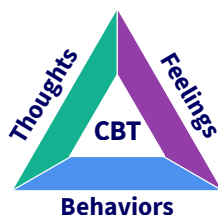


Implementation Project Profile: Implementing Cognitive Behavioral Therapy in Real-World Settings

How CMHIS helped behavioral health professionals connect CBT techniques with organizational fit, measurement, and the therapeutic relationship.

Background



Cognitive behavioral therapy, or CBT, is one of the most widely used evidence-based practices for concerns such as depression, anxiety, and sleep problems. Yet effective delivery depends on more than knowing the techniques.

Organizations must consider:

-  Does the intervention fit the people they serve?
-  Can clients participate consistently?
-  Do clinicians have the right preparation?
-  Can systems support ongoing measurement and adjustment?

These questions are especially important in community settings. A structured CBT protocol may assume that clients can attend eight to 10 sessions, but transportation barriers, limited resources, or a highly mobile population can make that difficult.

The series, **Making It Work: Implementing Cognitive Behavioral Therapy in Real-World Settings**, was developed to help leaders and providers look beyond diagnosis and ask whether CBT was relevant, feasible, culturally responsive, and supported by the organization's infrastructure.

It was originally designed for administrators and leaders who also had clinical context or responsibilities. Many of the people who participated, however, were practicing clinicians, some of whom also held administrative roles.

What We Did

The [East Coast Hub of CMHIS](#) offered Making It Work: Implementing Cognitive Behavioral Therapy in Real-World Settings as a two-session series totaling three contact hours. The series reached 30 participants.

B. Nilaja Green, PhD, a licensed clinical and community psychologist, facilitated the series. The first session reviewed the evidence base for CBT and the mechanisms behind its cognitive and behavioral components. Participants explored common techniques, including behavioral activation, cognitive restructuring, thought records, and activity scheduling, along with measures of symptoms and progress.

The second session shifted to the organizational conditions that support implementation. Participants used the [Hexagon Tool](#) which helps teams assess a program's fit and feasibility based on need, evidence, usability, capacity and implementation supports. They also examined needs assessment, measurement-based care, barriers and facilitators, organizational climate, and ways to integrate data into routine practice.

The sessions combined instruction with reflection and discussion. Rather than focusing only on how to deliver CBT, Green asked participants to consider why they were using CBT, whether it fit their setting and population, and what might need to change for it to work well.

"I wanted the series to include both instruction and reflective moments, so administrators and clinicians could think not just about what they are doing, but why they are doing it." — B. Nilaja Green, PhD

Insights & Turning Points



Understanding the purpose: The series encouraged participants to look beyond CBT techniques and consider why an approach fits a particular person, setting, and goal.



Measurement as an ongoing guide: Participants reframed measurement as a tool for adjusting care throughout treatment, not simply documenting outcomes at the beginning and end.



The relationship as part of implementation: The series reinforced that CBT techniques are most effective when paired with trust and a strong therapeutic relationship.

"The most effective way to implement CBT, or any therapeutic intervention, is to focus on nurturing the relationship between the client and the clinician." — B. Nilaja Green, PhD

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Core Topics Featured

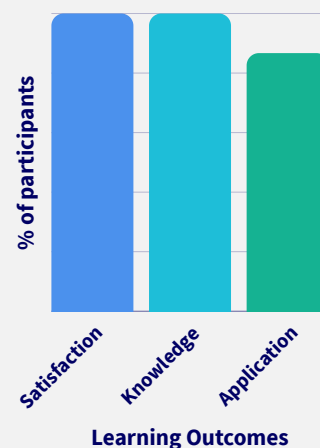
- ✓ Engaging the community and assessing their mental health needs
- ✓ Identifying factors that influence implementation
- ✓ Deciding what support is needed to implement a new practice
- ✓ Using clinical progress to guide treatment
- Marketing programs and services
- Using data to improve service delivery
- Evaluating program outcomes
- Sustaining service delivery

Impact & What Endured

Participants reported increases in their knowledge, confidence, and ability to view CBT through an implementation lens. All respondents were satisfied or very satisfied with the series and said they would recommend it to a colleague. All agreed that the series enhanced their knowledge and skills, and almost all agreed that they felt confident applying what they learned in their work.

Participants identified **practical changes** they had made or planned to make, including increasing the use of assessments, considering organizational barriers, incorporating community norms and traditions into practice, discussing the material with their teams, and applying CBT skills more intentionally.

Post-Evaluation Satisfaction



Lessons From the Field



Understanding context shapes success: The impact of CBT is influenced by how well it fits the people served, the care environment, available resources, and implementation requirements.



Continuous measurement guides care decisions: Outcome data are most valuable when used throughout treatment to inform clinical decisions, rather than only at the beginning and end.



Adaptation can improve fit and access: Interventions are often more effective when organizations preserve core goals while tailoring delivery to local circumstances.



The therapeutic relationship is part of implementation: Techniques are more likely to help when clients experience trust, presence, understanding, and care.



Training alone is not enough: Leaders must create workflows, technology, supervision, and organizational supports that make effective practice easier to sustain.

“How can we take the essence of an intervention and make it fit in a way that is culturally relevant and effective?”
— B. Nilaja Green, PhD



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