

## Are We Ready? Implementing Cognitive Therapy In Community Behavioral Health at Hispanic Community Counseling Services

Cognitive Behavioral Therapy (CBT, also referred to as Cognitive Therapy or CT) is a treatment that can be used with children or adults. The cognitive model proposes that the way we perceive situations influences how we feel emotionally. It is not a situation that directly affects how people feel, but rather, their thoughts in that situation. When people are in distress, their perspective is often inaccurate and their thoughts may be unrealistic. Cognitive therapy helps reduce an individual's distress by helping them to develop more balanced and realistic thoughts about self, others, and the future. [Click here to learn more about CBT.](#)

Hispanic Community Counseling Services (HCCS) first started working with the [Beck Community Initiative \(BCI\)](#) in July 2017 to implement CBT. The first year was focused primarily on evidence-based practice implementation readiness which included monthly Implementation Committee Meetings, preparing documentation to reflect and support CBT, developing structured supervision to support CBT and selecting appropriate symptom measures. At the end of this phase HCCS received intensive training in CBT, with an emphasis on substance use and common co-morbid disorders.

Gina Evercherry is a Clinical Director at HCCS. Dorothy Vereen is a psychotherapist at HCCS. Gina worked with BCI to help prepare HCCS to implement CBT. When this phase was complete, Dorothy and the other selected psychotherapists participated in CBT training. The following is an interview with Gina and Dorothy regarding their experience with the implementation and practice of CBT.



Gina Evercherry with Michael Williston (CBT Consultant)



Dorothy Vereen with Michael Williston (CBT Consultant)

**EPIC: How did the Beck team prepare you and your agency to start CBT?**

**Gina:** I can see different layers in the Beck Team. They started with the patient plan. The

team was promoting the values of CBT in our agency. They tailored it to our community, to our agency, to our clinicians and our supervision of clinical work. They see it from a systemic view. This opened me, the other clinicians and other administrators to be creative [with the work]. They helped us to see the challenges we had and how to come across them in order to implement CBT. We sat together to review a common goal and plan. We were planning for us and for the community. That bridged the process. We were pulling so many things together so people were going to love it and not be afraid. We reviewed the CBT supervision model very carefully. Michael taught us in a very simple manner how to understand the values of CBT as a movement and as an initiative. This helped to bring a lot of passion to the project.

**EPIC: What was most helpful in this “readiness” stage of CBT Implementation?**

**Gina:** The supervision plan was great because the trainers were in tune with us. The implementation was also key to our work. It helped the Beck trainers to understand how we work and how we were to move forward.

**EPIC: When did you and the Beck team know you were ready to start training in CBT and practicing it?**

**Gina:** Doris and myself had been trained in CBT before so we already knew kind of what to do. Doris had been a CBT supervisor before. I also used CBT as a therapist. We created a culture of non-judgement and that had the core values of CBT in our agency so that everyone was ready. We made sure that every therapist and the front desk staff understood what CBT was. We created a culture around the principles of CBT in our agency. After we created this culture therapists could choose to be trained in CBT with a working knowledge of CBT.

**EPIC: What did you think about CBT at first? Were there parts of CBT you were skeptical about?**

**Gina:** I always liked to learn. I always want to learn everything that makes me a better person and makes me more skillful in helping other people. I heard someone else talking about it and I said, “I want to sound like that.” She was using Socratic questions and I loved what she was teaching me in doing this. I then started CBT training and supervision. Our members in the Latin community have so many things that they bring to session. But when you have an agenda it makes it easier and less stressful. It helps to organize you and the patient. You help the patient to be more successful. You take away a lot of guilt from the patient who would normally feel that they are burdening you. They see themselves as the problem. It helps them to prioritize. It also helps us as therapists to prioritize.

**Dorothy:** I knew Dr. Beck is well known so I wanted to go hear about it [The Beck Community Initiative]. I think I was thinking of it as more behavioral but then when I went to the information session I realized “this is right up my alley!” I liked how it helped people to restructure their cognitions and knew I was interested. I felt like I needed to apologize to Dr. Beck after I understood what it was.

**EPIC: What would you say to someone who is skeptical about CBT? Staff or member?**

**Gina:** We have to be very creative and sell CBT. We need to be like a salesperson selling a product. We need to develop our skills in selling CBT. The certificate is not the most important thing, it’s that you are creating a culture that includes personal growth and family growth. It’s the culture you are building in yourself and the people. You are helping the community by using CBT.

**Dorothy:** I think when some people have their master’s you can’t tell them nothing. But I am someone who acknowledges there is a continuum of change and there is always something to learn. You can take an easy way and say you are eclectic. People tell me that I am psychodynamic and I didn’t believe them but I strongly believe things happen by osmosis. I have training in contextual family therapy (Bosmnyi-Nagy) and CBT weaves well with it. [They are] different interventions but producing the same results. A father is trying to change the history of his family so that his kids will be there for their kids if and when they have them. We are changing how the family thinks. I don’t say I am looking to do cognitive structuring with you. I am showing them. CBT gives me the guidance of an evidence-based structure. I can use guided discovery to support a person to realize that things are holding them from moving forward in life.



## HCCS BCI Graduation

### **EPIC: What was the hardest part of learning CBT?**

**Gina:** The rules of assumptions. The case conceptualization worksheet helped me to understand it.

**Dorothy:** Philadelphia is rich with these experts and leaders in mental health and we are lucky to be here. I am grateful for this and I am helping families that would not otherwise get this framework.

Adapting to the vocabulary and vernacular was the hardest part for me. Adjusting to this and the vocabulary and the specific interventions. Also learning how to document via the progress notes and how to adjust them so that auditors can see what we are doing.

### **EPIC: How did the Beck team help your program to implement CBT to serve your clientele/population?**

**Gina:** During the consultations we are sharing client audios. Michael focused his supervision and support on what he heard. Like the 3 C's, Socratic questions, or problem solving. He was using those interventions with our clients. You can apply these interventions to anyone. He showed us how to use these interventions with anyone. It's like a mirror. So he says to move with the patient as if you were in a mirror.

**Dorothy:** Michael listened to our audios and we explained the environment we are in. We talked about the environment, the history, and that sometimes we work with clients who have cognitive issues. I started challenging myself to work with individuals with cognitive deficits and ask how do I take CBT and fit it into how they learn. That has helped. Michael would listen to the audio and he would write down feedback. That feedback was really helpful. He helped us to learn that people we didn't think would be appropriate for CBT can be appropriate for CBT as long as you are using the right vocabulary that makes the interventions clear and precise. Having Michael giving specific feedback.

### **EPIC: Many of your clients first language is Spanish, how did the Beck trainers work with your program to effectively deliver CBT in Spanish?**

**Gina:** We tried to use synonyms. Because using the synonyms works with our people. There are words that are closer in meaning to what they understand. We used a team to brainstorm synonyms for words that can be barriers with our clients. We want to use words that they understand. If it is Mexican, Dominican or Colombian we want to use the words that they know. We translate it for their specific culture and language.

## Cognitive Behavioral Therapy Providers

Special Thanks to Gina and Dorothy for sharing their success story related to CBT. Click [here](#) to learn more information about HCCS. Click [here](#) to see a video of Drs. Beck and Evans discuss CBT in our behavioral health system. Keep an eye out for our next edition of the HCCS and CBT story that will include a member testimonial!

[Click Here for CBT Providers](#)

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