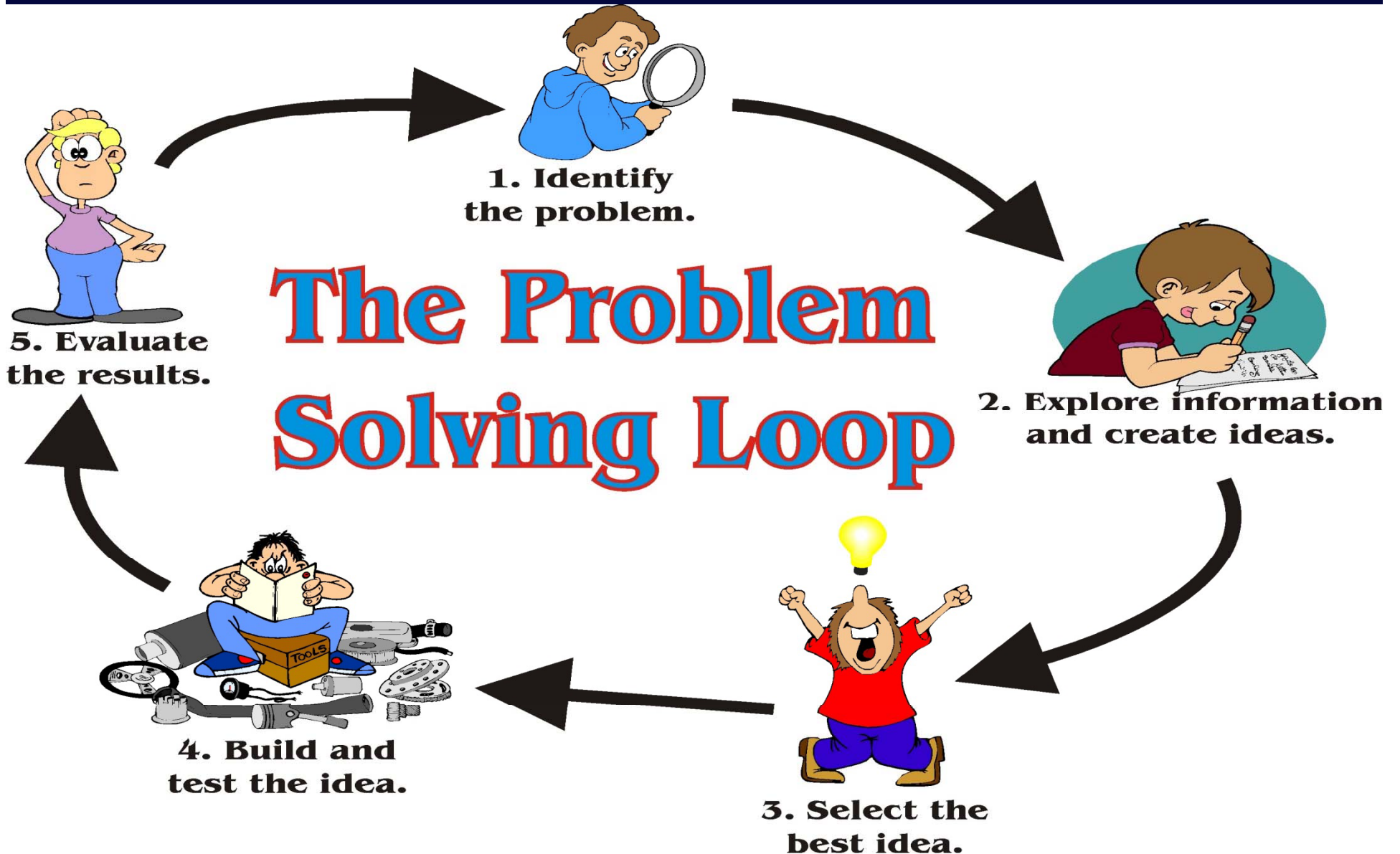
- ❑ The righting reflex can be minimized by focusing on teaching the client how to effectively problem solve his or her barriers to achieving valued goals
- ❑ Teaching skills can include:
 - Coaching the client to identify techniques that have worked in the past
 - Six-step problem solving technique
 - Behavioral contracting – detailed planning
 - Shaping - creating winning situations through baby steps
 - Compensatory adaptation training for improving memory

Teach Thinking

- Respond to clients with a series of questions when they ask you to solve their problem, such as when a person asks you *“Tony, what should I do tonight when I.....”*

- Your response can include:
 - ✓ *It sounds like you are unsure of your path, can you tell me more about what may be causing some of your confusion?*
 - ✓ *What ideas do you have or what would you like to do in this situation?*
 - ✓ *What has worked for you in the past when you encountered a similar situation?*
 - ✓ *What do you hope to accomplish by doing.....?*

Teach Thinking



Behavioral Skills Training

- Problem-solving using the six-step process
 1. Define the problem in measurable terms
 2. List at least three solutions or options to the problem
 3. Examine or weigh the pros and cons of each item
 4. Select the option that has the best odds of being achieved
 5. Develop a plan for achieving the objective
 6. Set up a date to evaluate the problem

Selecting Measurable Objectives

Idea	Measurable Objective
Increase self esteem or happiness	select activities that increase happiness or self esteem; e.g., going to the gym, picking up a hobby, listening to music, hanging out with friends, asking someone out for a date
Abstinence – verbal report	select activities that conflict with drug use; e.g., attending 12-step meetings, hanging out with the family, going to work, exercising, attending OP groups
Acquiring a job	Break down in to smaller steps each week, such as preparing a resume, acquiring applications, role playing a job interview, scanning job adds, attending workshops
Coping skills	Avoid the term “coping skills” and select activities that demonstrate specific verbal or behavioral skills, such as role playing assertiveness or piloting testing a skill on the job

Behavioral Principles for Engagement

- **Rule 5:** Most plans fail because of poor planning, not because of low motivation or desire to change (think about New Year's Resolutions)
 - ✓ Many clients who are already on a losing streak are more likely to give up on an desired goal, if the or she feels that it is too difficult to achieve
 - ✓ Clients are more likely to stay on track if they can experience small wins quickly and frequently
- **Step 5:** Teach thinking skills that increase the chance of winning
 - ✓ Improve the chances of winning by increasing the person's ability to effectively plan for success

Teach Thinking



Behavioral Contracting: Thinking through the details

- Behavioral contracting (BC)
 - BC is a teaching tool that helps individuals think through the steps of their self- defined goal or objective
 - BC usually includes a written plan, although clients can learn to walk through the steps without writing them down
 - Clinicians coach individuals to think about all the critical details of a plan
 - BC is used to increase success, which is essential in creating traction or maintaining a person's motivation to persevere

Behavioral Contracting: Thinking through the details

- BC steps usually include:
 - What day and time will the client initiate the activity?
 - Who will be involved in assisting this person?
 - How will the person travel to the location needed to achieve the objective (e.g. ride the bus)?
 - What resources will be needed (e.g. money for bus fare)?
 - What is the measurable outcome of the objective and how will the client know it has been completed?
 - What are the back-up plans (i.e. possible barriers)?
 - How can the counselor help?

Behavioral Contracting: Thinking through the details

■ Behavioral Contracting (BC)

- Ask clients to talk about the odds of the event occurring, such as “*what is the best day*” or “*when are you most likely to achieve this activity?*”
- Help clients identify gaps in the plan and how they can address these gaps
- Get a clear verbal commitment from the client before he/she leaves the office or group setting that repeats many of these steps

Compensatory Cognitive Training & Shaping Techniques



Using memory cues and baby steps to help people to achieve their goals



Compensatory Cognitive Training

- CCT is a collection of techniques for helping individuals increase their ability to remember appointments or follow medical regimens
- The idea of CCT is to identify a person's existing thinking capacities and to maximize the use of these skills rather than require a person to learn an entirely new set of skills
- The word compensatory comes from the root word compensate – to overcome or bypass, but not remove or add something new

Compensatory Cognitive Training

1. Step one – watch where a person's eye's go in their home or work
 - Identify areas in the person's environment where they are the most likely to see a message, such as
 - The bathroom mirror in the morning
 - Near or on top of the alarm clock
 - The refrigerator door
 - On the coffee machine

Compensatory Cognitive Training

2. Step two – assist individuals in clearing rooms of useless or conflicting messages (messy rooms provide multiple messages that can overwhelm individuals)
 - Remove magnets and other materials from the refrigerator
 - Clean bedrooms, night stands, or kitchen counters to reduce the amount of information
 - Store food, books and other materials lying around the house that can distract individuals

Compensatory Cognitive Training

3. Step three – identify habits or patterns of behavior that can be used to enhance memory

- ❑ Where does the person go first in the morning, at work or in the evening at the house
- ❑ What habits are already learned and repeated; e.g.,
 - picking up cigarettes from the night stand
 - Sitting on the couch at certain times in the day
 - Checking the cell phone on the kitchen counter
 - Starting a pot of coffee
 - Going to the front door to see the weather
 - Turning on the radio or TV

Compensatory Cognitive Training

4. Step four – identify the type of message that will be used or the strategy to organize the information
 - Use rubber bands to connect new items to existing items (e.g., new medications to the cell phone)
 - Place calendars on the refrigerator
 - Place post it notes on the mirror or on the coffee machine
 - Use shoe boxes to organize items in the closet
 - Move important items, like medications or work supplies, into high traffic areas, like the kitchen counter/table or on top of the TV

Shaping – Breaking Down Complex Tasks into Smaller Steps

- Shaping is an effective and useful companion procedure to CCT
 - Shaping is known as errorless learning in CCT
 - It is more commonly referred to as the baby-step method
 - Another version of shaping is successive approximation
- Shaping involves breaking down complex tasks into smaller & easier steps

Shaping – Breaking Down Complex Tasks into Smaller Steps

- ❑ Shaping improves performance as well as efficacy by helping individuals succeed at achieving steps
- ❑ The first step is to break down a behavior or objective into smaller component, such as riding a bus:
 1. finding a bus stop (or schedule),
 2. meeting a client at the bus station,
 3. getting on a bus or identifying the proper destination,
 4. learning how to watch street signs,
 5. learning how to locate the bus-stop signal, and
 6. going from the bus stop to the final destination

Shaping – Breaking Down Complex Tasks into Smaller Steps

- The next step is to have the client practice & learn each component of the behavior without moving quickly to the next component
 - Demonstrate efficacy for each baby step before moving onto the next step
 - Provide rewards, if needed, for each step learned
 - Repeat earlier steps while learning new steps; e.g., rehearse an earlier step to reinforce skills as the individual learns each new component

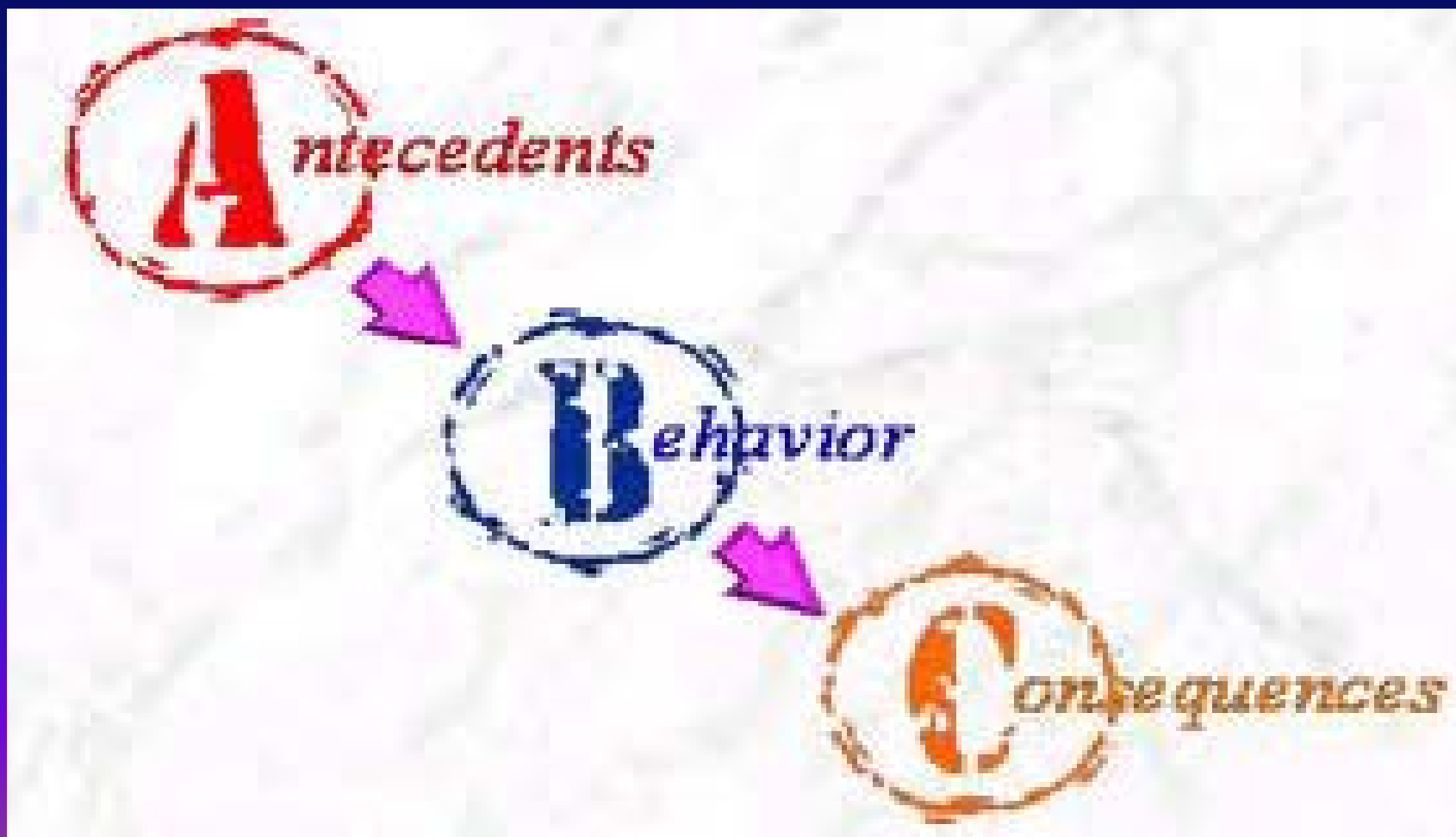
Shaping – Breaking Down Complex Tasks into Smaller Steps

- Tips for effective shaping
 - Don't let clients leave your office with an unrealistic plan; e.g., jogging every day when they have not jogged in years; instead, ask them to commit to an easy step; e.g., walking around the block once by next week
 - Focus more on winning-succeeding than on the amount of knowledge that “needs” to be acquired
 - Ask clients if they have performed the behavior before (and recently) and what conditions or cues seem to increase the person's chances of initiating the behavior
 - Ask clients to demonstrate their verbal skills in the office

Behavioral Principles for Engagement

- **Rule 6:** The solution is the problem
 - ✓ most behavioral health disorders, such as depression, substance use or anxiety, evolve through patterns of behavioral avoidance, which usually pulls people away from their values or life goals
- **Step 6:** Assist clients to focus on achieving valued goals, instead of avoiding negative emotions or thoughts
 - ✓ Use a functional view of all behaviors and assume that all the client's behaviors are functional in the short-term, to avoid something, but detrimental in the long-term

Understanding Behaviors: Functional Analysis:



Functional Analysis

- Behavioral clinicians use the A-B-C format to understand the function of behaviors and how these behaviors maintain specific symptoms
 - **A**ntecedents are the triggers or stimulus of a behavior
 - **B**ehaviors are the responses that people make when they encounter the antecedent; i.e., trigger or stimulus
 - **C**onsequence is the outcome of the behavior, such as receiving a reward (negative or positive) or a punishment

Functional Analysis

- A useful and engaging technique is to view the client as logical in his or her selection of behaviors, at least in terms of immediate responses; i.e., outcomes
- Identify the person's view of what he or she expects to occur with a specific behavior and focus on the immediate outcome (not long-term)
- Behavior is repeated if it is reinforced by
 - Positive reinforcement – drinking to feel good
 - Negative reinforcement – drinking to stop emotional pain

Consequences of Behavior: Negative Reinforcement



BA Functional Analysis

- A negative reinforcement is the elimination of an aversive experience resulting from a specific behavior, such as
 - Staying in bed to stop feeling anxious about the day
 - Avoiding friends to stop feeling ashamed
 - Calling out sick from work to avoid a confrontation with a co-worker or avoid feeling anxious about overwhelming demands
 - Drinking alcohol to suppress feelings of guilt or loneliness
 - Cycling through treatment programs or emergency departments to avoid experiencing feelings or emotions triggered in the person's living environment

BA Functional Analysis

- Negative reinforcement is the primary consequence that a person experiences when initiating behaviors of avoidance or escape
- Negative reinforcement can sustain depression, anxiety, SUD or chronic pain because people tend to avoid aversive experiences in the short-term, even though these experiences could be rewarding in the long-term, such as
 - exercising when feeling unmotivated or pain,
 - maintaining social interactions when feeling sad, or
 - attending a doctors appointment when feeling hopeless

Functional Analysis of Behaviors

What works

Focus on behaviors used in the past 30 to 90 days (outside of an institution)

Identifying the function and logic of each behavior in terms of short-term reinforcement

Focusing on measurable behaviors that can be observed and modified, such as attending an appointment

Identify behaviors that have been helpful in reducing the problem

What does not work

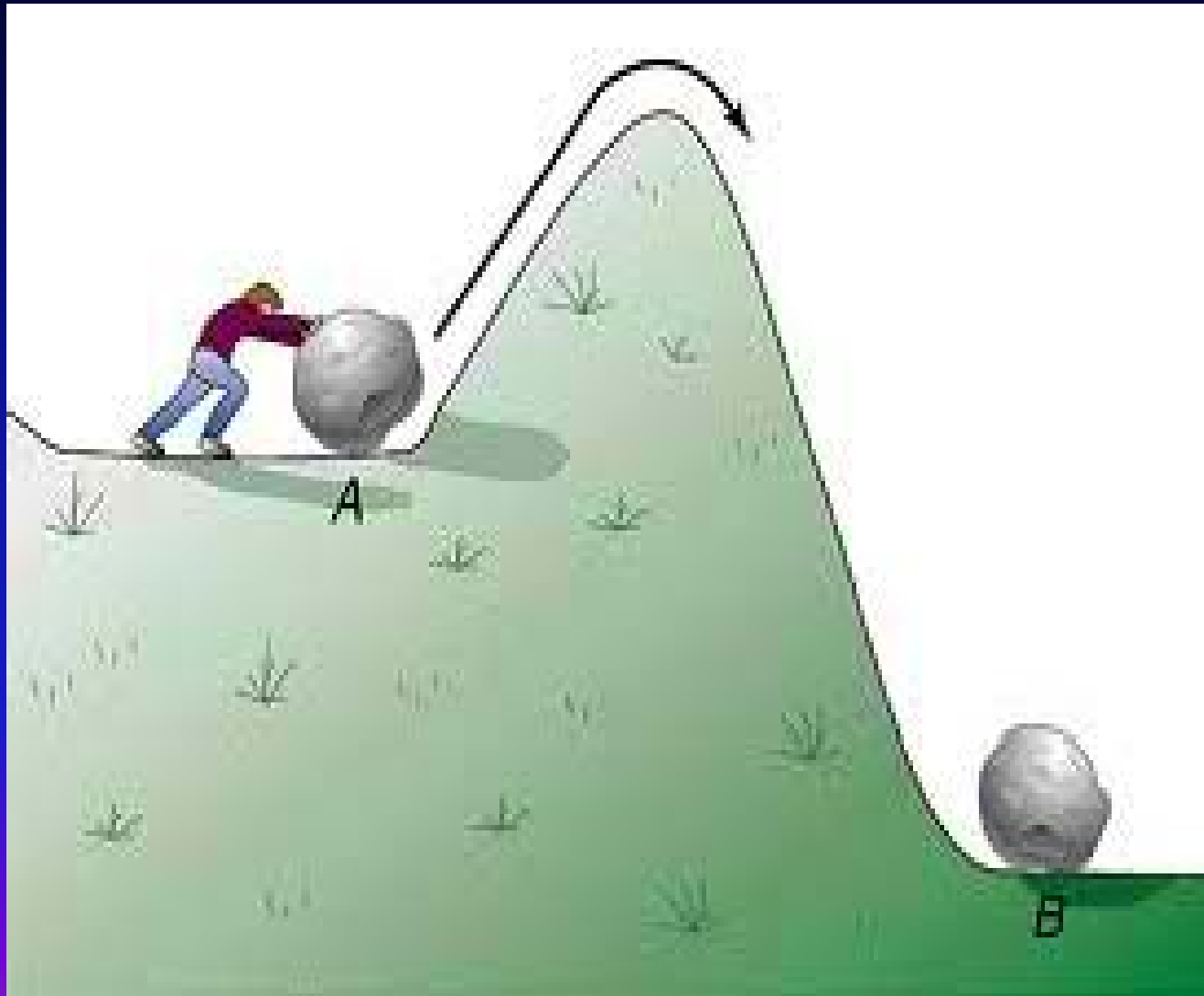
Asking the client to document years of ineffective behaviors and destruction

Associating the behaviors with disease states; e.g., it's the addict in me that causes me to relapse

Focusing on colloquial terms that cannot be measured or observed, such as "laziness" or "will power"

Assuming that the client does not use effective problem solving skills

Behavioral Activation to Engage Individuals with Behavioral Health Disorders



How to
activate a
person who is
suffering from
inertia –
stalled and
incapable of
moving
forward

Behavioral Activation

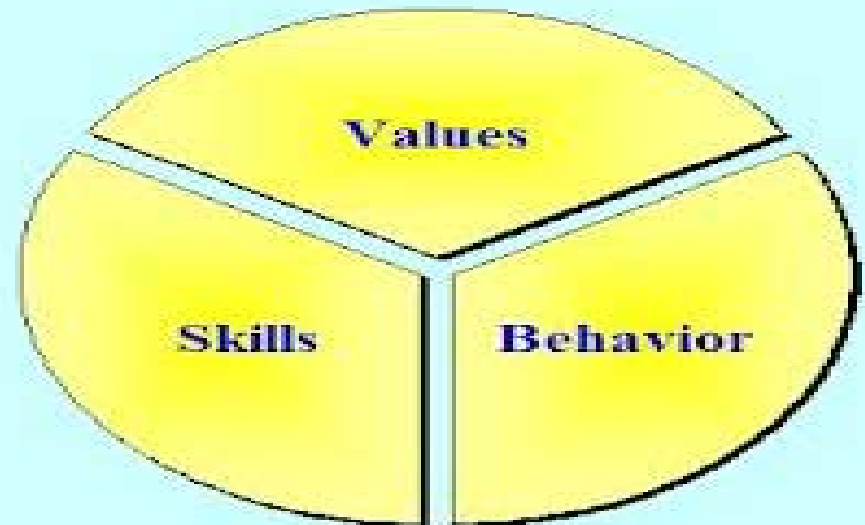
- Individuals who become depressed, anxious, addicted to a substances (e.g., alcohol, drugs, food, sex or gambling) tend to stop participating in activities that are naturally rewarding or necessary for daily living
- The withdrawal pattern is most likely due to behavioral avoidance; i.e., negative reinforcement
- Avoiding activities that are essential can perpetuate a behavioral health disorder by depriving the person of meaningful activities while adding to the person's feelings of despair or helplessness

Behavioral Activation

- Countering the impact of most behavioral health disorders, therefore, requires the person to re-activate behaviors that are now viewed as uncomfortable, unpleasant, or difficult to implement
- In essence, BA teaches individuals how to focus on long-term goals, rather than to avoid the unpleasant feelings that occur in the short-term
- The key to effective activation is having the individual move toward valued objectives that he or she has identified

Behavioral Activation

- The first step is to identify a person's values that can be used as a compass for the change process
- Use the person's values to identify activities that are meaningful, but no longer used
- By using the person's values, you can highlight how avoidance patterns are actually pulling the person away from what they define as meaningful



Behavioral Activation

- The second step in BA is to understand how the person's depression, anxiety or other disorders are being sustained by negative reinforcement
 - Look for the function in avoidance patterns, which will likely lead to unpleasant feelings and thoughts
- The third step is to break down valued-meaningful goals into three categories:
 - Routine activities – chores, dishes, laundry
 - Pleasurable activities – movies, music, social events, dating
 - Necessary activities – paying bills, medical care, court appts

Behavioral Activation

- The fourth step is to have the client rank the difficulty of achieving each activity as well as the reward or value rating of each activity
 - scale of 1 to 10, with one being easy and 10 difficult and
 - Scale of 1 to 10, with one being not rewarding and 10 being highly rewarding
- The fifth step is to have the client select a one to three activities from the list each week, starting with activities that have low ratings of difficulty and high ratings of reward/value

Additional Materials

You can view examples of behavioral and cognitive behavioral protocols at www.mobilewellnessandrecovery.com

Including examples of:

- CBT for chronic pain management
- Behavioral activation for depression
- CBT for anxiety disorders
- CBT for addiction treatment

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