OVERVIEW OF COGNITIVE BEHAVIORAL THERAPY FOR SUBSTANCE USE DISORDERS

OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE

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Department of Mental Health & Addiction Services

CASE WESTERN RESERVE UNIVERSITY
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Center for Evidence-Based Practices

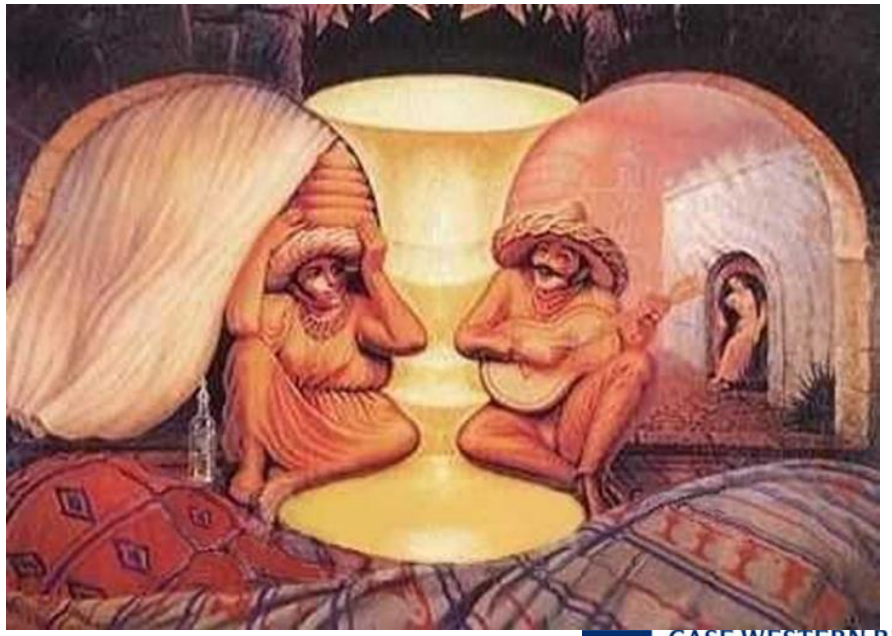
LEARNING OBJECTIVES

1. Understand the rationale and historical basis for CBT for people with substance use disorders.
2. Explain the CBT model and the components therein that shape its framework for substance use disorders.
3. Illustrate specific intervention strategies for how CBT is utilized with those who have substance use disorders.
4. Describe at least 2-3 CBT skills for its application with those who have substance use disorders.

Cognitive Behavioral Therapy (CBT) emphasizes that how an individual perceives and interprets life events is an important determinant of behavior.

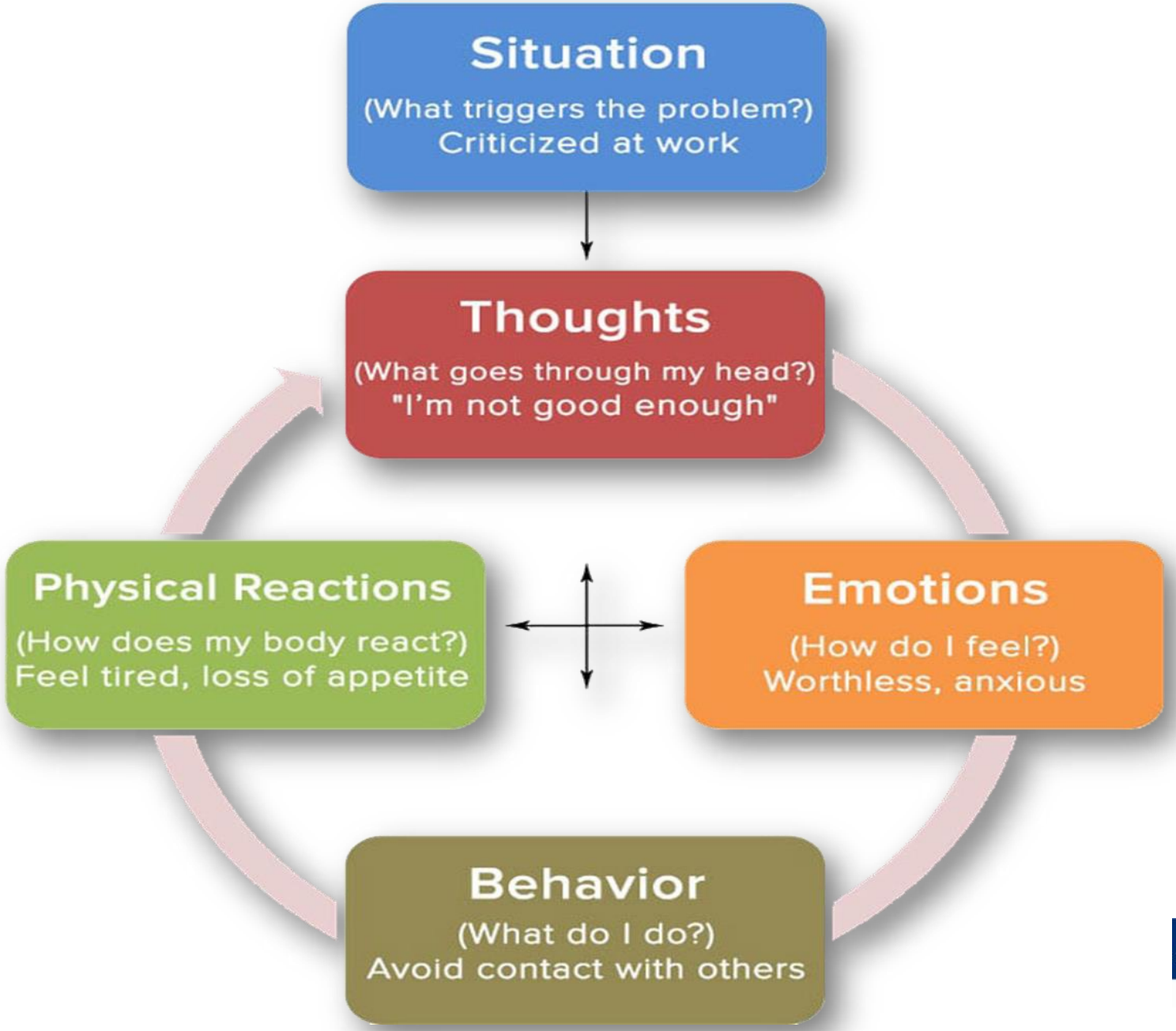
"People are not disturbed by things, but by the views they take of them."

-Epictetus



CBT AND SUBSTANCE USE DISORDERS

- Cognitive behavioral therapies view substance use disorders as complex, multidetermined problems, where several influences play a role in the development and perpetuation of the disorder.
- CBT helps people become aware of maladaptive cognitions, teaches them how to notice, catch, monitor, and interrupt the cognitive affective behavioral chains and produce more adaptive coping responses.


Situation
(What triggers the problem?)
Criticized at work
Thoughts
(What goes through my head?)
"I'm not good enough"
Emotions
(How do I feel?)
Worthless, anxious
Behavior
(What do I do?)
Avoid contact with others
Physical Reactions
(How does my body react?)
Feel tired, loss of appetite

CBT AND SUBSTANCE USE DISORDERS

Cognitive and Behavioral skills help individuals successfully:

1. Modify addictive behaviors
2. Reduce the risk of relapse
3. Make such changes enduring

CBT AND SUBSTANCE USE DISORDERS

- CBT primarily emphasizes the reinforcing properties of substances as central to the acquisition and maintenance of substance use.

- However, etiological influences heighten the risk and/or vulnerability to the development of Substance Use Disorders.

CBT AND SUBSTANCE USE DISORDERS

Influences may include:

1. Family history
2. Genetics
3. Comorbid pathology *(personality traits such as impulsivity or sensation seeking)*
4. A host of environmental factors *(substance availability, lack of countervailing influences and rewards)*

CBT AS AN EVIDENCED-BASED PRACTICE

Currently, cognitive behavioral approaches have among the highest level of empirical support for the treatment of substance use disorders from well-controlled trials.

1. They are widely acknowledged as evidence-based approaches (U.S. Department of Health and Human Services, 2016).

2. They are included in a wide range of practice guidelines (American Society of Addiction Medicine, 2015; Center for Substance Abuse Treatment, 2004; National Institute on Drug Abuse, 2007; Veterans Administration, 2015).

CBT FOR SUBSTANCE USE

- CBT has been shown to be effective across a wide range of substance use disorders including nicotine, alcohol, stimulants, marijuana, and opioids.
- Statistical transformations to a ‘success percentage’ indicated 58% of patients receiving CBT fared better than those in the comparison group (Magill & Ray, 2009).
- Caution must be used when generalizing effects of CBT to different races and ethnicities due to trials including predominantly White participants.

CBT AND CULTURAL CONSIDERATIONS

Given the existing health disparities between ethnoracial minority and white individuals, special attention to race/ethnicity is needed.

- Despite relatively uniform rates of substance use across racial/ethnic groups (Center for Substance Abuse Treatment, 1999), Black and Hispanic individuals experience more substance use-related consequences than other groups (e.g., higher prevalence of HIV; National Institute on Drug Abuse, 2005, 2012).

- Despite the benefits of CBT in reducing several mental health problems, there is concern that traditional CBT approaches may not account for the unique experiences encountered by marginalized populations (David, 2009; Eamon, 2008).

CBT AND CULTURAL CONSIDERATIONS

- One meta-analysis compared the impact of CBT in reducing substance use between studies with a predominantly non-Hispanic White sample (NHW studies) and studies with a predominantly Black and/or Hispanic sample (BH studies).

- All studies used a randomized, controlled design that compared the effectiveness of CBT with another treatment on at least one substance use outcome (including alcohol, marijuana, methamphetamine, cocaine, and stimulants).

(Windsor et. al., 2015)

STUDY RESULTS

- Overall analysis results (*that is, NHW and BH studies together*) suggest CBT is an effective intervention for reducing substance use.
- At pretest-posttest comparison, the impact of CBT in reducing substance use among BH studies was strong, indicating that Black and Hispanic individuals in these study samples benefited from traditional CBT.
- Studies also demonstrate that culturally adapted forms of CBT are more effective than non-adapted forms of CBT (e.g.: Kohn & Oden, 2003; Miranda et al., 2003).
- The results revealed there was no significant difference between NHW and BH studies when it came to retention, engagement, and follow-up.

(Windsor et.al., 2015)

FUTURE CONSIDERATIONS

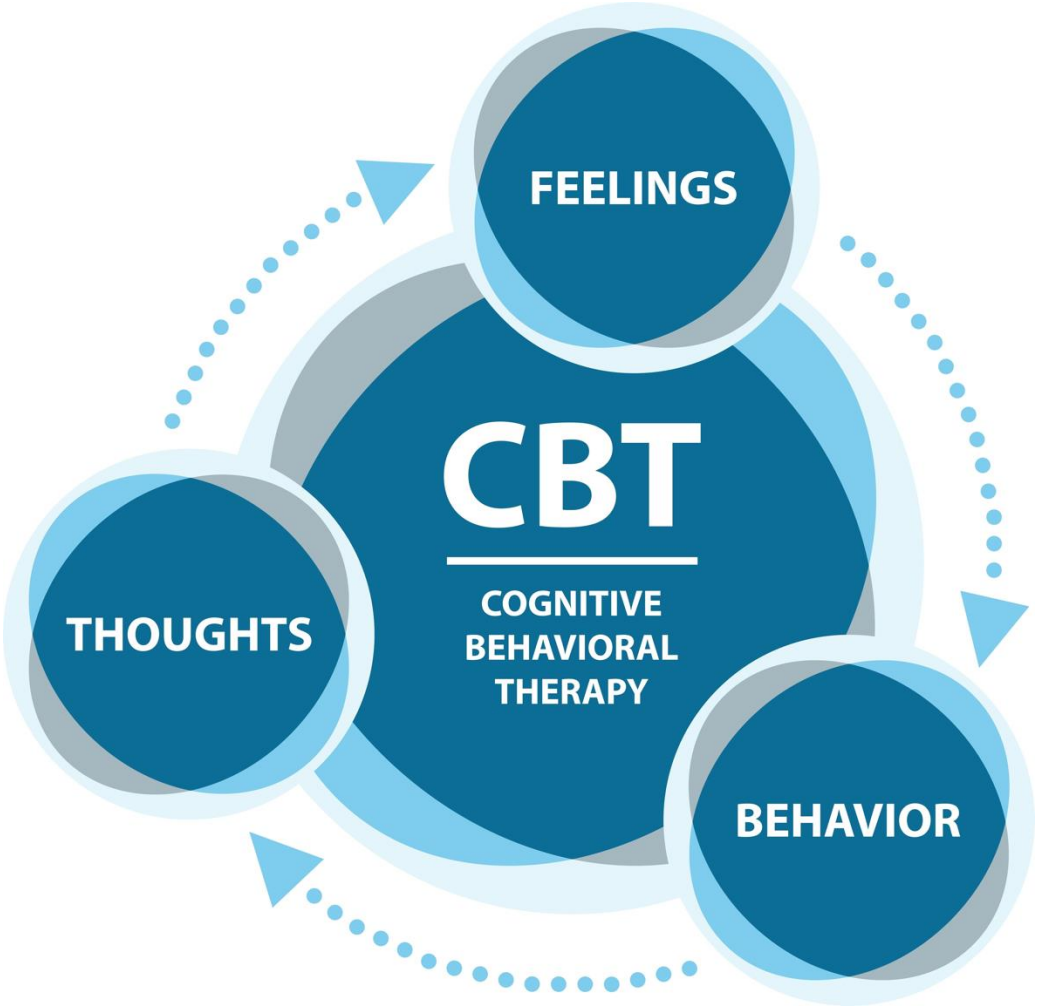
Further research is needed in order to:

1. Specifically examine the moderating impact of race in non-culturally adapted evidence-based substance use treatment.

2. Explore whether adapting culturally-sensitive CBT approaches could enhance the effectiveness of substance use treatment among Black and Hispanic individuals.

ORIGINS OF CBT

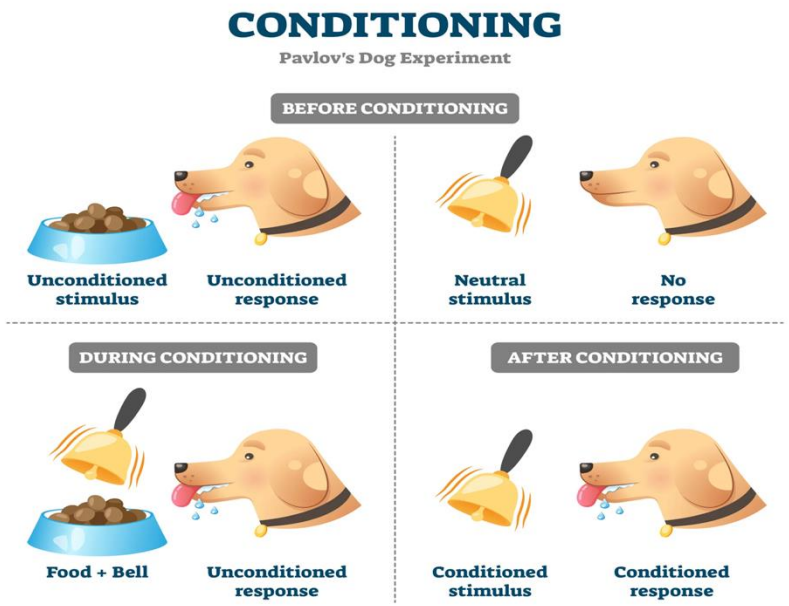
Cognitive behavioral treatments have their roots in classical behavioral theory and the pioneering work of Pavlov, Watson, Skinner, and Bandura.



CLASSICAL AND OPERANT CONDITIONING

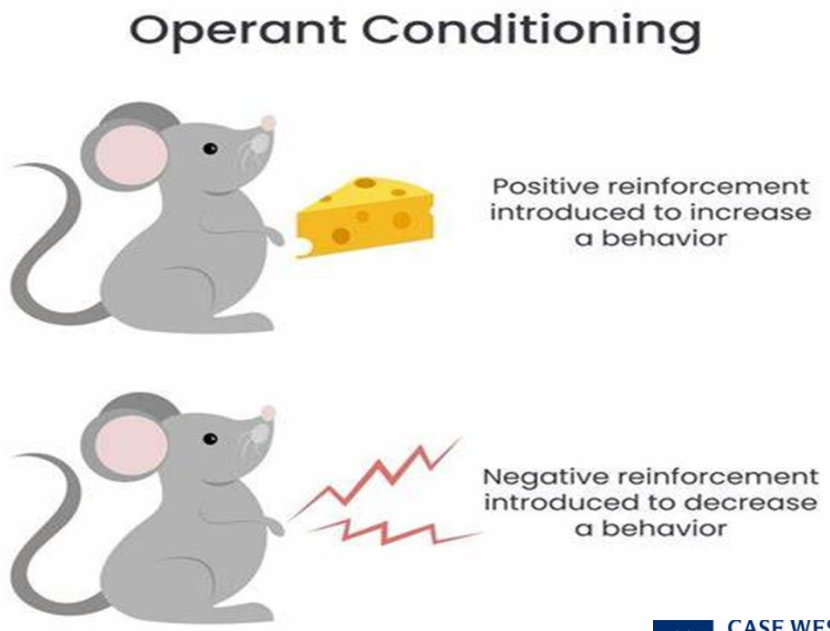
Pavlov's work on Classical Conditioning demonstrated:

A previously neutral stimulus could elicit a conditioned response after being paired repeatedly with an unconditioned stimulus.



B.F. Skinner's work on Operant Conditioning demonstrated:

Behaviors which are positively reinforced are likely to be exhibited more frequently.

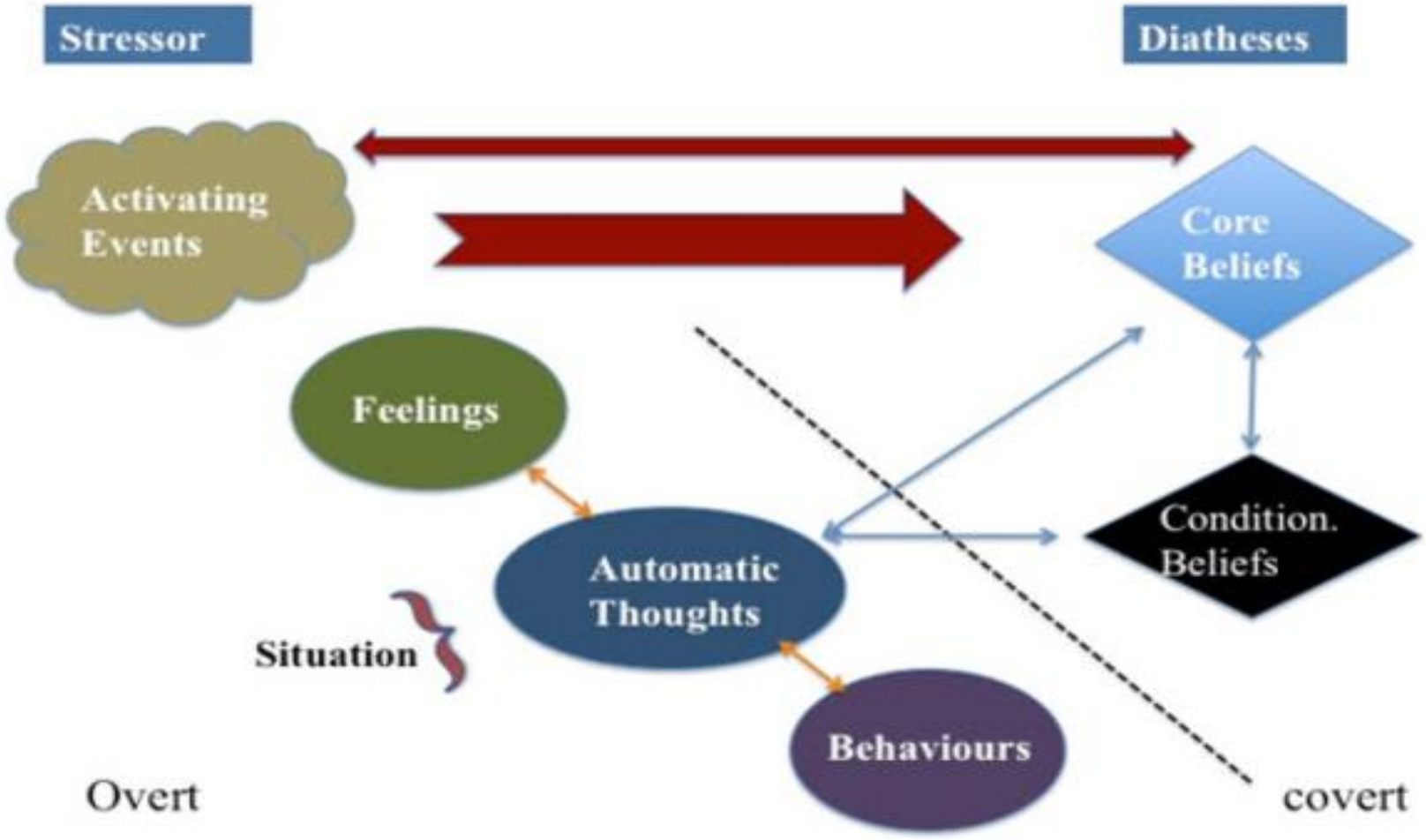


CBT also reflects the pioneering work of Albert Ellis and Aaron Beck:

1. Emphasizes the importance of the person's thoughts and feelings as determinants of behavior.

2. A person's conscious thoughts, feelings, and expectancies mediate the individual's response to the environment.

Cognitive Therapy Model – Aaron Beck



Source: Laidlaw, 2014

THE STRUCTURE OF CBT

Although highly structured and didactic, CBT is highly individualized and flexible.

- Some people may require several weeks to master a basic skill.
- An agenda is used for each session and the clinical discussion remains focused around issues directly related to substance use.

Progress is monitored closely through:

1. Use of urine toxicology screens.
2. Therapist's active stance during treatment.

THE STRUCTURE OF CBT

In a broad-spectrum CBT is organized through the "20/20/20 rule."

1. Assessment of substance use and general functioning/report of current concerns and problems.

2. Didactic and devoted to skills training and practice.

3. Planning for the week ahead and how new skills can be implemented.

GOALS OF INITIAL SESSION

- Establishing trust and rapport.
- Educating the person about their disorder, the cognitive model, and about the process of therapy.
- Eliciting the persons expectations for therapy.
- Gathering additional information about the persons difficulties.
- Using this information to develop a goal list for treatment planning.

ENGAGEMENT & THE RELATIONSHIP

- Promote an environment where one feels safe, comfortable, and an active participant in sessions.
- Provide a space for collaboration, compassion, acceptance, and empathy.
- Normalize the person's difficulties and instill hope.

ENGAGEMENT & THE RELATIONSHIP

Role of therapist is consultant, educator, and guide:

1. Leading the person through a functional analysis of their substance use.
2. Identifying and prioritizing target behaviors.
3. Consulting in selecting & implementing strategies to foster the desired behavior change.

ASK YOURSELF:

- How comfortable is this person in talking to me?
- How supportive and helpful am I being?
- Do I understand the person's perspective and concerns?
- Am I able to recognize and suspend judgment?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?

ATTRIBUTIONS AND SUBSTANCE USE

An attribution is a person's explanation of why an event occurred.

Attributional dimensions are:

1. Internal/External – Is the cause attributed to self or others?
2. Stable/Unstable – Does the cause continue to affect your future, or can it change?
3. Global/Specific – Does the cause of one bad circumstance affect all areas of your life or just one?

The nature of substance users' attributional style is thought to have considerable bearing on their perceptions of their substance use issues and their approach to recovery.

ATTRIBUTIONS AND SUBSTANCE USE

External, Specific, & Unstable Attribution

Is likely to lead to greater efforts to cope with similar situations in the future.

Internal, Stable and Global Attribution

Is likely to lead to feelings of hopelessness and a return to use.

UNDERSTANDING SCHEMAS

EARLY MALADAPTIVE SCHEMAS

Disconnection & Rejection

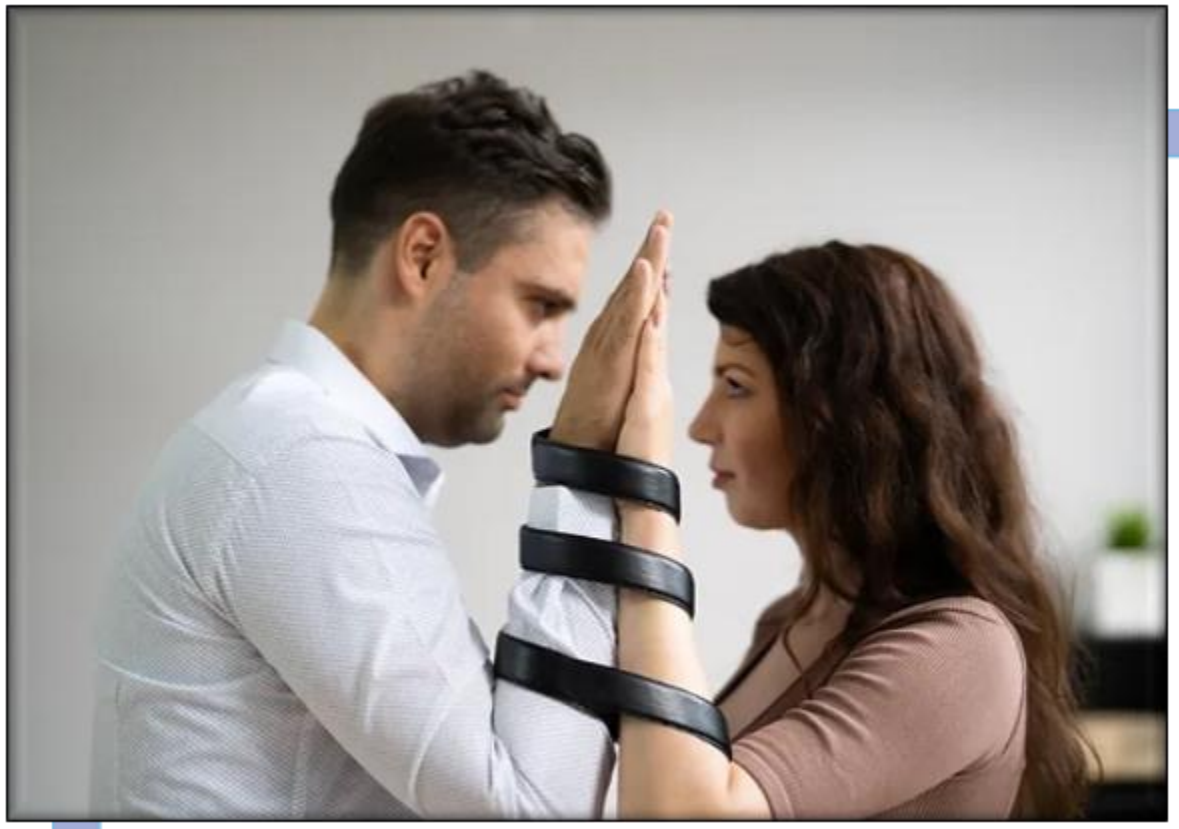
Relationships are unstable and may end unexpectedly.

Others will intentionally harm, punish, humiliate, or take advantage.

A feeling of a deep separation from society, not belonging to any community.

Unloved and unaccepted because of being flawed, inferior, bad, or imperfect.

EARLY MALADAPTIVE SCHEMAS



Impaired Autonomy and Performance

A feeling of being completely helpless, powerless, unable to function independently.

The world is full of unpredictable catastrophes, threats, dangers, and no resources to deal with it.

Excessive, emotional involvement in someone's life and the fear that one person cannot survive without the constant devotion to the other

EARLY MALADAPTIVE SCHEMAS

Impaired Limits

A belief in one's own superiority over others.

Having special privileges or being above the applicable laws and rules.

Recurring difficulties with self-control, emotional management, frustration tolerance, & delaying gratification.

EARLY MALADAPTIVE SCHEMAS

Other Directedness

One must submit to the will of others to avoid negative consequences (e.g., punishment, conflict, rejection).

Satisfying the needs of others should be placed above one's own.

Excessive concentration on attention, acceptance and appreciation of the social environment, on which a person depends for self-esteem

EARLY MALADAPTIVE SCHEMAS

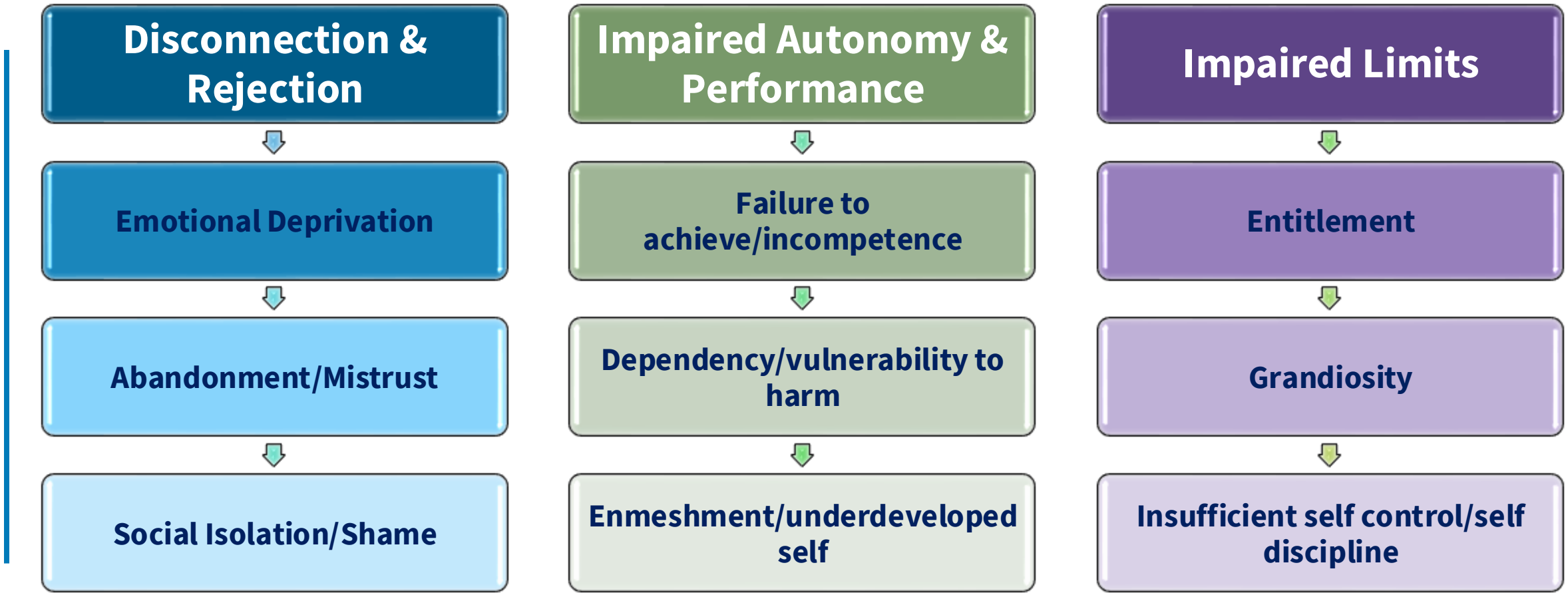
Over-vigilance and Inhibition

No one will never be good enough or live up to expectations, resulting in rigid behavior, perfectionism, and denying oneself the pleasure.

A perception of life through the prism of negative aspects, deficiencies, flaws, and minimizing its positive aspects, often combined with a tendency to worry.

People should be severely punished for their mistakes combined with intolerance & inexcusability.

THESE UNMET NEEDS RESULT IN:



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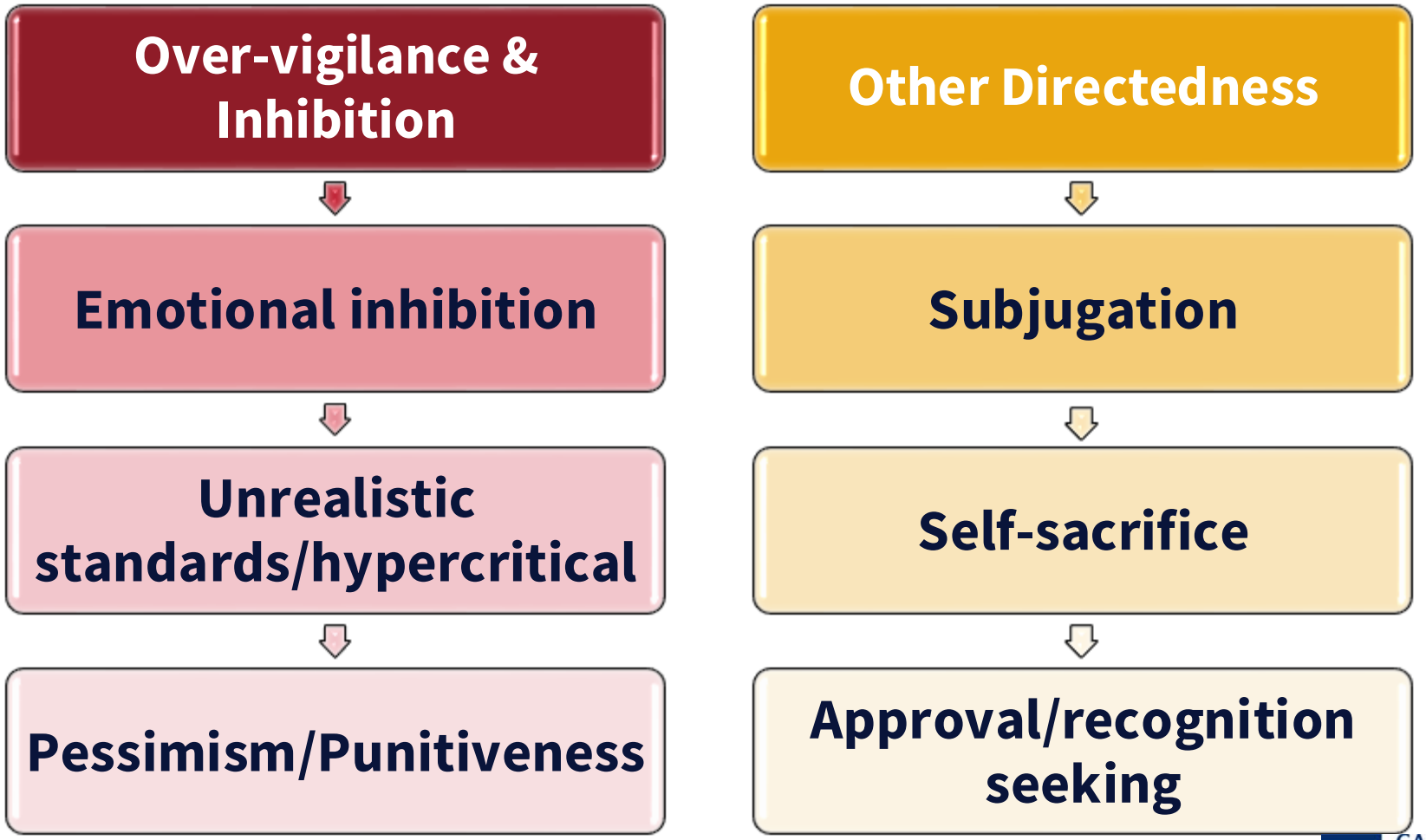
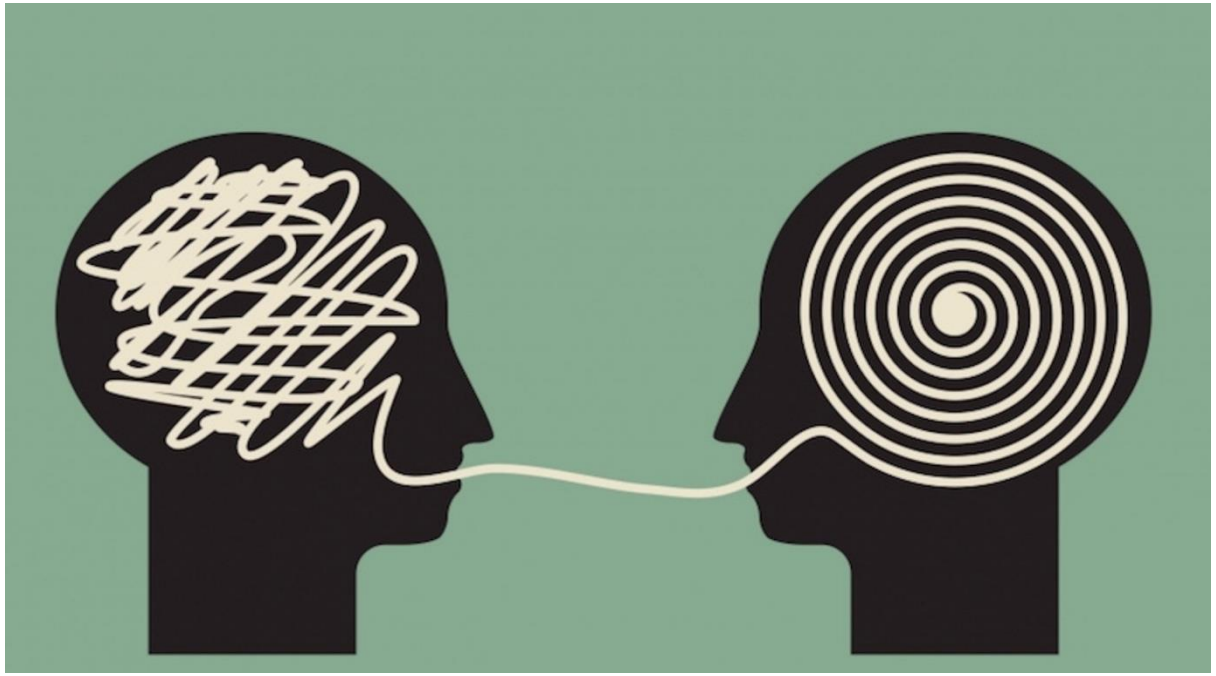


Common Forms of Irrational Thinking



- All or Nothing
- Over-generalization
- Magnification
- Minimization
- Catastrophizing
- Emotional reasoning
- Personalization
- Disqualifying the positive
- “Should” & “Must” Statements
- Labeling
- Mind reading
- Mental filter
- Tunnel Vision

CHARACTERISTIC THINKING IN ADDICTION

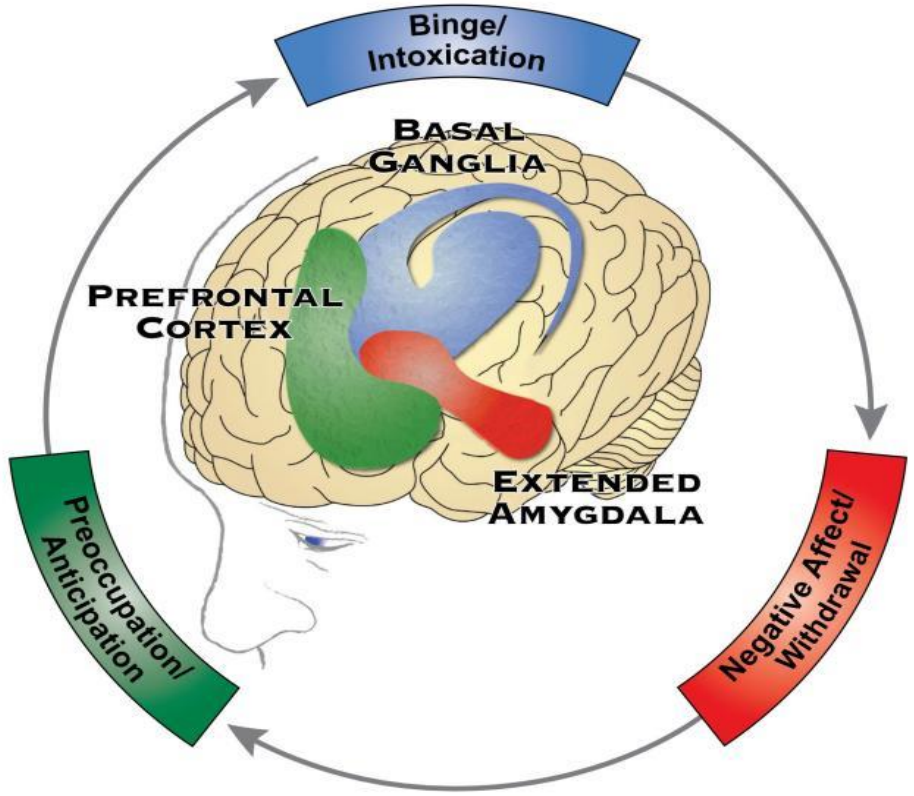
Common Themes in Thinking

"Substances are not a problem."
"Substances are the best and only way to solve emotional problems."
"All negative emotions must be avoided."
"Change is too difficult"

- Hopeless, helpless, worthless
- Self blame, guilt, and shame for having a substance use disorder
- Low frustration tolerance

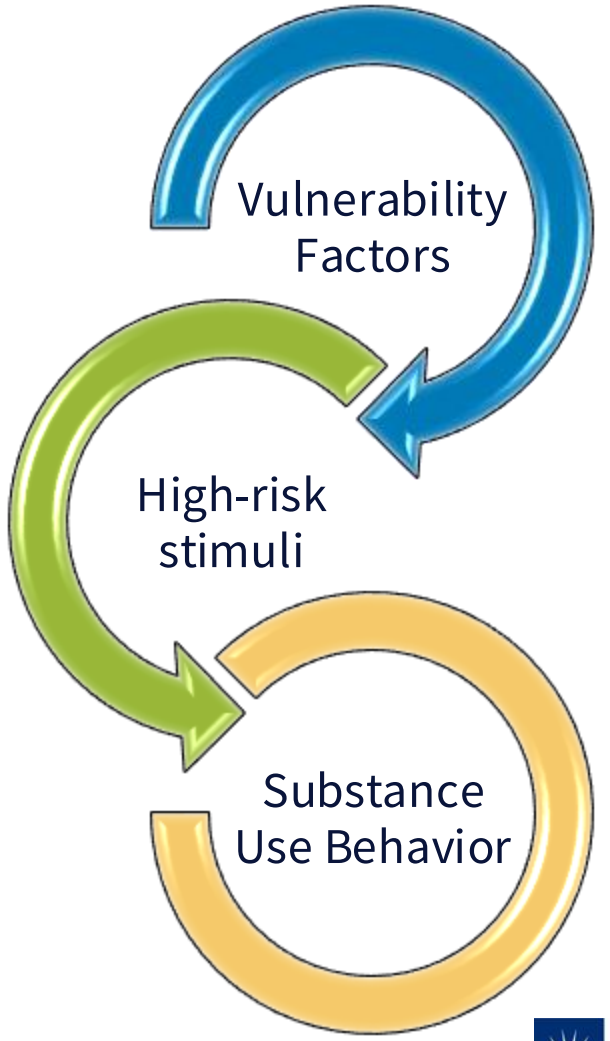
COGNITIVE PROCESS IN SUBSTANCE USE

What begins as a series of voluntary acts may slowly or rapidly segue into a self-perpetuating cyclical process in which conditioned stimuli motivate compulsive substance use.



CBT AND SUBSTANCE USE

1. Activation of beliefs
2. Automatic negative thoughts
3. Urges/cravings
4. Permissive beliefs



COGNITIVE PROCESS IN SUBSTANCE USE

Beyond the conditioned responses associated with compulsive use, automatic negative thoughts and beliefs about substance use may increase the likelihood that the urge/craving will result in substance use.

- **Example automatic thought:** "My life is already in shambles I might as well get high."
- **Example belief:** "Cravings are irresistible."
- **Permissive belief:** "I'll drink this one last time and begin my sobriety plan tomorrow."

EXAMPLE BELIEFS ABOUT SUBSTANCE USE

"I don't use more than anyone else. It's never a problem for me. Other people have the problem."

"I need to use marijuana to relax."

"I can't stand not having what I want it's just too hard to tolerate."

"The only time I feel comfortable is when I am high."

"It's too hard to stop drinking. I'd lose all my friends, be bored, and never be comfortable."

85 PEOPLE IN CLEVELAND WITH OPIATE USE DISORDER SELF-REPORTED MANY SHARED CHARACTERISTICS:

- 98% engaged in polysubstance use
- 93% had previously engaged in substance use treatment
- 91% had served time in a correctional facility
- 87% described their incarceration as “drug related”
- 73% had at least one co-occurring behavioral health diagnosis
- 54% initiated drug use via family/friend or 32% via medical provider
- 48% voluntarily recounted traumatic past events

(Begun Center, 2023)

COGNITIVE CONCEPTUALIZATION & FUNCTIONAL ANALYSIS

How We Put the Pieces Together

COGNITIVE CONCEPTUALIZATION

What is the person's diagnosis?

What are the current issues/circumstances surrounding the problem and how are they maintained?

What dysfunctional thoughts and beliefs are associated with the problems?

What reactions (emotional, physiological, and behavioral) are associated with their thinking?

Early learning and experiences? Genetic predispositions?

COGNITIVE CONCEPTUALIZATION

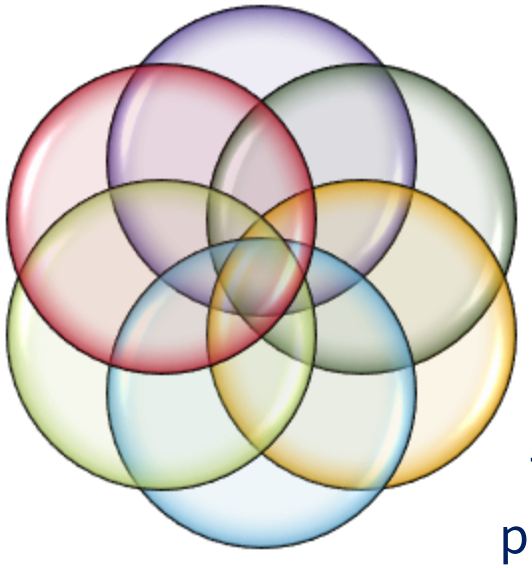
- Underlying beliefs (attitudes, expectations, rules, assumptions)?
- How has the person coped in the past? What current coping skills are being applied?
- How does the person view themselves, the world, or future?
- What stressors contributed to psychological problems or interfered with problem solving?
- What might interfere with their ability to problem solve?

THE PROCESS OF FUNCTIONAL ANALYSIS

FUNCTIONAL ANALYSIS

Human affect, cognition, & behavior are unique to the individual.

The person is an interactive part of the environment, rather than a separate thing.



A functional analysis asks, “How is this person related to their environment?”

A functional analysis is complete when alteration of the context has resulted in the predicted behavior change.

The detection of functional relations predicts how changes in the contextual conditions will bring about behavior change.


Automatic Thoughts
Instantaneous, habitual, & nonconscious thoughts that lead to distress
Intermediate Beliefs
Composed of rules, attitudes, & assumptions
Core Beliefs
Absolute, rigid, and global ideas about oneself or others.

MALADAPTIVE CORE BELIEFS

Helpless Core Beliefs

- I'm incompetent, ineffective, helpless, useless.
- I am powerless, weak, vulnerable, trapped, out of control.
- I am inferior, a failure, defective.
- I'm not good enough; I don't measure up.

Unlovable/Worthless Core Beliefs

- I am unlovable, undesirable, unimportant, unwanted.
- I won't be accepted or loved by others because I am different, bad, defective, have nothing to offer.
- I am bound to be rejected, abandoned, alone.
- I am immoral, morally bad, worthless, unacceptable.

COGNITIVE RESTRUCTURING

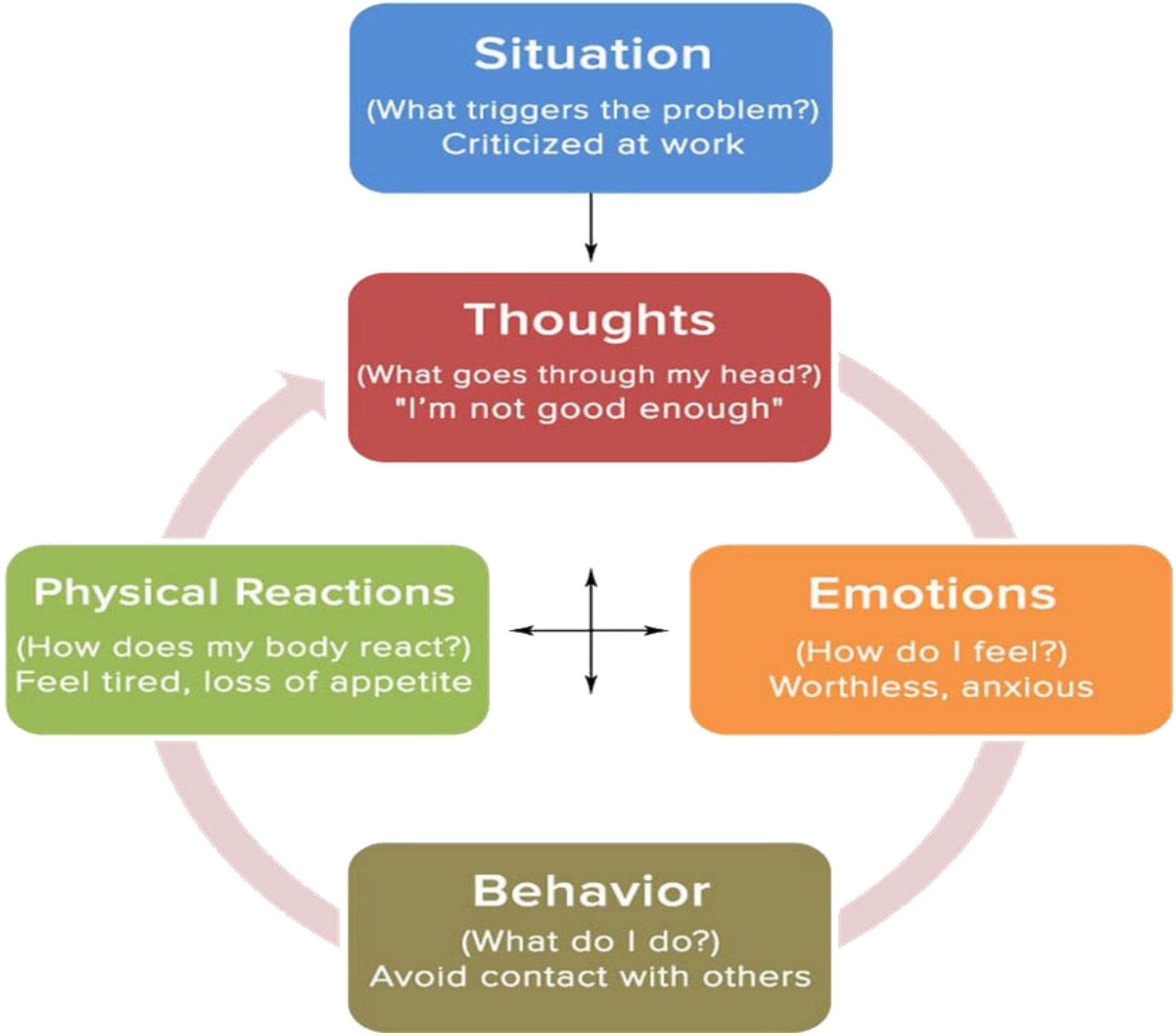
Cognitive strategies target thought distortions specific to substance abuse

- “I will just use this once.”
- “One drink won't hurt me”
- “It has been a bad day. I deserve to use.”
- “Why even try?” “I will always be an addict.”

Eliciting evidence regarding the accuracy of these thoughts (reality checking) can help to identify alternative appraisals that may be more adaptive and better reflect the person’s experience.

COGNITIVE RESTRUCTURING

- Providing psychoeducation on the nature of thought distortions and the role it plays in recovery can help the person gain awareness about how such thinking patterns contribute to the maintenance of substance use.
- Rehearsal of cognitive restructuring in the context of drug cues may enhance the availability of these skills outside the treatment setting.
- Expectations or beliefs about the consequences of use are an important target for intervention.
- It is not uncommon to find that patients maintain a belief that use of a particular substance will help some problematic aspect of their life or situation.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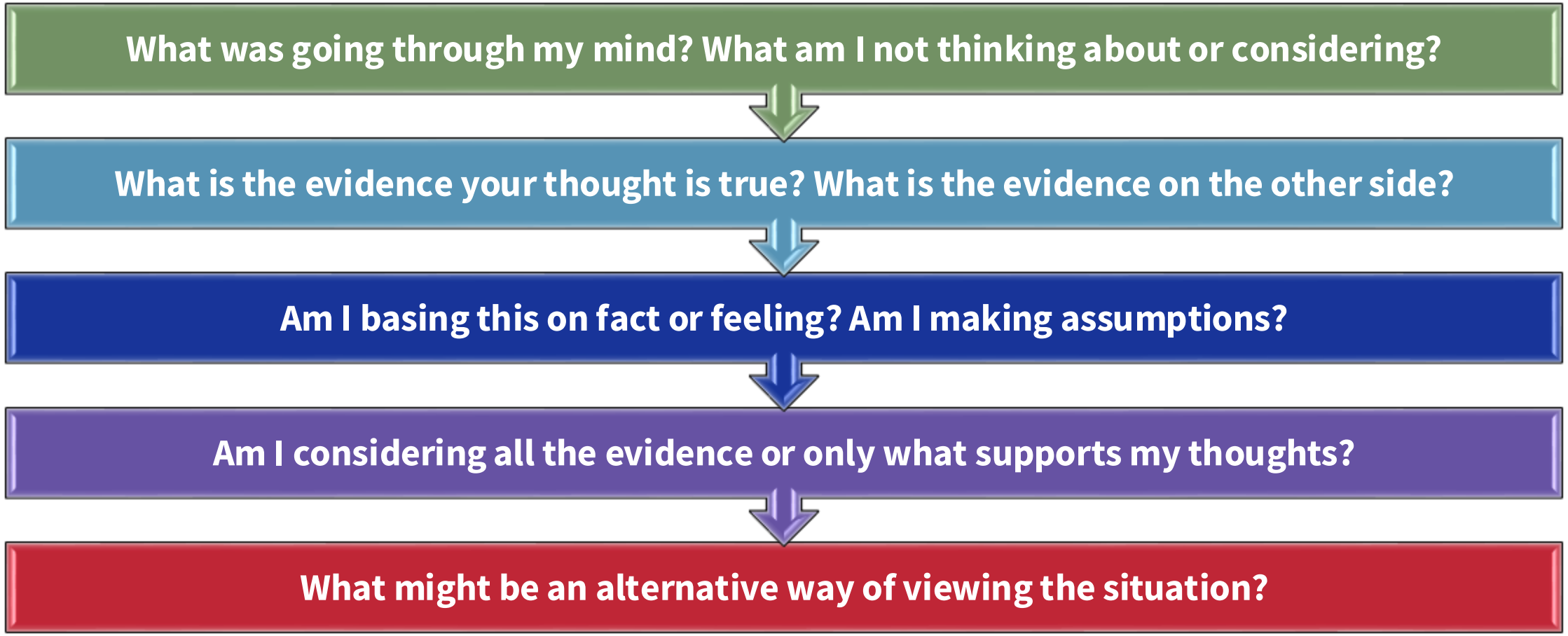
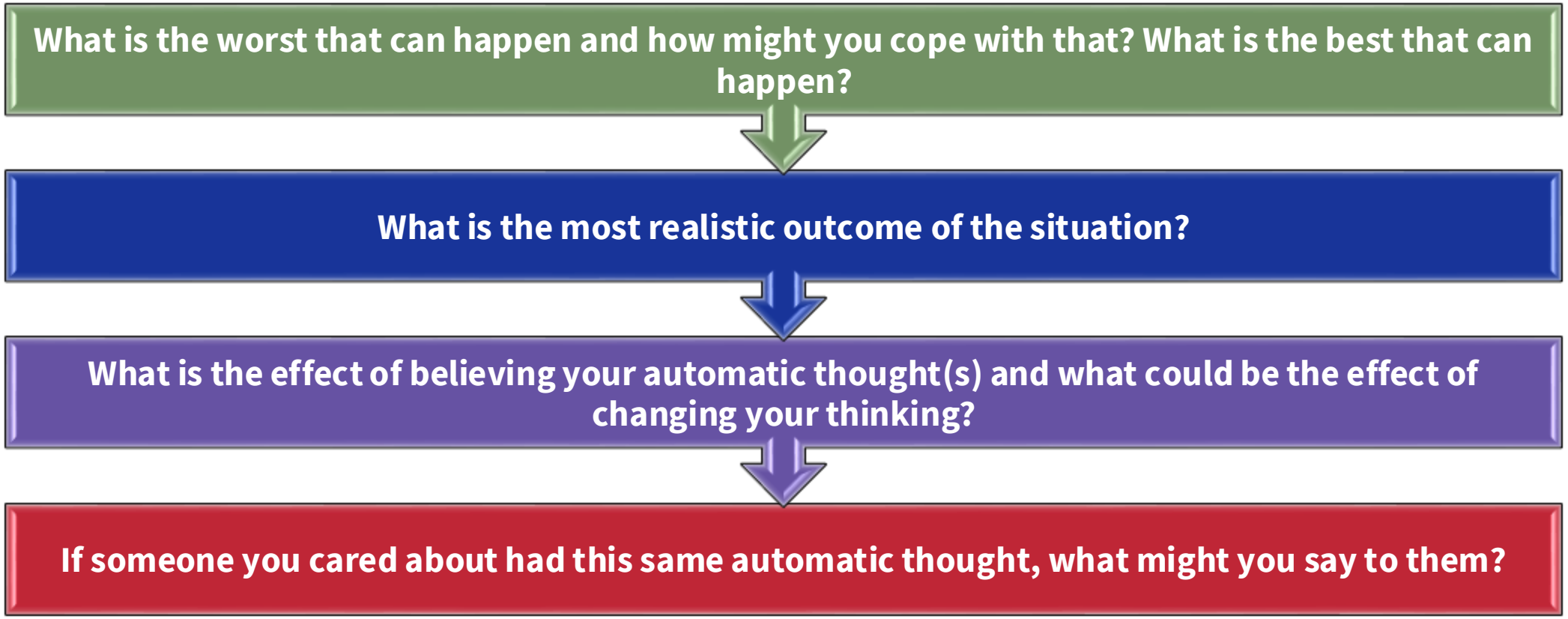
GUIDED DISCOVERY IS SKILLFUL QUESTIONING



GUIDED DISCOVERY EXAMINES EVIDENCE & EXPLORES ALTERNATIVES



SOCRATIC QUESTIONING

Socratic questions aims to help individual's think about their situation from a new perspective.

Its intention is to expose and unravel deeply held values and beliefs that shape and support our beliefs.

It uses questioning to “clarify meaning, elicit emotion and consequences, as well as to gradually create insight or explore alternative action” (James, Morse, & Howarth, 2010).

What do you mean by this? Could there be another explanation? What else can you assume? What evidence are you basing on this? What effect would this have? What are the implications of that?

It is important to note that the approach, when used in CBT, must remain non-confrontational and instead guide discovery, in an open, interested manner, leading to enlightenment and insight (Clark & Egan, 2015).

CBT APPROACHES INCLUDE A RANGE OF SKILLS

1. Understanding patterns that maintain substance use.
2. Exploring positive and negative consequences of continued use.
3. Understanding cravings and craving cues & skills for coping.
4. Recognizing and analyzing cognitions that maintain patterns of substance use.

CBT APPROACHES INCLUDE A RANGE OF SKILLS

5. Increasing awareness of consequences of even small decisions.
6. Developing problem-solving skills and practicing application of those skills.
7. Planning for emergencies and unexpected problems.
8. Refusal skills and reducing exposure to substances.

CBT SKILLS ARE TRANSFERRABLE

- Functional analysis can be used to understand the determinants of a wide range of behavior patterns.
- Skills used to cope with cravings can easily be applied to other aspects of affect control.
- Seemingly irrelevant decisions can be adapted to understand a wide range of behavior chains.
- Substance use refusal skills can be transferred to more effective and assertive responding in a number of situations.

CBT & Contingency Management (CM)

CBT has been combined with other empirically supported treatments for substance use disorders, as a strategy to bolster early treatment engagement and adherence.

Contingency Management (CM)

- CBT with CM approaches shows very strong empirical support. CM has strong immediate effects that weaken, whereas CBT has more modest effects initially but is comparatively durable.

CBT & Motivational Interviewing (MI)

CBT has been combined with other empirically supported treatments for substance use disorders, as a strategy to bolster early treatment engagement and adherence.

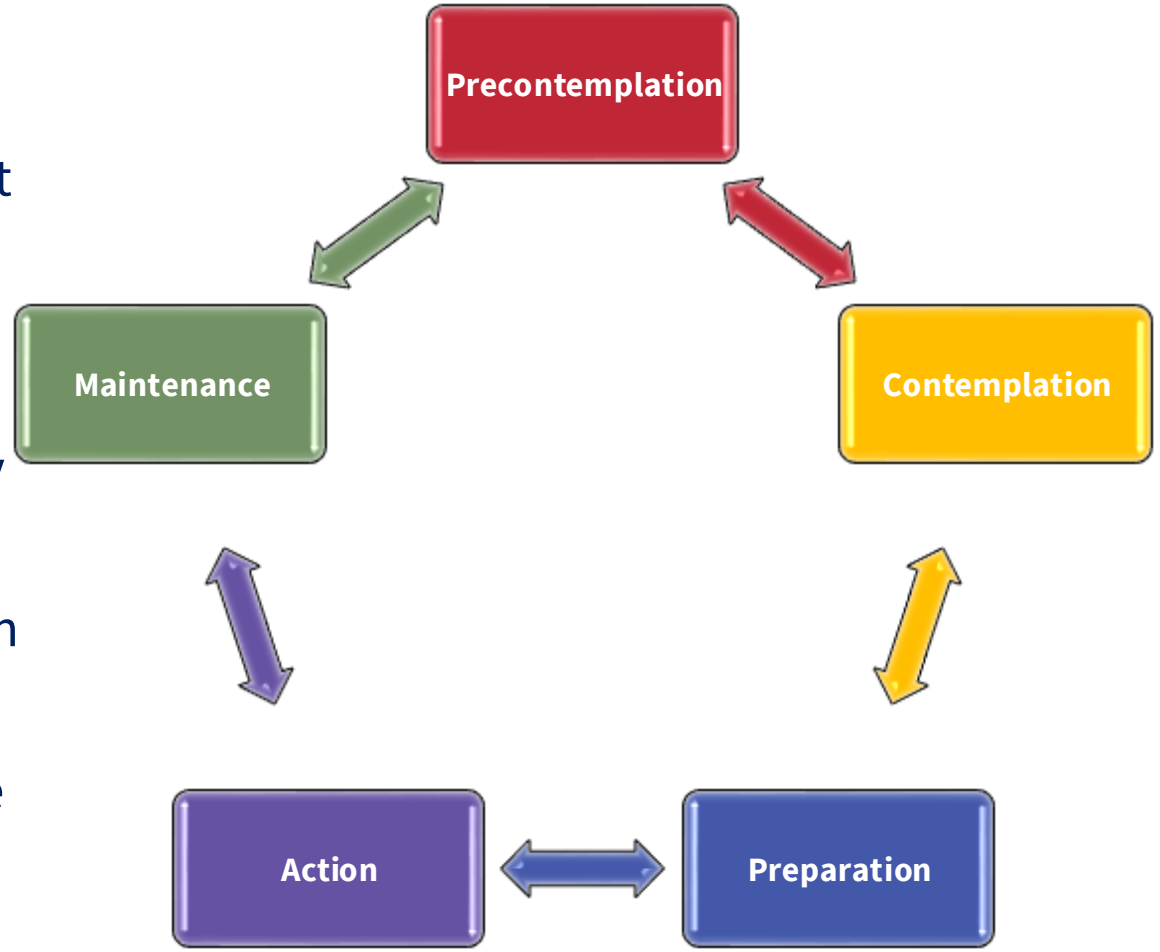
Motivational Interviewing (MI)

- Several studies have investigated the combination of CBT and MI for various drugs of abuse, including amphetamines (Baker et al., 2005), cocaine (McKee et al., 2007; Rohsenow et al., 2004), methamphetamines (Bux & Irwin, 2006), and marijuana (Babor, 2004; Dennis et al., 2004).

- There is some evidence to suggest that adding motivational enhancement to the early stages of CBT can be effective at increasing motivation and improving retention in treatment.

CBT AND STAGES OF CHANGE

- Stages of Change (SOC) increases efficacy in the treatment of individuals with severe and persistent mental health disorders, substance use disorders and co-occurring disorders.
- It provides a framework for specific intervention strategies that provide the best chance at recovery from an individualized perspective.
- Stage of change considerations in conjunction with using MI skills can enhance readiness to change.
- SOC + MI + CBT effectively impact all aspects of the change process.



CBT AND PHARMACOLOGY

CBT has been a widely-used platform for pharmacotherapy trials.

- CBT is shown to be effective in combination with pharmacotherapies for substance use (e.g., Carroll et al., 2004; Schmitz, Stotts, Rhoades, & Grabowski, 2001).

- CBT has been the 'base' treatment provided to all participants to enhance treatment retention and medication adherence, and to address other ancillary problems (Carroll, Rounsaville, & Kosten, Carroll, 1997; 2004).

COMBINATION TREATMENT MODALITIES

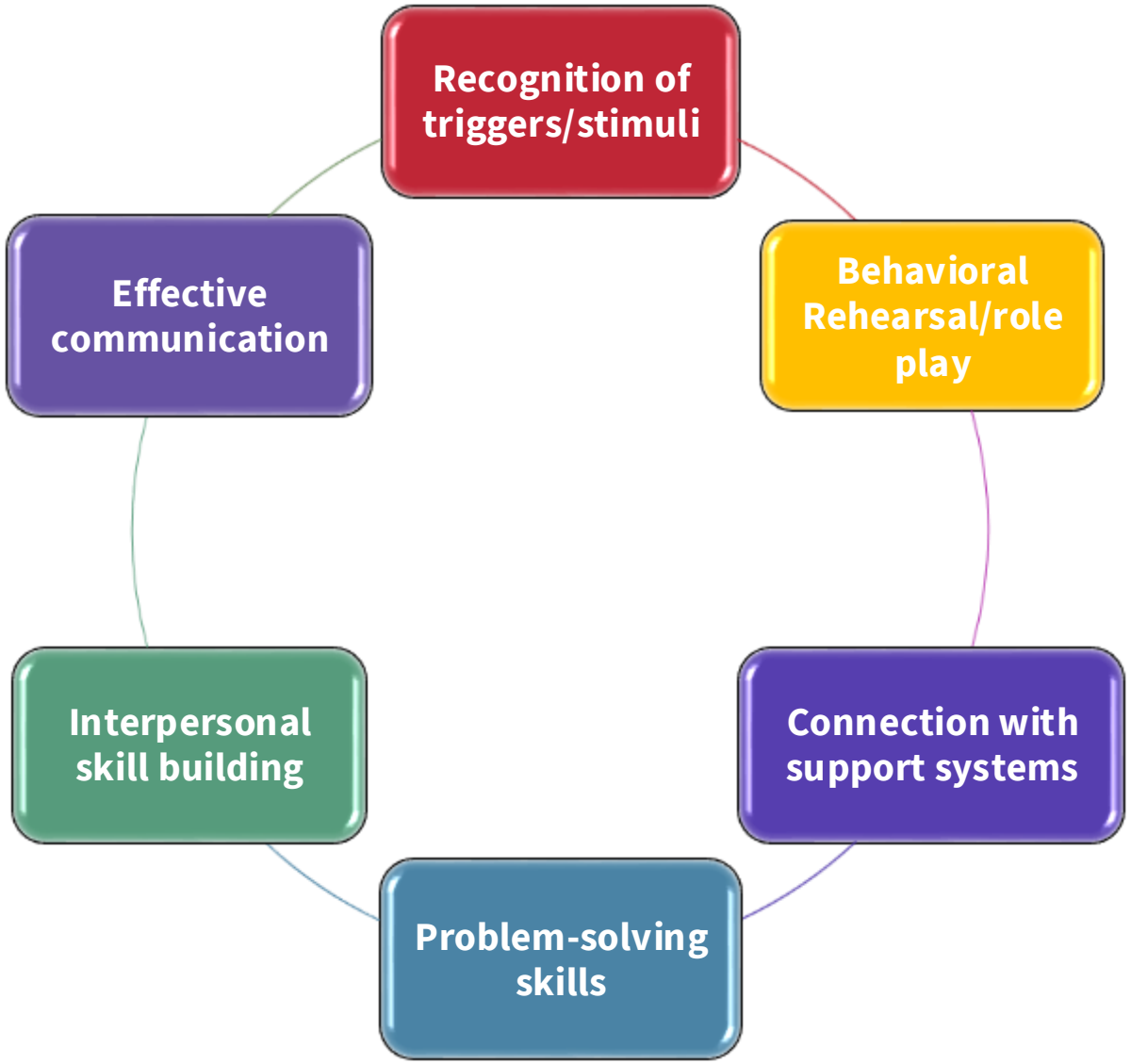
- Psychoeducation
- Family and couple's therapy
- Individual/group sessions
- Twelve step
- Psychodynamic
- Experiential therapy
- Community reinforcement approach
- Mindfulness practice

More studies of combination treatments are needed to determine the strongest treatment strategies for substance use disorders.

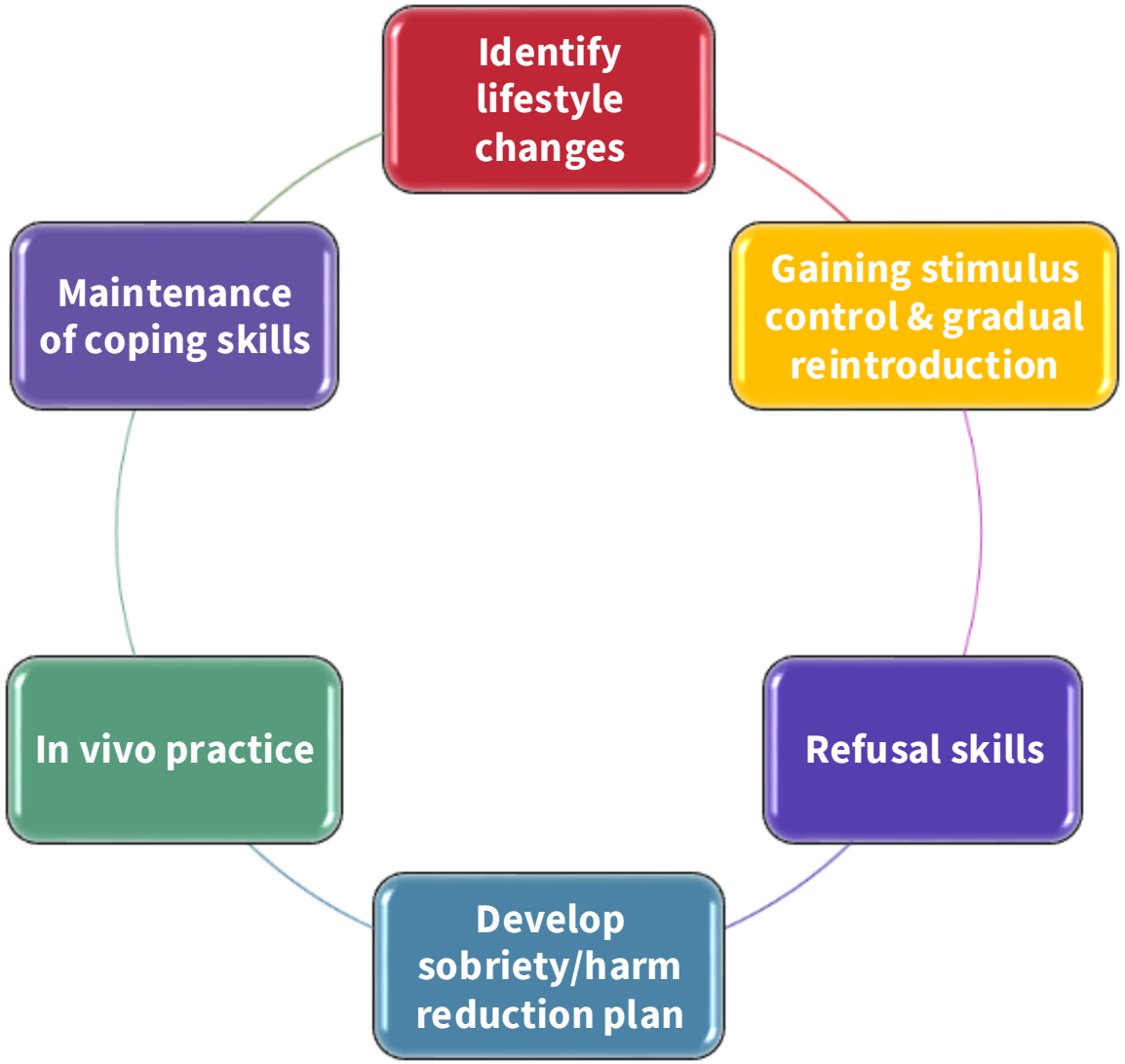
RELAXATION TECHNIQUES

- Guided Imagery
- Mindfulness
- Meditation
- Emotional Regulation Skills
- Stress Inoculation
- Guided self-dialogue
- Body scanning
- Exercise (Yoga)

SKILLS TRAINING



SKILLS TRAINING



ACTIVITY SCHEDULING

Helps gauge how time is spent and assess which activities individuals are spending too much and/or too little time on.

Helps to predict and measure a sense of mastery and/or pleasure with various activities.

Activities with little mastery or pleasure can elicit opportunities to examine irrational thoughts in those situations.

Identifies when important activities are avoided or when an individual's schedule is too demanding.

ACTIVITY SCHEDULING EXAMPLE

Note: Grade activities **M** for mastery and **P** for pleasure

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM 6:00 6:30							
7:00 7:30							
8:00 8:30							
9:00 9:30							
10:00 10:30							
11:00 11:30							
PM 12:00 12:30							
1:00 1:30							
2:00 2:30							
3:00 3:30							
4:00 4:30							
5:00 5:30							

Mastery, accomplished, achieved something
Pleasure, fun, amusement, enjoyment

Scale: 0–5; 0, none, 5, most

IMPORTANCE OF EXTRA SESSION PRACTICE

- The degree to which the treatment offers skills training over merely skills exposure has to do with the degree of opportunities available for practice and implementing coping skills.
- Its critical that people have an opportunity to try out new skills within the supportive context of treatment.
- Both within and outside of sessions, individuals should have opportunities to rehearse and review ideas, raise concerns, and obtain feedback.

One of the distinguishing features of CBT has been its relative durability of effects.

- Individuals showed greater improvement after treatment ended and significant effects were persistent over a 1 year follow up period (e.g., Carroll et al., 2000; Carroll et al., 1994b; Rawson et al., 2002).
- A strong correlation between homework compliance and confidence in avoiding use in a variety of high-risk situations was demonstrated (compared to the subgroup that did not complete homework).
- Study results also found that by the end of treatment participants (i.e., cocaine users) assigned to CBT reported more frequent engagement in the avoidance of substance use activities than participants in the comparison treatments.

These studies suggest that CBT interventions that foster the individual's engagement in active behavior change may play a key role in CBT's comparative durability.

QUESTIONS?

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