Integrating CBT, ACT & Mindfulness-Based Therapy for the Treatment of Substance Use Disorders

Ireta Webinar Series

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Objectives

• Explore ways to change traditional treatment models to adapt to the neuroscience and research to treat substance use disorders as chronic health conditions

• Implementing evidenced based short-term interventions to treat address SUDs while supporting personal recovery and relapse prevention

• Utilize Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness tools to help patients identify, manage and develop skills to control behaviors associated with cravings and triggers
Changing the ways we treat addiction

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

- Albert Einstein
Making the shift

• Treatment is better than no treatment
• Detox alone is not effective
• Rapid admission improves treatment engagement
• No single approach is most successful for all
  • Individualized – duration, intensity, lengths of care
• Treating across a continuum
• Care is focused on counseling and behavioral therapies
• Person-centered and strengths-based
  • Starting points: Focused on interventions to ENHANCE readiness to change and engagement
• Medications combined with interventions
• Address multiple co-occurring disorders
Beliefs

"Our beliefs become our thoughts, our thoughts become our words, our words become our habits, our habits become our values, our values become our destiny."
- Mahatma Gandhi (1868 - 1948)

Perceptions

All our knowledge has its origins in our perceptions.
- Leonardo da Vinci
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<th>The Tired Narratives of Drug Policy</th>
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<td>Medication to Treat Opioid Use Disorder</td>
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<td><strong>&quot;Hooked on Opioids&quot;</strong></td>
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<td><strong>&quot;Prescription Fentanyl is Driving Overdoses&quot;</strong></td>
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https://www.changingthenarrative.news/
Bias, Stigma and Discrimination

- Stigma refers to **negative stereotypes**
- Discrimination is the **behavior that results** from the negative stereotype
Bias, Stigma and Discrimination

Stigma is influenced by two main factors: cause and controllability

- **Cause:** to the extent people believe an individual is *not responsible* for the attribute, behavior, or condition (i.e., “It’s not their fault”), stigma is diminished.

- **Controllability,** to the extent that people believe that the attribute, behavior, or condition is *beyond the individual’s personal control* (i.e., “they can’t help it”), stigma is lessened.
Cause? Controllability?

• As with other chronic medical conditions, a confluence of genetic, environmental, and social factors shape a person’s vulnerability to addiction.

• These factors determine a person’s propensity to start using drugs and to keep using them, as well as a person’s susceptibility to the particular types of neurobiological changes in the brain that characterize the progression to addiction.
Substance Use Disorder is...

- not a moral or spiritual failing
- not lack of will or responsibility
- not a character defect
- not an addictive personality type
- does not have personality components such as denial, rationalization, evasion, defensiveness, manipulation, and resistance or any abnormally robust defense mechanisms

Neurobiologic Advances from the Brain Disease Model of Addiction

Nora D. Volkow, M.D., George F. Koob, Ph.D., and A. Thomas McLellan, Ph.D.
Three Stages of Addiction

1. Binge and Intoxication
2. Withdrawal and Negative affect
3. Preoccupation and anticipation
Defining Addiction

• Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations.

• This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

• Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response.

• Like other chronic diseases, addiction often involves cycles of relapse and remission.

• Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
We are built to change how we treat SUD

Addiction is Like Other Diseases...
- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime
Remove a coping mechanism; what will we replace it with?

What is this doing for you? Why are you using? (non judgmentally - inquisitively)

- Trauma
- Co-morbidity
- Social
- Relationship
- Environment
- ???
Cognitive Effects of SUDs – What is going on here?

• Episodic Memory - times, places, associated emotions, and other contextual who, what, when, where, why knowledge

*Addiction is a chronic disease that involves compulsive or uncontrolled use of one or more substances...

• Emotional Processing

• Executive functioning (planning and decision making) in the face of negative consequences.
Do our interventions, plan, and expectations match the science?

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- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by:
  - inability to consistently abstain, impairment in behavioral control
  - craving
  - diminished recognition of significant problems with one’s behaviors and interpersonal relationships
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- Like other chronic diseases, addiction often involves cycles of relapse and remission.
Three Evidence-Based Tool Boxes

1. Cognitive Behavioral Therapy (CBT)
2. Mindfulness
3. Acceptance and Commitment Therapy (ACT)

Four Key Principles of MI

- Partnership
- Evocation
- Acceptance
- Compassion
Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP)

**CBT**
- Teach, encourage, and support people about how to reduce/stop use
- Skills to help gain initial abstinence/recovery
- Skills to sustain recovery

**RP**
- A CBT treatment that focuses on the maintenance stage
- Helps prevent the occurrence of return to use
- Prevent the severity and intensity if a return to use occurs

Mindful reminder – relapse vs return to use
Cognitive Behavioral Model

A – Activating Event
B – Behavior
C – Cognition
D - Dispute
Mindfulness

• Establishes a sense of self that is greater than our thoughts, feelings, and emotional experiences

• Develop the “observer self” that can examine thoughts, feelings, the body, memories and thus develop greater awareness

• It’s the catalyst to recognizing seemingly automatic thoughts, emotions and behaviors in CBT
Mindfulness

Helps rewire those disrupted neuropathways

• Can do this in vivo – right with the client hear and now
• A pathway to mindfulness is the breath
  • Diaphragmatic breathing
• Room Awareness
• Color Awareness
• Body Scan

Builds the muscle of awareness

• Aware of my body and the energy held it in specific places
• Aware of my thoughts/breaks into overidentification with the mind
• I have control, I have power, I can manifest change
  • with new tools I am letting go of trying to control and embracing empowerment – Serenity Prayer
1. **Cognitive de-fusion**: Detaching from inner experiences by interacting or relating to them differently.

2. **Acceptance**: Allowing thoughts and feelings to arise without trying to change their form or frequency.

3. **Mindfulness**: Retain contact with the present moment.

4. **Self understanding**: Letting go of concrete and inflexible thoughts or ideas about oneself, and moving to understanding oneself within the context of situations.

5. **Values**: Learning what is most important to oneself (family, service, etc).

6. **Committed action**: Efforts to empower behavioral change and moving to understanding oneself within the context.

https://www.recoveryanswers.org/resource/acceptance-commitment-therapy-act/
Tools in the Tool Box

- The 5 W’s
- Quality Questions
- Triggers and Activators
- Psycho Education
- Red Flag Thinking
Triggers and Activators

Bringing into awareness and consciousness
“I just ended up there!”

• Shared
• Personal
• Internal
• External
The 5 W’s Help Us Understand Activating Events/Triggers

- **Who** People
- **What** Does this do for me?
- **When** Time...when there is a pattern
- **Where** Places
- **Why** Am I experiencing, feeling?
Quality Questions

- What was going on before you used?
- How were you feeling before you used?
- How / where did you obtain and use drugs?
- With whom did you use drugs?
- What happened after you used?
- Where were you when you began to think about?
4 Components of Triggers and Activators

What is seemingly automatic and happening to us is an opportunity for empowerment and control.

1. Behaviors
2. Cognition
3. Emotions
4. Cravings

Behaviors → Cognition → Emotions → Cravings → Return to Use
1. Behaviors Associated with Use (Behavioral Activation Planning)

- Planning to engage in non-use behaviors
- Avoiding, people, places, things, nutrition, sleep, structure, missed appointments

Homework

- Follow a planned schedule
- Recognize and awareness activities – people, places, things
- Skills for stress management, anger management, behavioral activation planning
- List High Risk Situations
- List Low Risk Situations
2. Cognitive Components

• Recognizing Thoughts associated with use

• Disputing thoughts/Thought Stopping
  • Reduction of options (that won’t help, this won’t help)
  • I totally have this and I never will use ever again
  • I am not even thinking about using
  • Can’t imagine doing (behavior) without (substance)
  • I used, I blew it, so I might as well....
  • Once an addict...
  • I am hopeless, weak, lazy, selfish
  • I am responsible for all bad things vs accountability
  • I have NO will power and no control

• Replacing thoughts with pro-social, positive options
Psycho Education

• Understanding addiction is not a moral failing
• It is a chronic health condition
• Relapses are not failures but opportunities to grow your recovery capital

**ACT - Self understanding:** Letting go of concrete and inflexible thoughts or ideas about oneself, and moving to understanding oneself within the context of situations.
Red Flag Thinking

- Absolutistic
- Black and white
- Discounting the positive
- Jumping to conclusions
- Mindreading
- Fortune telling
- Self blame

Red Flag Interventions
- Ask permission
- Reflect back
- Use discrepancies
- Dispute like a coach
3. Recognizing Emotions Associated with Use

• Negative emotions (Not bad!)
• Positive emotions (Not good!)
• Feelings are not always proof of the truth, that you are right, or validation – and they are real and present.

**ACT Acceptance:** Allowing thoughts and feelings to arise without trying to change their form or frequency.
Tools for Managing Emotions

- Go to the breath
- Externalize
  - support people?
  - Get physical
  - Cold showers really work
- Imagine a healthy support person
- Don’t just do something...stand there!
- Ride the wave, tread the water
- Teach patients to use their body
  - The body knows better
  - “Trust your gut”
- Mindfulness – eye of awareness
  - Body scan, room scan
- What are my body signs?
  - Sped up
  - Stomach ache
  - Increased energy
  - Twinkle in my eye
  - You look high!
  - ??????
4. Managing Cravings

- Resist? Fight? Manage?
  - Preparation – have a plan, a structure, plan it out – help the brain, reduce the options
  - Behavioral Activation – non-drug related activity
  - Refusal Skills – Assertiveness (practice)
  - Externalize the internal experience
  - Surf the craving – this too shall pass
  - Time out by thought stopping
  - Measure the craving – 1-5? This creates a language for communication

**ACT Committed action:** Efforts to empower behavioral change and moving to understanding oneself within the context
Partner with Cravings

Think about a time when you were craving:
- Body Sensation List
- Emotions List
- Thought List
A Relapse Prevention Awareness Tool

It's not just about the return to use - helps address the people, places and things that activated/cravings

**Activating Event: People, Places, Things, 5 W's**

- Point 1
- Point 2
- Point 3

**Belief/Thoughts/Emotions/Behaviors**

(What did you tell yourself/thinking/feeling/experiencing?)

- Point 1
- Point 2
- Point 3

**Consequences: Feelings, Behaviors**

- Point 1
- Point 2
- Point 3
Policy and Organizational Change Tips

Access? Does it take days, weeks, months to get me in?
• Assess your intake process
  • Bio/Psycho/Social?
  • Exclusionary Criteria?
  • Strengths based approach to supporting client access

Retention? If I get in, do I want to stay, can I stay?
• Explore the spirit of policies even if the treatment spirit has shifted
  • Discharge?
  • Missed appointments?
  • Positive urine screens
  • Return to use?
Innovation and Creation in Recovery: The Growing Field of Recovery Science

August 14, 2019, 2:00pm ET, featuring Robert Ashford, MSW

Presenter:

Robert Ashford, MSW is a recovery scientist focused on substance use, recovery communities, recovery support services and institutions, integrated behavioral health systems, linguistic patterns, and technological interventions for behavioral health disorders. Mr. Ashford holds a Bachelor of Social Work with minors in Addiction Studies and Psychology from the University of North Texas, and a Master of Social Work from the University of Pennsylvania School of Social Policy and Practice (SP2). Currently, Robert is pursuing his PhD in Health Policy at the University of the Sciences in Philadelphia.

Topic:

Recovery science has emerged over the last few years as a field concerned with examining, characterizing, and uplifting addiction and mental health recovery at the individual and community levels. This session will provide an overview of the theoretical foundations of recovery science and examine several innovations in the field over the last two years, including recovery support institutions, recovery measurement, and integrated systems.
Thank you!

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