LEARNING OBJECTIVES

• Describe overall theory of CBT, CBT for SUD specifically, and how this model guides individualized treatment

• Identify how a functional analysis can assist in conceptualization and tailoring of interventions within CBT for SUD

• Differentiate between different types of coping skills interventions

• Refer to list of resources for further information on CBT for SUDs
CBT

• Survey question
  • Familiarity with CBT?
CBT MODEL

Same situation but how we think about it changes our emotions and behaviors.

Thought: It’s a bear! Emotion: Fear Behavior: Run!

Thought: It’s a baby deer Behavior: Slowly turn around, take out camera

Emotion: Curiosity? Excitement?
CBT MODEL

Thoughts/Cognitions

Behaviors

Emotions
CBT MODEL

Thoughts/Cognitions

Behaviors

Emotions

“Hot cross bun” model
Padesky model
WHAT ACTUALLY HAPPENS IN CBT?

• Techniques and strategies based on presenting problems and client

• Common key elements throughout
  ▪ Collaborative relationship → “coach”
  ▪ Interventions guided by individualized conceptualization
  ▪ Present-focused
  ▪ Identification of client goals
  ▪ Time-limited, goal-focused sessions
  ▪ Sessions have a collaborative agenda; are structured
  ▪ Psychoeducation
  ▪ Out of session practice* & review

*avoid the term “homework”
IS CBT EFFECTIVE?

• MANY studies on CBT
• “First line” or “best practice” for numerous disorders
• Supporting evidence for:
  o Depression & other mood disorders
  o PTSD
  o OCD
  o Anxiety disorders (GAD, phobias, etc)
  o Substance Use
  o Psychosis
  o Chronic Pain
  o Etc…

For Reviews, check out:
CPT FOR SUBSTANCE USE DISORDER

Relapse Prevention (Marlatt)

Coping Skills Training (Monti, Kadden, Carroll)

*Not reviewing Contingency Management, Motivational Interviewing, Community Reinforcement Approaches, Community Reinforcement and Family Training, other couple, family or child-focused therapies
CBT FOR SUD

• CBT for SUD found to be effective as monotherapy & in combination with other approaches— including pharmacotherapy
  o Alcohol
  o Cannabis
  o Cocaine
  o Opioids
  o Polysubstance dependence

  e.g., Dutra et al., 2008; Magill & Ray, 2009; McHugh et al., 2010; Gates et al., 2016; Ray et al., 2018
QUESTIONS SO FAR?
CASE EXAMPLE

Carl

- Male, 30s
- Alcohol Use, Cocaine use (intranasal), past history of hallucinogen and cannabis use
  - Alcohol Use Disorder – mild
  - Cocaine Use Disorder– severe
- Last use of cocaine and alcohol was 30 days ago
- Comorbid depression, GAD
- Goal for treatment: “to get my use under control”
  - “Probably not use any cocaine”
  - Would like to drink alcohol socially still

*details changed to protect confidentiality
THEORY

• Addiction is a learned behavior
  o Classical conditioning (learned associations), operant conditioning (learning through consequences)
  o Biological, pharmacological, social contexts also play a role

Mitcheson et al., 2010; Hendershot et al., 2011
You feel anxious

You take substances and feel more calm

You feel like you want to use substances
You’re not sure how else to calm down apart from using substances

Overtime this can become...

Learning by association
Learning by consequence
THEORY

• Addiction is a learned behavior
  o Classical conditioning (learned associations), operant conditioning (learning through consequences)
  o Biological, pharmacological, social contexts also play a role

• Addiction emerges and is maintained in an environmental context
  o E.g. availability of substances, learning from peers/parents, social deprivation (e.g. other rewards), cultural influences

• Addiction is developed and maintained by thought patterns and processes
  o E.g. outcome expectancies, permission to use, self-efficacy, affective state

Mitcheson et al., 2010; Hendershot et al., 2011
Figure 2 Revised cognitive-behavioral model of relapse (Witkiewitz & Marlatt, 2004)
CBT FOR SUBSTANCE USE

Primary tasks of treatment:

(1) Identify antecedents and determinants of substance use:
   - What specific needs are substances being used to meet?

(2) Develop skills that provide alternative ways of meeting those needs
FUNCTIONAL ANALYSIS

• Builds individualized conceptualization

• Fancy word for simple procedure
  o “slow mo’ replay”

What was happening:

▪ Before
▪ During
▪ After
<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts/Feelings</th>
<th>Behavior</th>
<th>Positive consequences</th>
<th>Negative Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, Month, Year 7pm</td>
<td>Partner out of town</td>
<td>Working late at office by myself</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CBT FOR SUBSTANCE USE

Primary tasks of treatment:

(1) Identify antecedents and determinants of substance use:
   - What specific needs are substances being used to meet?

(2) Develop skills that provide alternative ways of meeting those needs
Recognize antecedents, determinants

Avoid triggers when possible

Understand needs that substances being used to meet

Practice to Increase

Other ways to meet needs?

Challenge myths, beliefs

Prevent lapses → relapses

Marlatt & Gordon, 1985; Carroll, 1998
COPING SKILLS TRAINING

• Use tracking/functional analysis
  o Thoughts, emotions and behaviors before, during, & after craving or use
  o Positive and negative consequences of use/no use

• Focus on present, current symptoms (thoughts, feelings, behaviors)

• Psychoeducation & address skill deficits
  o PRACTICE
BASIC COPING SKILLS

Everyone is different- ‘different tools in toolbox’

Experiment

Emotion Regulation
- Distraction (esp. exercise)
- Talk to someone
- Mindfulness → urge-surfing
- Examine & challenge self-talk, beliefs (outcome expectancy, permission giving, etc.)
- Keeping slip/lapse/use in perspective → F#%* it Factor

Interpersonal
- Refusal Skills
- Assertiveness

Organizational/problem solving difficulties
- Scheduling, agenda → disorganization & time spent using
- Remember the negative consequences → “play the tape through”
- Remembering values & goals
- Increasing pleasurable, meaningful activities including social connection and belonging → alternative reinforcers

Carroll, 1998; McHugh, Hearon & Otto, 2010; Mitcheson et al., 2010; Allen et al., 2018; Ellingsen et al., 2018
BASIC COPING SKILLS CONTINUED...

Adjust for cognitive/learning abilities

- Rehearsal
- Imaginal exposure and/or rehearsal
- Behavior experiments
- Repetition
- Reminders can help

**Coping Card**

<table>
<thead>
<tr>
<th>Top 5 reasons for change</th>
<th>Emergency Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) _________________</td>
<td>1) Leave situation</td>
</tr>
<tr>
<td>2) _________________</td>
<td>2) Go somewhere safe</td>
</tr>
<tr>
<td>3) _________________</td>
<td>3) Take a few breaths</td>
</tr>
<tr>
<td>4) _________________</td>
<td>and try to relax</td>
</tr>
<tr>
<td>5) _________________</td>
<td></td>
</tr>
</tbody>
</table>

Call Burnaby Centre: Phone: 604-675-3951
Call: _________________ Phone: _________________

**Main Coping Strategies**

RECOGNIZE you're being triggered
AVOID the triggers you can, leaving the situation!
COPE with the triggers you can.

- Distraction - do something else!
- Talk about the craving with a supportive person
- Go with the craving - surf the urge to use. It WILL end.
- Judge your thoughts - what is the evidence your thoughts are true?
- Remember the bad things that happen when you use

Modified from SUBI Workbook, 2005; Carroll's work
Key coping skills

- Identifying high risk situations
  - Alone
  - Using alcohol
  - Feeling guilty, ashamed, hopeless, out of control

- Testing thoughts
  - I’m just going to mess up later anyways, it’s hopeless
  - I need a break (and cocaine will give it to me)
  - People will judge me if they knew my history

- Doing fun activities that give a sense of mastery and pleasure
  - Laundry, organizing things
  - Biking
  - Referral to couples counselling; meeting with partner about how to help cope

- Reviewed successful coping in high risk situations

*details changed to protect confidentiality*
CARL

• Tapered last sessions (1x/week, 1x/2-3 weeks, 1x/month)

• Had not used cocaine for 7 months – despite encountering high risk situations (e.g. offers, seeing former dealer)

• Decided to avoid alcohol use for now

• Ongoing couples therapy

• Promoted in job

*details changed to protect confidentiality
RESOURCES

Applied Cognitive and Behavioural Approaches to the Treatment of Addiction
A Practical Treatment Guide

https://archives.drugabuse.gov/sites/default/files/cbt.pdf
REFERENCES


REFERENCES


