

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

## Ireta Webinar Series

Nick Szubiak, MSW, LCSW

Integrated Healthcare Consultant, NSI Strategies

June 19, 2019



**NSI STRATEGIES**

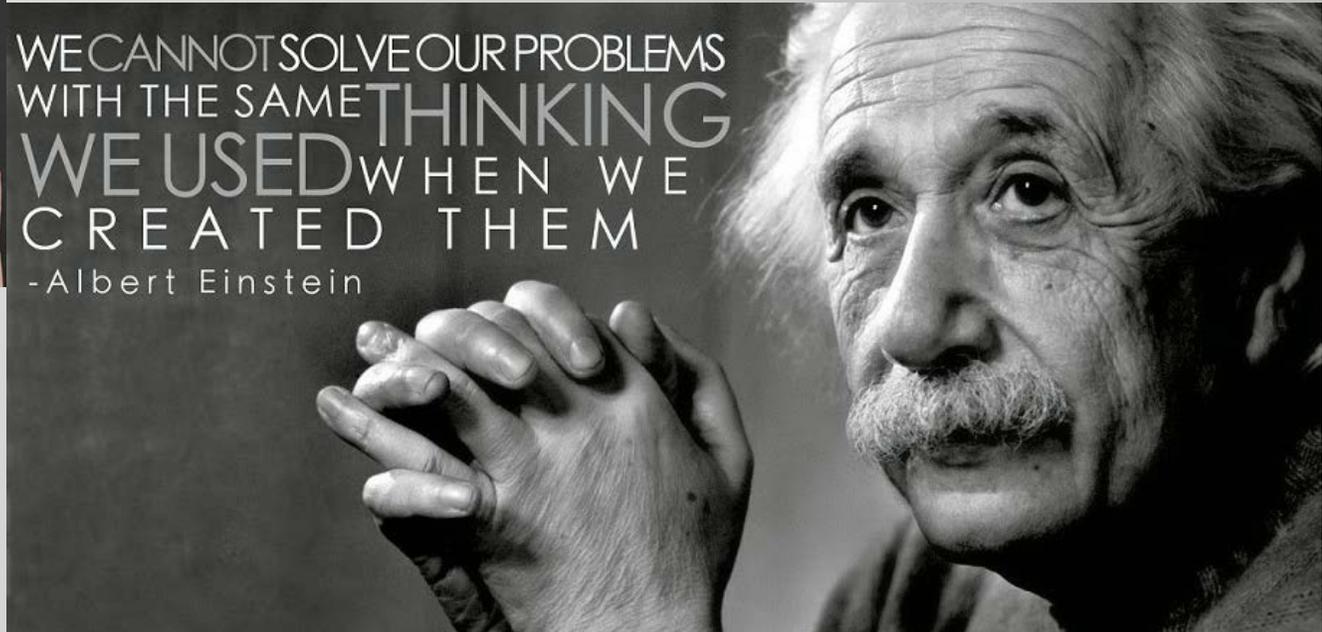
Consulting Support for  
Integrated Healthcare Environments



# 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



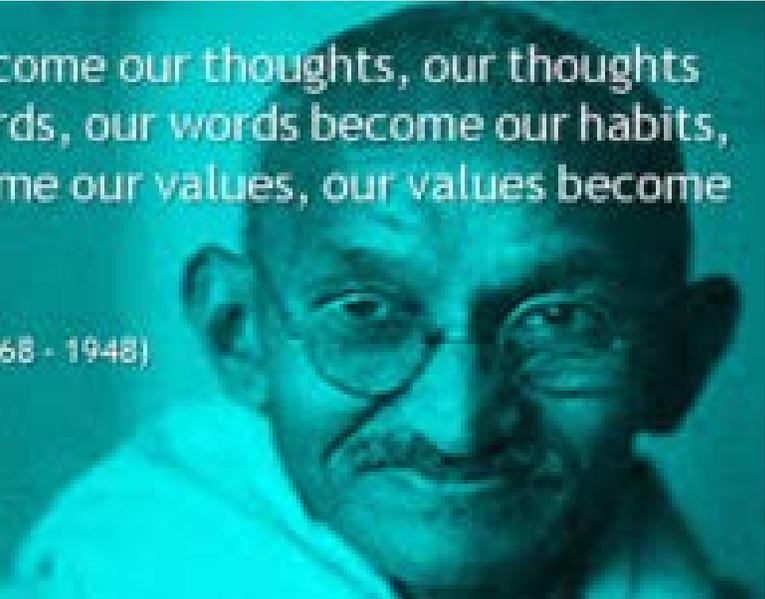
# Making the shift

- 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



# The Tired Narratives of Drug Policy

## "Addict"

*Stigmatizing Language about Substance Use*

---

## "Trading One Addiction for Another"

*Medication to Treat Opioid Use Disorder*

---

## "Hooked on Opioids"

*The Difference Between Addiction and Dependence*

---

## "Filling Parks & Playgrounds with Hypodermic Needles"

*Misconceptions about Syringe Service Programs*

---

## "Legal Shooting Galleries"

*Misinformation about Supervised Consumption Sites*

---

## "Addicted Babies"

*Stigmatizing Language about Neonatal Abstinence Syndrome*

---

## "Helping is Enabling"

*The myth of co-dependency*

---

## "Cut Them Off"

*Tough love doesn't work*

---

## "Doctor Shopping and Drug Seeking"

*Punishing vulnerable patients is counter-productive*

---

## "Prescription Fentanyl is Driving Overdoses"

*Distinguishing between Illicit and Pharmaceutical Fentanyl*

---

## "Junkie"

*Stigmatizing Language about Substance Use*

---

## "Narcan Parties"

*Misinformation about Naloxone*

---

<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.

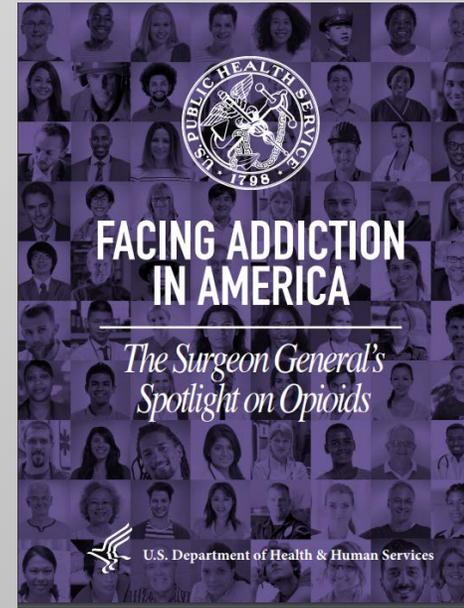
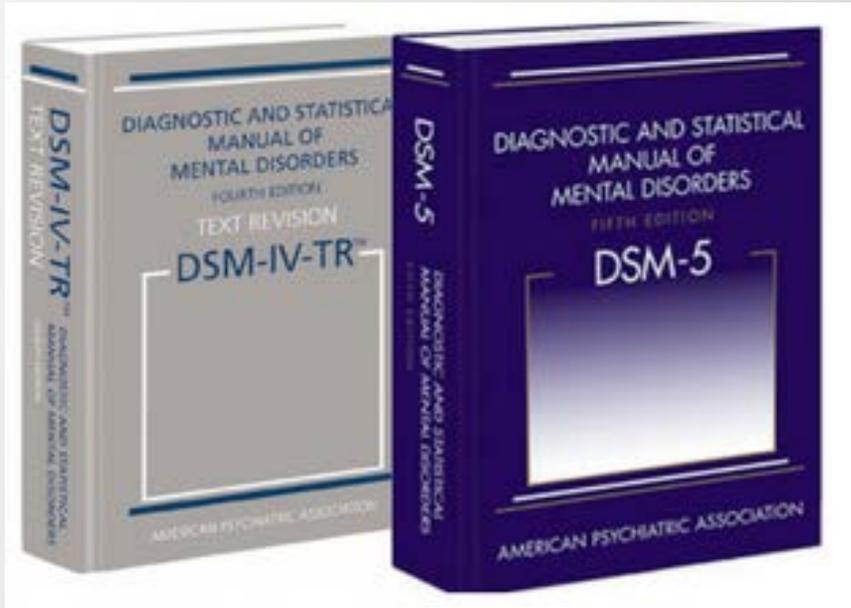
# Cause? Controllability?

- 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

1. <https://store.samhsa.gov/shin/content//SMA13-4212/SMA13-4212.pdf>



The NEW ENGLAND JOURNAL of MEDICINE

---

REVIEW ARTICLE

---

Dan L. Longo, M.D., *Editor*

## 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.

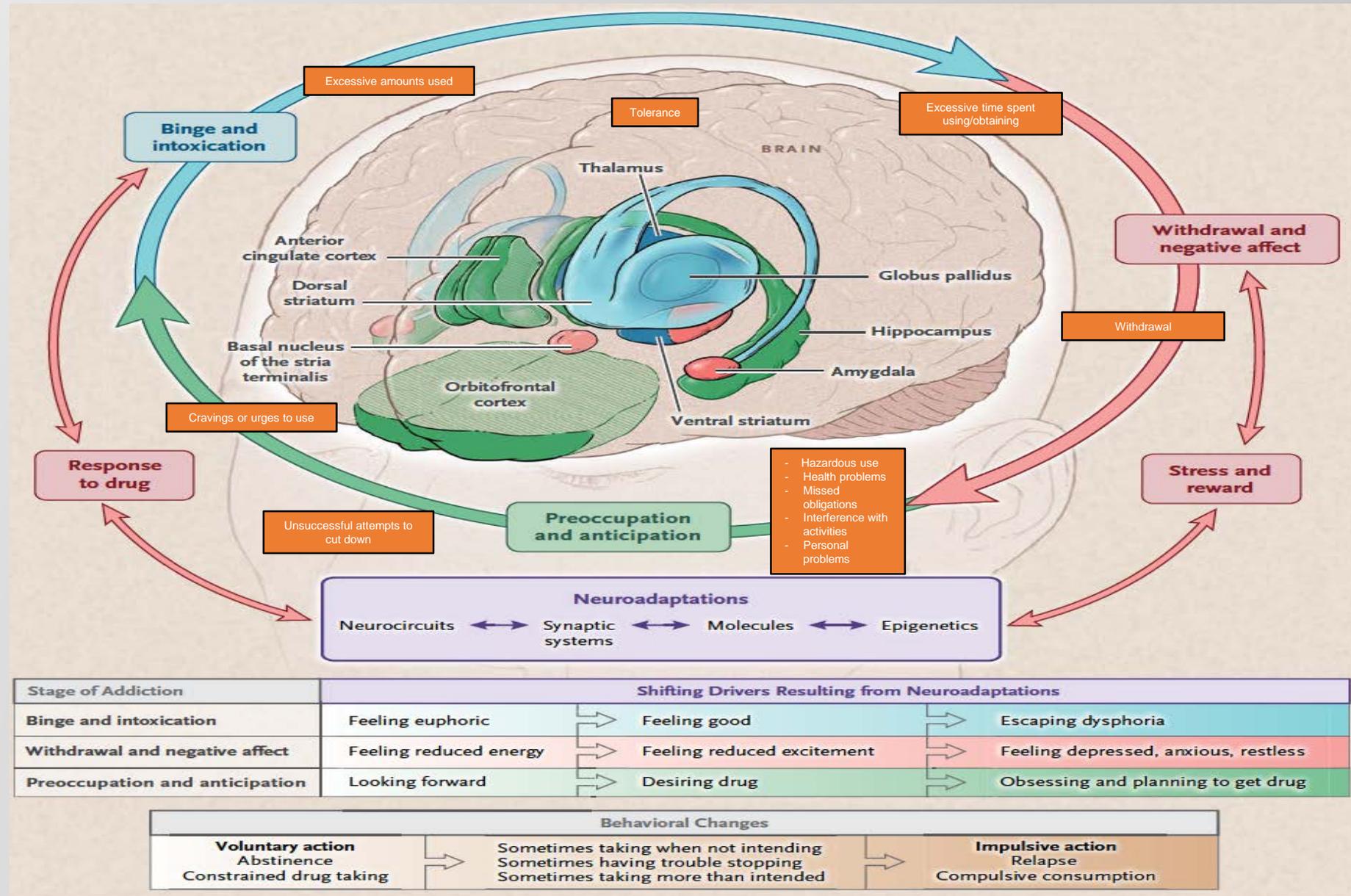
The image is the cover of a report titled 'Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health'. The cover is a solid dark purple color. At the top center is the seal of the U.S. Department of Health &amp; Human Services, which includes the text 'PUBLIC HEALTH SERVICE' and '1798'. The title 'FACING ADDICTION IN AMERICA' is prominently displayed in large, bold, white letters. Below the title, the subtitle 'The Surgeon General's Report on Alcohol, Drugs, and Health' is written in a smaller, white, serif font. At the bottom, the text 'EXECUTIVE SUMMARY' is written in white, and the U.S. Department of Health &amp; Human Services logo and name are visible at the very bottom.

# Three Stages of Addiction

1. Binge and Intoxication

2. Withdrawal and Negative affect

3. Preoccupation and anticipation



Stage of Addiction	Shifting Drivers Resulting from Neuroadaptations		
Binge and intoxication	Feeling euphoric	Feeling good	Escaping dysphoria
Withdrawal and negative affect	Feeling reduced energy	Feeling reduced excitement	Feeling depressed, anxious, restless
Preoccupation and anticipation	Looking forward	Desiring drug	Obsessing and planning to get drug

Behavioral Changes		
Voluntary action Abstinence Constrained drug taking	Sometimes taking when not intending Sometimes having trouble stopping Sometimes taking more than intended	Impulsive action Relapse Compulsive consumption

Figure 1. Stages of the Addiction Cycle.

# 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.



**ASAM** American Society of  
Addiction Medicine

# 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

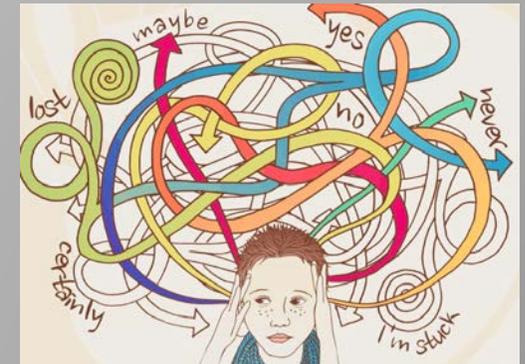


\*Addiction is a chronic disease that involves compulsive or uncontrolled use of one or more substances...

- Emotional Processing



- Executive functioning (planning and decision making)



in the face of negative consequences.

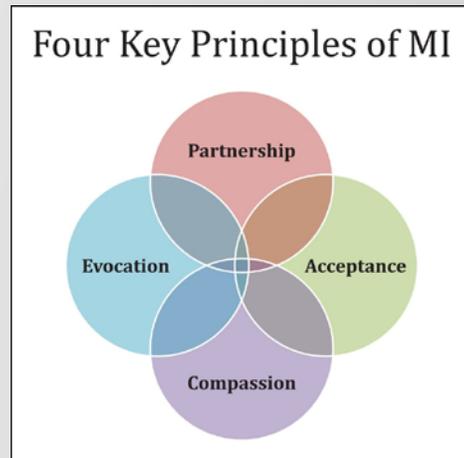
# Do our interventions, plan, and expectations match the science?

- 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
  - dysfunctional emotional response
- 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)



# Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP)

## CBT

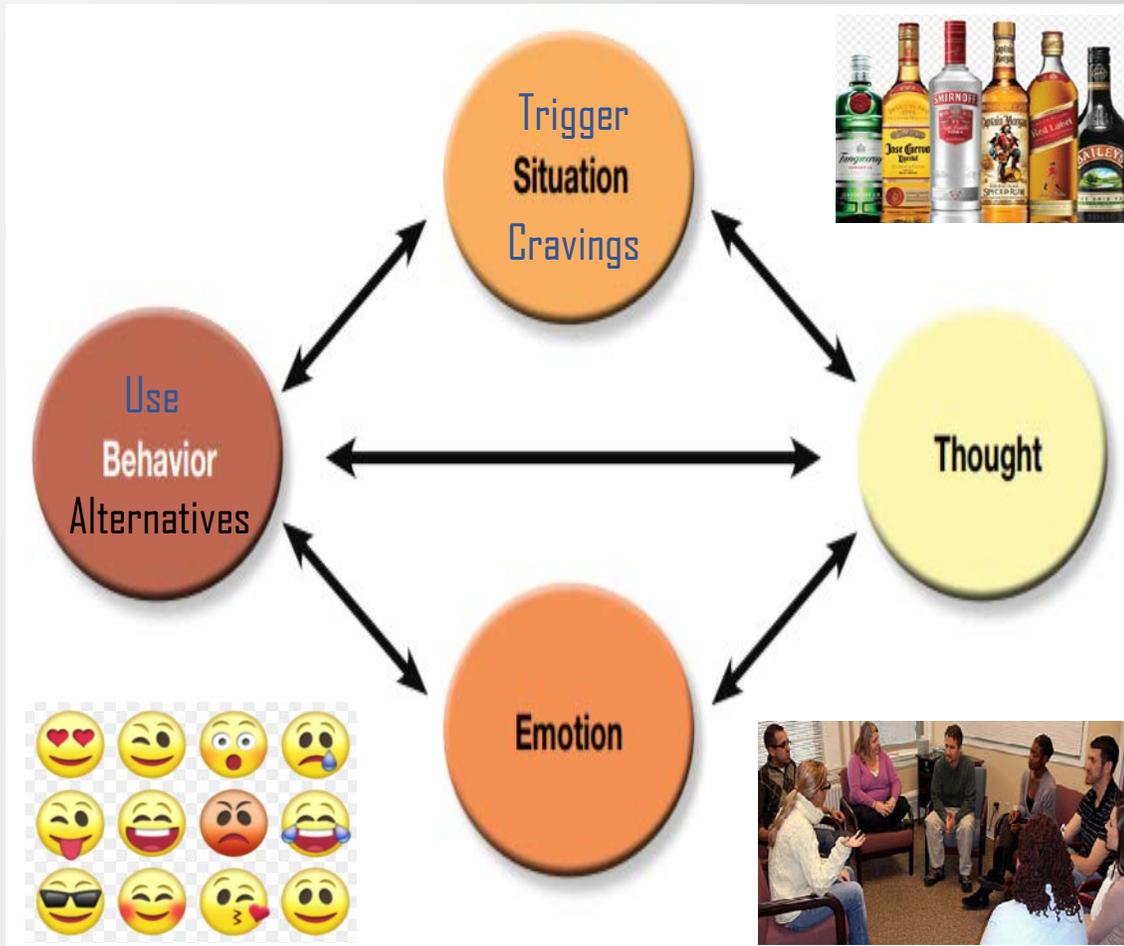
- Teach, encourage, and support people about how to reduce/stop use
- Skills to help gain initial abstinence/recovery
- Skills to sustain recovery

## 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

# Core Principles of Acceptance & Commitment Therapy (ACT)

- 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

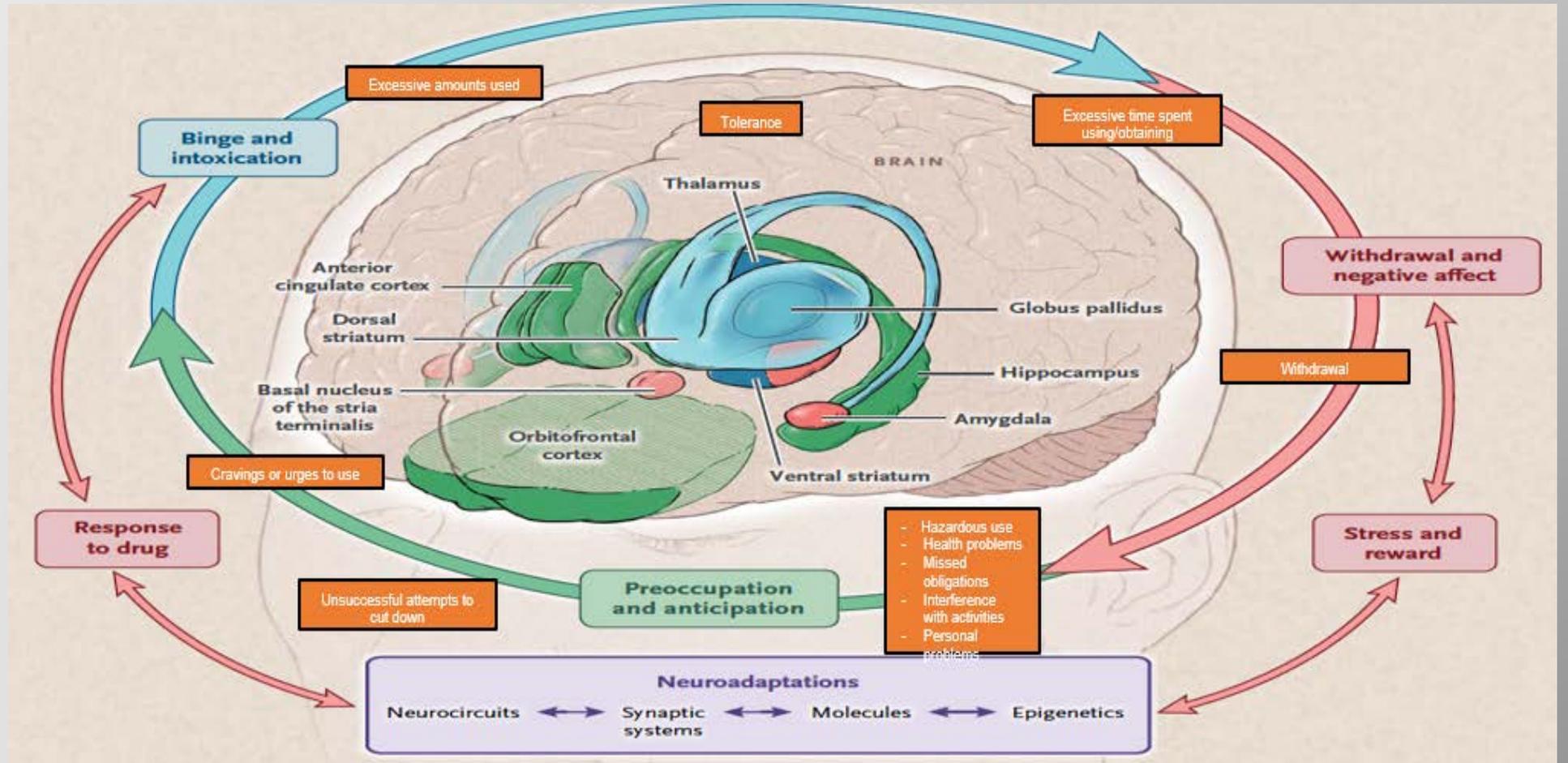
- The 5 W's
- Quality Questions
- Triggers and Activators
- Psycho Education
- Red Flag Thinking



# 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?

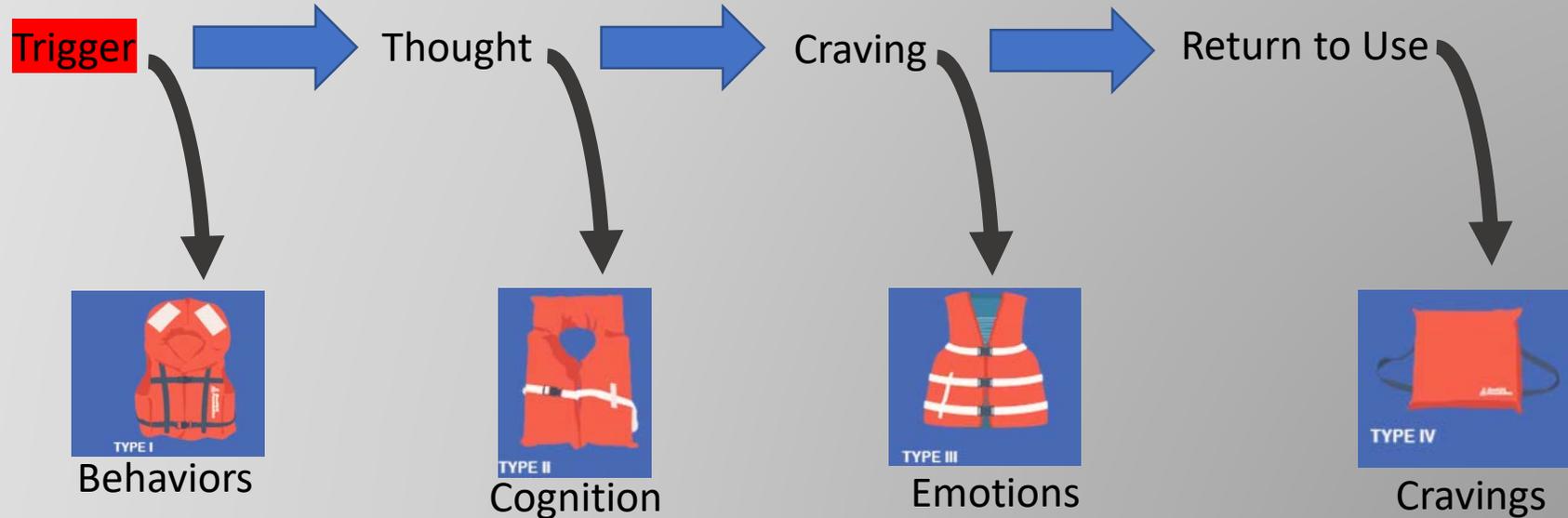


- Alerts
- Reminders
- Calendars

# 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



# 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

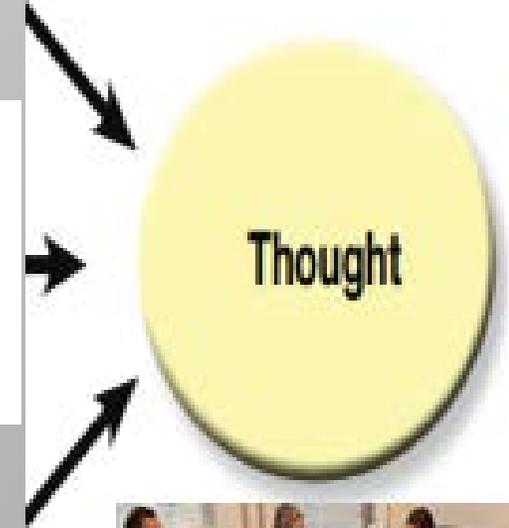
Skills for stress management, anger management, behavioral activation planning

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

Its 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?

# Additional Resources

## Innovation and Creation in Recovery: The Growing Field of Recovery Science

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

[REGISTER HERE →](#)

### 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.

The screenshot shows the NSI Strategies website with a dark purple header containing navigation links: Home, Free Webinar, About Us, Services, and Contact. The main content area is white with a purple geometric background. It features three columns: Medication Assisted Treatment, Integrated Care, and Evidence Based Care. A blue callout box for a free webinar is positioned over the Medication Assisted Treatment column. Below the Integrated Care column is a diagram titled 'Effective Integration Dynamics' showing four interconnected circles: Evidence Based Care, Primary Care, Behavioral Care, and Quality Improvement. Below these circles are four arrows labeled Partnership, Evocation, Compassion, and Acceptance.

Home Free Webinar About Us Services Contact

# NSI Strategies

Consulting support for integrated healthcare environments.

## Medication Assisted Treatment

## Integrated Care

## Evidence Based Care

**Free Webinar:**  
Implementing SBIRT's Brief Interventions  
September 11, 1-2PM EST

Effective integrated care is the combination of having the correct components aligned with the correct implementation intelligence.

Effective Integration Dynamics

Evidence Based Care Primary Care Behavioral Care Quality Improvement

Partnership Evocation Compassion Acceptance



# Thank you!



**NSI STRATEGIES**

Consulting Support for  
Integrated Healthcare Environments

Nick Szubiak, MSW, LCSW  
Integrated Health Consultant, NSI Strategies

[nick@nsistrategies.com](mailto:nick@nsistrategies.com)

(808) 895.7679

[www.nsistrategies.com](http://www.nsistrategies.com)

[twitter.com/nszubiak](https://twitter.com/nszubiak)

[linkedin.com/in/nick-szubiak](https://www.linkedin.com/in/nick-szubiak)