Overview and Assessment

By

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(Day 1 Morning Session)

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- To provide guideline to clinicians for the treatment of problematic drug use in their clients with severe mental health problem
- The approach was initially, designed for use in settings that provide some assertive outreach

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Overall objective Of C-BIT

- To help clients negotiate and maintain behavior change related to their problematic drug use
- To develop healthy alternative to drug misuse to encourage clients' behavioral change
- To recognise the relation between substance use and mental well-being

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Aims of C-BIT Approach (Based on a harm-reduction)

- Aims collaboratively to identify, challenge and undermine unrealistic beliefs about drugs that maintain problematic use, and replace them with more adaptive beliefs that will lead to and strengthen behavioral change

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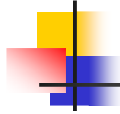

- Seeks to facilitate an understanding of the relationship between substance use and mental health problems
- Teaches specific skills for controlling and self-managing substance use and the early warning signs of psychosis, and for developing social support for an alternative lifestyle

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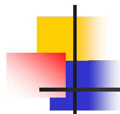

Harm Reduction

According to the Harm Reduction Coalition of the United Kingdom, Harm Reduction is a set of practical strategies with the goals of meeting drug users "where they're at" and of helping them reduce any harm associated with their drug use

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Because Harm Reduction demands interventions and policies designed to serve drug users, either individually or in the community, there is no universal definition of or formula for implementing Harm Reduction. However, the following ten principles are central to Harm Reduction practice:

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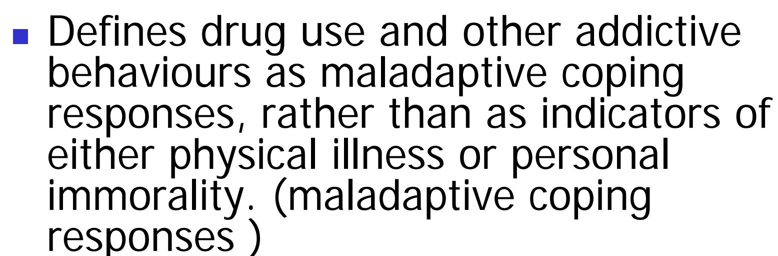

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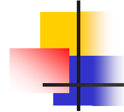

- Is a public health alternation to the moral/criminal and disease models of drug use and addiction with the emphasis shifting from drug use itself to the consequences or effects of addictive behaviour. (from drug use to consequences)

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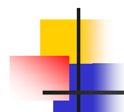

- Accepts, for better and for worse, that illicit drug use is part of our world and chooses to minimize its harmful effects rather than simply ignore or condemn them. (inevitable)

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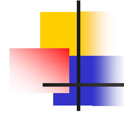

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them, and both affirms and seeks to strengthen the capacity of people who use drug to reduce the various harm associated with their drug use. (client-centred)

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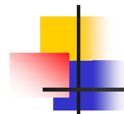

- Understands drug use as a complex, multi-faceted phenomenon that encompasses as continuum of behavioural pattern from severe abuse to total abstinence, and acknowledges that some ways of using drugs are safer than others. (continuum)

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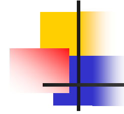

- In a gradual, “step-down” approach which encourages individuals with excessive or high-risk behaviours to take it “one step at a time” to reduce the harmful consequences of their behaviour. (step-down approach)

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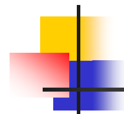

- Establishes quality of individual and community life and well-being-- as the criteria for successful intervention and policies. (drug use and lifestyle)

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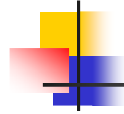

- Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harms. (user-friendly)

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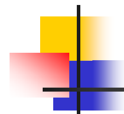

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harms. (delabelling)

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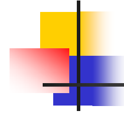

- Does not attempt to minimize or ignore the many real and tragic harms and dangers associated with licit and illicit drug use. (realistic)

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Structure

Additional components:

- Skills building and working with family and social network members, which are used in parallel with the four treatment phases

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Principles

Integration of treatment:

- Service are provide by the same team/ clinician
- Clinical problems related to treating one problem first and the other disorder second are avoided
- Different philosophical perspectives on treating combined problems is minimized

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Principles

- Enables the dynamics and interrelationship between the problems and the clients present with to be identified, explored and addressed in a systematic and holistic manner

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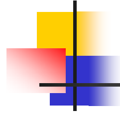

Assertive Outreach

- Not passively wait for clients to demonstrate the initiative and motivation to seek out treatment
- Needs to be done in a sensitive and collaborative way, connecting with clients in their natural environments and providing practical assistance with immediate goals defined by clients

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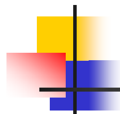

Assertive Outreach

- As a means of developing trust and a working alliance

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Collaborative relationship between the clients and the clinician

- Where the clients works in collaboration with the clinician to tackle the problem he/she is experiencing
- A way of engaging clients in the treatment process and providing support for change

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Stage-wise Approach to treatment

- To set realistic goals and intervention that are matched to the phase of engagement and stage motivation

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Comprehensive Services

- Not only focus on solving clients drug problems, client can make progress by improving their skills and supports
- Can increase clients hopefulness about making positive changes and facilitate their subsequent efforts to change their destructive involvement with substances

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Optimism about the long-term effects of treatment

- Take about six months to ? months/ years to complete the C-BIT treatment phases
- Must address a range of needs over the long-term, and clinician will need to remain optimistic
- Percentage achieving stable remission of their substance use?

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Phases of treatment, definitions and C-BIT interventions (adapted from Mueser, Drake & Noordsy, 1998)

Phase	Definition	Goal	C-BIT intervention
Engagement	Client does not have regular contact with keyworker and does not discuss drug use. "It's up to me if I want to smoke cannabis-and I don't want to talk about it."	To establish a working alliance with the client and be able to discuss drug use and any problems it may be causing.	Treatment phase 1 Plus Skills building and working with families/social network members where appropriate
Negotiating behaviour change	Client has regular contact with keyworker but does not want to work on reducing problematic drug use. "My drug use is not a problem so why should I cut down?"	To develop the client's awareness of problems associated with drug use and build motivation to change.	Treatment phase 2 Plus Skills building and working with families/social network members where appropriate
Early relapse prevention	Client is motivated to change problematic drug use (as indicated by serious attempts at reduction for at least 1 month but less than 6 months). "Using crack has caused me a lot of problems-so I have to stop using."	To help client further reduce drug use and, if possible, attain abstinence.	Treatment phase 3 Plus Skills building and working with families/social network members where appropriate
Relapse prevention/ management	Client has not experienced problems related to drug use for at least 6 months or is abstinent. "Since I've cut down I'm not hearing voices—I want to get on with my life."	To maintain awareness that relapse could happen and to extend recovery to other areas (such as mental health, social, relationships, work).	Treatment phase 4 Plus Skills building and working with families/social network members where appropriate

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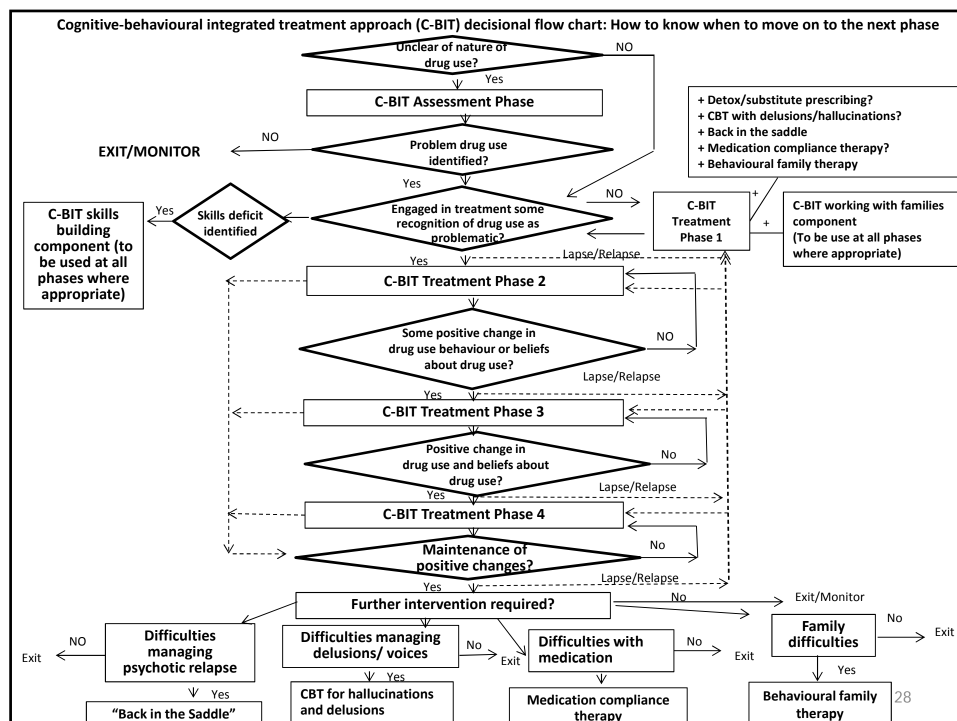

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For example, Gerry's treatment plan would look something like this:
NAME: Gerry
DATE:
REVIEW Date:

Stage of engagement	Stage of change	Function of use	Beliefs	Goals	Areas of intervention	By whom
Early relapse prevention	Preparation	To cope with anxiety in social situations and to be accepted by others	Alcohol and cocaine make me feel great and energetic The life and soul of the party	Client goals: Not feel flat and tired on medication Help to cope with stress More support from family Staff goals: (1) Improve medication adherence (2) Anxiety (3) Improve family support and include social network member	(1) Medication (2) Positive beliefs about alcohol and cannabis (3) Managing moods (4) Family / social network	Gerry / keyworker / social network member

Complied by:

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Treatment Sessions

- To address some aspect of client's drug use in whatever time available
- A usable, structured but flexible way of addressing problematic drug use with client

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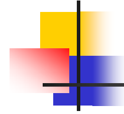

- ‘Informal agenda’, i.e. a clear focus for clinician with hope to address during a given meeting with the client
- At the end each session, include a brief assessment of the client’s motivation to change and summaries the information covered in the session and highlight any decision for change that have been made

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Overview of C-BIT Theory & Technique

Cognitive Therapy for Emotional Disorders

- Thoughts & beliefs affect the way people feel & behave
- Maladaptive pattern of thinking needs to be the target of treatment

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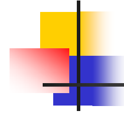

- To guide clients to identify and re-evaluate their pattern of thinking and to generate alternative, more helpful way of thinking

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- Application of the Cognitive Model to Psychosis

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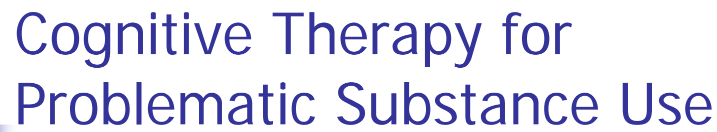

Cognitive Therapy for Problematic Substance Use

- An important difference between individuals who use drugs problematically and those who do not is the beliefs held about the substance
- Drug-related beliefs are often held rigidly, tend to be overgeneralised and typically “all or nothing” in nature

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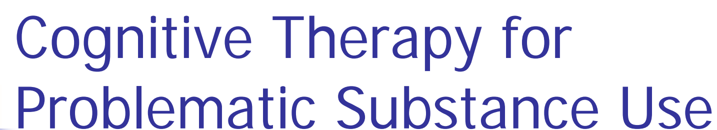

Cognitive Therapy for Problematic Substance Use

- People are often unaware the relationship between thinking and feeling→ mood, behavior and thought are inextricably connected and contribute to cravings for drugs
- Treatment goal: to generate with the problem substance user alternative and more flexible and realistic ways of thinking about the drug and the impact it is having, and to develop alternative coping strategies

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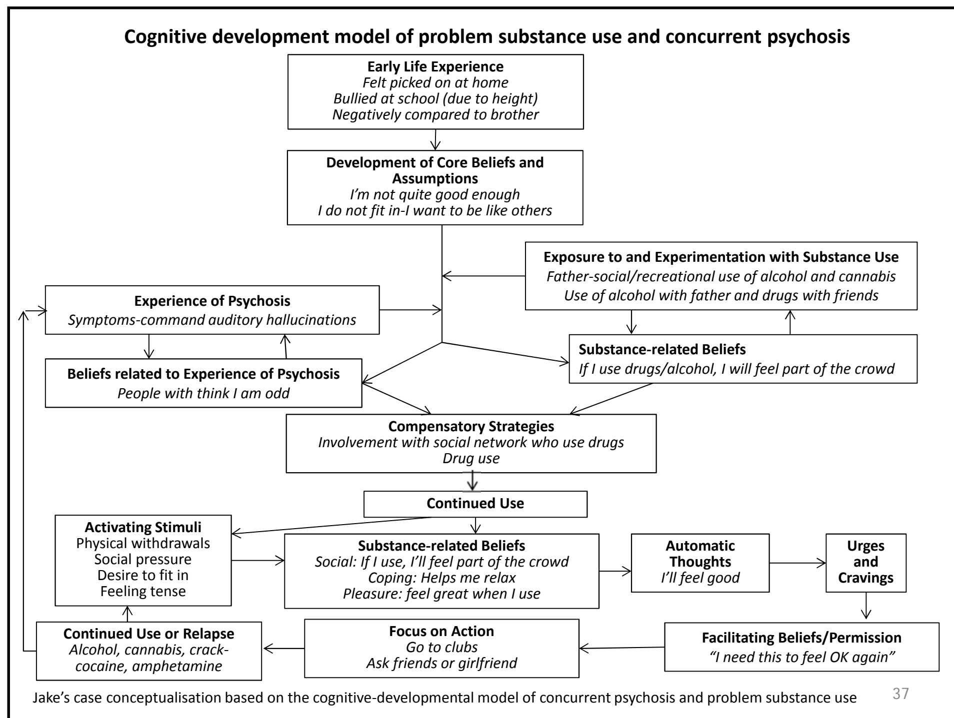

Motivational, social and behavioural Elements

- Motivational element serves to initiate the change process, to shift the focus and increase awareness of the impact of the negative aspect of problem substance use

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Motivational, social and behavioural Elements

- Social factors (e.g. social relationship, social situations) are seen as important in aetiology, onsets and maintenance and change of substance use behaviour → development of a replacement "healthy" network
- Behavioural element: relapse prevention and skill building

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C-T Technique in C-BIT

- Utilises the standard techniques of cognitive therapy to help clients to recognize the role of positive substance-related beliefs in maintaining the problematic pattern of substance use, and develop alternative, more accurate and balanced beliefs that promote positive behaviour change

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Treatment style

- Based on a collaborative relationship → use Socratic questioning and guided discovery to encourage client to re-evaluate the beliefs they hold and consider alternative ways of thinking. (Three-question Technique)

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Case Formulation

- Once an assessment has been carried out, the information is used to guide the development of a case formulation.
- Should be done in collaboration with the client → a shared understanding between client and clinician that increases the likelihood of a treatment plan being developed that matches the client's stage of engagement in treatment and stage of change.

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Identifying Thoughts/ Beliefs

- Identify “Hot Thoughts”
- Thought Diaries
- Drug Diaries

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Modifying and Re-evaluating Thoughts/ Beliefs

- Identifying Cognitive Distortions
- The “ Three-Question Technique”
  - What is the evidence for the belief ?
  - Are there times when that is not the case?
  - If there are times when that is not the case, what are the implications?

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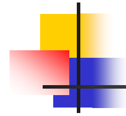

- Evidence “For” and “Against” in Thought Diaries
- Behavioural Experiments

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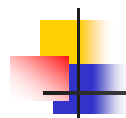

C-BIT Core Components

Screening and Assessment

Aims:

- To assess the types of substances used and the pattern of use and to determine whether there are problems related to drug use which pose a risk to mental health and well-being.

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C-BIT Core Components

- To act as a guide to planning the most appropriate treatment approach and treatment goals.
- To engage clients in discussing their substance use and increasing their awareness of the problems caused by their pattern of use.

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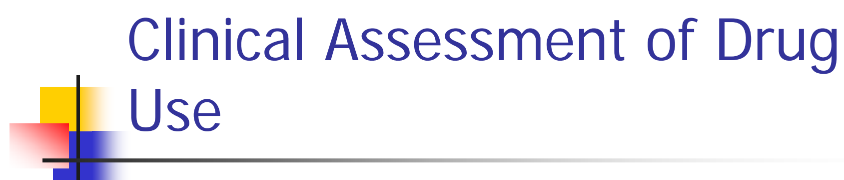
Clinical Assessment of Drug Use



- Current functioning
- For each substance, ask the client about typical (such as past week) use and current use (previous day).
- Reasons for using and beliefs about substance use

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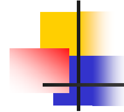

- Take a drug history
- Assess the relationship between substance use and mental health
- Motivation to change and goal

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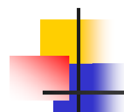
Assessment and Screening Tools



- Drug Screening Measures
- Assessment of Readiness to Change
- Assessment of Stage of Engagement with Treatment
- Assessment of Motivation to Change
- Assessment of Daily Pattern of Substance use

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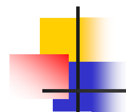

- Recent Drug Use
- History of Use
- Mental Health
- Physical Health
- Goals/ Plan
- Motivation

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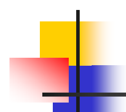

- Has a substance use problem been identified?

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Case formulation

- What are the factors that maintain these current problems?
- How did these problems develop?
- What is the relationship between the various problems this clients has (particularly drug use and mental health problems??

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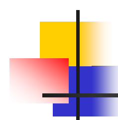

- Feedback results of assessment and case formulation
- Treatment planning

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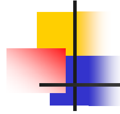

- Parallel Time Line
  Drug History: ______________________
  Life History: ______________________
  Family History: ______________________

- Expectancies on:
  1. Drug Effect
  2. Treatment
  3. Rehab

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