Behavioral and Cognitive Approaches and Managed Care

Mental health care is a significant component of medical treatment in the current society.

It helps in improving livelihoods and people's ability to manage the daily struggles they face. Both behavioral and cognitive approaches are useful in improving treatment in mental health in and increasing well-being. Behavioral and cognitive approaches fit in well into the managed care system, working to improve both efficiency and reducing cost.

One of the vital theorists in behavior therapy that changed the landscape of counseling psychology is B.F. Skinner, who is regarded as the operant conditioning father. He discovered three categories for stimulus, which included neutral operants, reinforcers, and punishers. B.F. Skinner argued that behavior could be conditioned in a way that, when positive consequences follow it, is likely to be repeated while that followed by unpleasant effects is unlikely to be repeated. Based on this, the concept of reinforcement and rewards can offer incentives for healthy behaviors and consequences for the undesirable ones. In therapy, operant conditioning can aid individuals in overcoming the obsessive-compulsive behaviors. The therapist should focus on the environmental stimuli that reward unwanted behaviors and ensure that they develop a plan that controls the actions, which is both positive and negative stimuli. This is done using the principles of operant conditioning, as stipulated above. This theory guides counselors to create habits that counter the compulsive behavior, making the person overcome negative habits. For example, if one is always anxious in social settings, if they manage to attend a few events and develop friendships and exciting conversations, the anxiety starts to fade. Operant conditioning will often create positive reinforcement for the compulsion. Instead of crying and feeling sorry, the individual could walk or eat something they like. Such action will generate positive responses from the environment as a result of ignoring undesirable compulsions.

According to McLeod (2007), behavioral therapy has led to developing much more effective treatment strategies for mental health. The therapist simply asks the individuals to replace their compulsive behavior with different healthy behavior.

Aaron Beck is a key psychotherapist who developed the cognitive theory. The focus of the theory is on how people’s thinking can alter their feelings and behavior. The critical assumption in cognitive therapy is that our thoughts are influenced by how we feel. Hence, the key aim is to help the client see how distorted their thinking is and develop a mechanism to overcome negative thinking. The theory, therefore, focuses on the current situation of the clients and their distorted thinking of their past. As a result, the past issues that are influencing the current thinking are acknowledged but not concentrated on. Clark & Beck (2010) states that cognitive therapy is a practical approach and Aaron beck termed it faith-based. The therapy session will aim at emphasizing education basing on the fact that the way people feel and behave is mainly influenced by how they perceive the environment or situation at hand. In cognitive therapy, the client needs to recognize and change any unrealistic thoughts or distortions and eventually adopt more satisfying behaviors, emotions, and situations. According to Crane (2017), cognitive therapy allows tailoring specific techniques to address particular issues. The therapist has an opportunity to model the session to fit into the change plan designed for a particular individual. The therapy hence becomes more precise and data-driven, which is suitable for the client. For example, in the case of depression, the therapist could advise the clients to address their distorted thoughts and first acknowledge that their opinions are distorted. After dealing with their distorted view, the next step is for the client to develop new coping strategies and have positive thoughts to replace the negative ones. This will eventually result in a change in outlook and behavior.

Managed care refers to integrating the financing options in care and service delivery through the use of a comprehensive set of services that the client needs. In this case, the health insurance contracts particular healthcare workers, which reduces the cost of treatment to the clients who are well-known clients. The health insurance firm and the service provider, who may be the nurse, physician, surgeon, specialist, among others, create a legal agreement to offer specific services at a reduced cost. As a result, the insurance company reduces its member’s options to the providers who signed the contracts. There are three basic health delivery systems for managed care, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Point of Service Plan (POS). The primary purpose of managed care within the healthcare system is to reduce medical treatment costs by increasing transparency among health service providers. Also, the goal is to improve the quality of healthcare service while determining the necessity of each of them before they are delivered to the client. Managed care also ensures that the most appropriate provider is offered medical care and more so in the most appropriate setting. This increases the recovery rate and reduces the likelihood of relapse. Lastly, managed care ensures contract discounted disbursement fee for concerned clients (Garfield et al., 2018).

The different behavioral and cognitive approaches fit into managed care in various ways. Behavioral and cognitive therapy stands out as essential components in improving health outcomes and helps reduce cost in medical care. According to McGrady & Hommel (2016), the interventions related to behavior modification and the thought process lay a fundamental foundation for adopting healthy practices that either help prevent diseases or effectively manage the existing ones. Behavioral approaches that focus on reinforcing positive behavior such as adherence to medication and other self-care management stand out eventually help in managing the healthcare cost. Wright et al. (2020) state that different health professionals could utilize behavioral approaches to modify self-direct health behavior among healthy individuals to prevent the initiating of unwanted practices such as smoking or developing medical conditions. In many ways, also cognitive approaches could be effectively used in managed care. As indicated by McGrady & Hommel (2016), the different cognitive determinants help forecast health behavior modification, and a reduction in these elements can be seen in continued behavior change. As reported by Prenger et al. (2012), psychological concepts such as assertiveness, selfefficacy, risk awareness, and social influence lay a lay foundation in determining the health behaviors that people adopt. Using these medical treatment approaches saves time by addressing the underlying vital issues directly linked to the disease. The cognitive and behavioral techniques can be used to adjust the length, style, and treatment goals by third parties to ensure that effective treatment is achieved.

*References*

Clark, D. A., & Beck, A. T. (2010). Cognitive theory and therapy of anxiety and depression: convergence with neurobiological findings. *Trends in cognitive sciences*, *14*(9), 418-424.

Crane, R. (2017). *Mindfulness-based cognitive therapy: Distinctive features*. Taylor & Francis.

Garfield, R., Hinton, E., Cornachione, E., & Hall, C. (2018). Medicaid Managed Care Plans and

Access to Care. *Washington: Kaiser Family Foundation*.

McGrady, M. E., & Hommel, K. A. (2016). Targeting health behaviors to reduce health care

costs in pediatric psychology: Descriptive review and recommendations. *Journal of pediatric psychology*, *41*(8), 835-848.

McLeod, S. A. (2007). Bf skinner: Operant conditioning. *Retrieved September*, *9*(2009), 77.

Prenger, R., Braakman-Jansen, L. M., Pieterse, M. E., van der Palen, J., & Seydel, E. R. (2012). The role of cognition in cost-effectiveness analyses of behavioral interventions. *Costeffectiveness and resource allocation*, *10*(1), 3.

Wright, B., Jung, Y. S., Askelson, N. M., Momany, E. T., & Damiano, P. (2020). Iowa’s Medicaid

Healthy Behaviors Program Associated With Reduced Hospital-Based Care But Higher Spending, 2012–17: An examination of whether Iowa's Health Behaviors Medicaid program reduces hospital-based care and lowers health care costs. *Health Affairs*, *39*(5), 876-883.

[Powered by TCPDF (www.tcpdf.org)](http://www.tcpdf.org)