GROUP COGNITIVE BEHAVIOURAL THERAPY (CBT) FOR SUBSTANCE USE DISORDERS

FACILITATOR TRAINING

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Disclosures

- No financial disclosures relevant to this presentation

Background & Intro

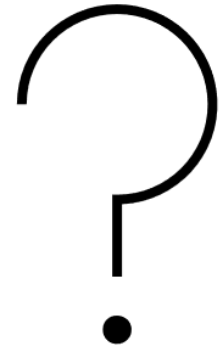
- Introduction….
- Why Group Therapy……?

Workshop Overview

- Group Therapy Overview – Theory, Practice, Experience
- Theories of Addiction (The “Science”)
- CBT Basics – Theory, Practice, Experience
- Cognitive Conceptualization of Addiction
- Patient Assessments and Stages of Change
- Let’s Get Started … (Fundamentals, Structure, Format)
- Modules / CBT skills
- Challenges
- Further Reading (Reference List)
- Wrap-up

Group Therapy Overview

- Introduction (What…., Why…., How…)
- Is group therapy enough?
- Benefits / Challenges
- Role of the Therapist



Group Therapy Overview

Group Process

- Instillation of Hope
- Imparting Information
- Universality
- Altruism
- Corrective Emotional Experience
- Imitative Behavior
- Dev. Of Socializing Techs
- Interpersonal Learning
- Cohesiveness
- Existential Factors
- Catharsis

Theory and Practice of Group Psychotherapy – Yalom and Leszcz

Group Therapy Overview
Group Process – Summing it up

- Discovering and accepting previously unknown or unacceptable parts of myself
- Being able to say what was bothering me rather than holding it in
- Other members honestly telling me what they thought of me
- Learning how to express my feelings
- The group's teaching me about the type of impression I make on others

Group Therapy Overview
Group Process – Summing it up continued

- Expressing negative and /or positive feelings towards another member
- Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others
- Learning how I come across to others
- Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same
- Feeling more trustful of groups and of other people

Group Therapy Overview
Common Misconceptions

- Group therapy is unpredictable
- Group therapy not as effective
- Being in a group with other individuals with problems is detrimental

Group Therapy Overview
Process in Action

- https://www.youtube.com/watch?v=9_IEOG02gwY

Group Therapy Overview

Process in Action

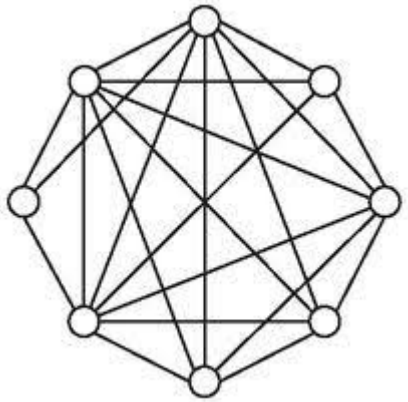
Workshop Exercise

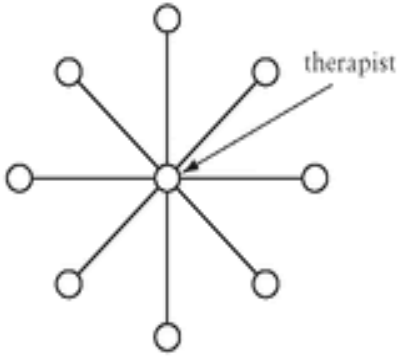
Group Therapy Overview
Common Problems

- Perceived goal incompatibility
- High turnover or drop out (30-60%)
- Group therapy, unlike individual therapy does not offer immediate comfort
- Sub-grouping, extra group socializing, scapegoating, etc.

Group Therapy Overview
Role of the Therapist

- Consistent, positive relationship between therapist and patient (concern, acceptance, genuineness, empathy)!
- Within the above framework leaders clarify the goals, focus the group, manage time and be active and efficient.
  - Ground Rules
  - Culture Building (group members are agents of change)
  - Content Expertise
  - Lead by Example Modeling (curiosity, empathy, support)
  - Engage the group (open ended, directive)
  - Moderate interactions (if needed)
  - Transfer of learning





Group Therapy Overview

Q & A

Definition of Addiction

"Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases".

Definition of Addiction

ASAM American Society of Addiction Medicine

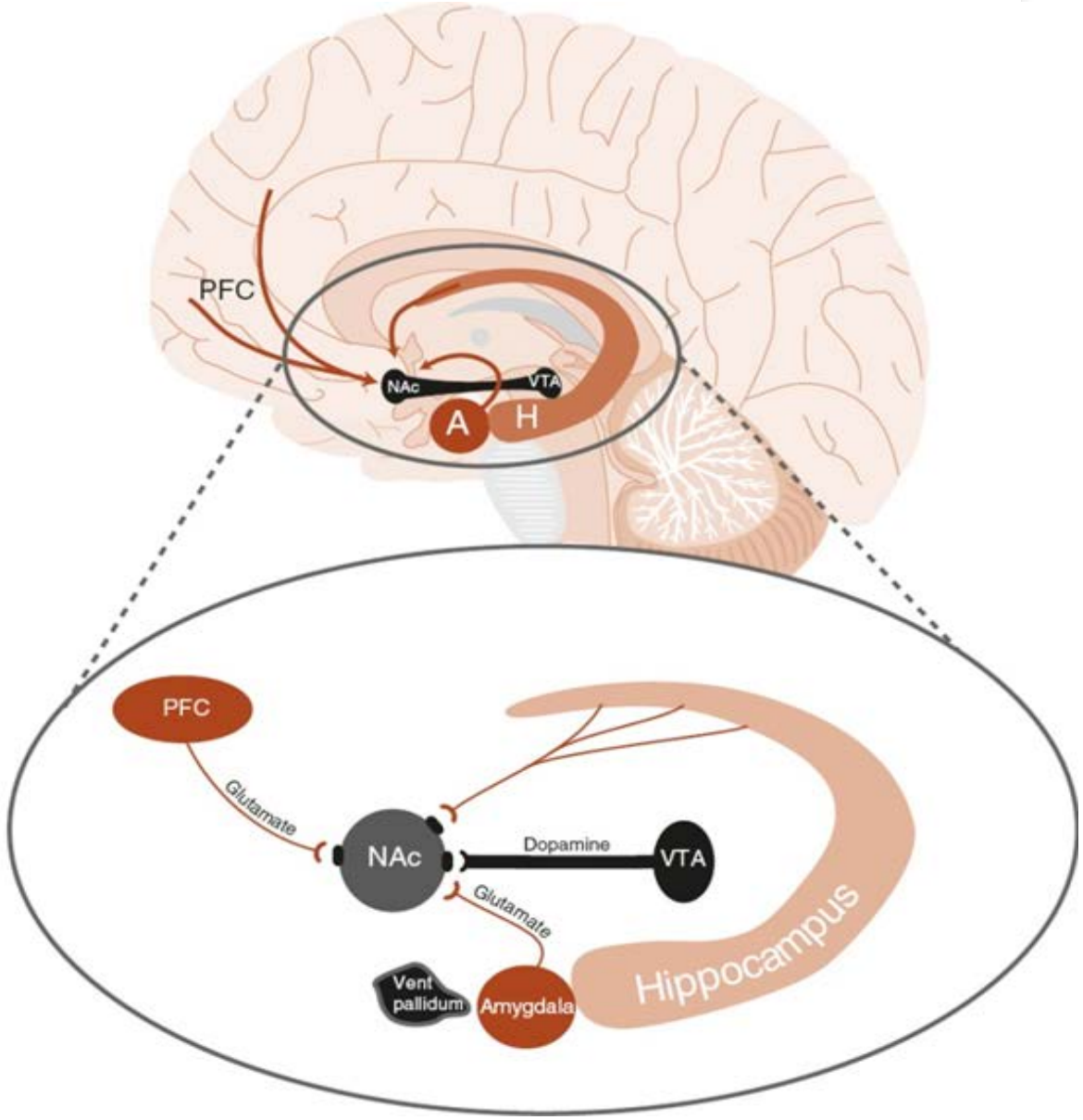
Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Science

- Reward pathways:
  - Historically guide our choices
  - All our joys funnel into same network
  - Mesolimbic DA system (NAc, VTA)
  - PFC – goal directed behavior
  - Hippocampus
  - Amygdala
  - Hardwired happiness “set point”

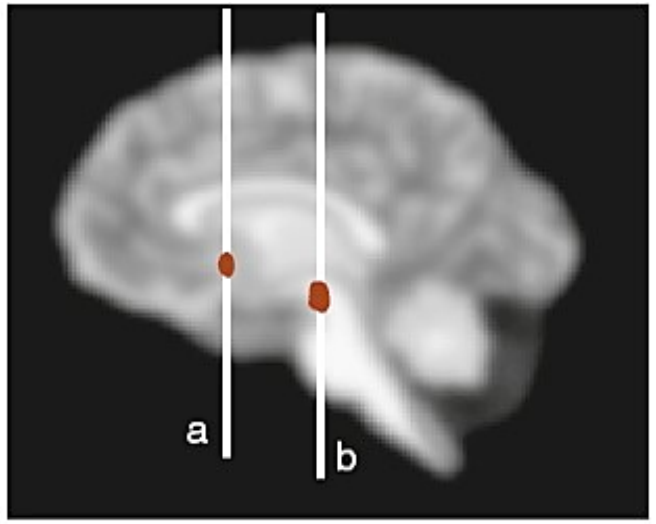


The Neuroscience of Clinical Psychiatry – Higgins & George

Science

Drugs

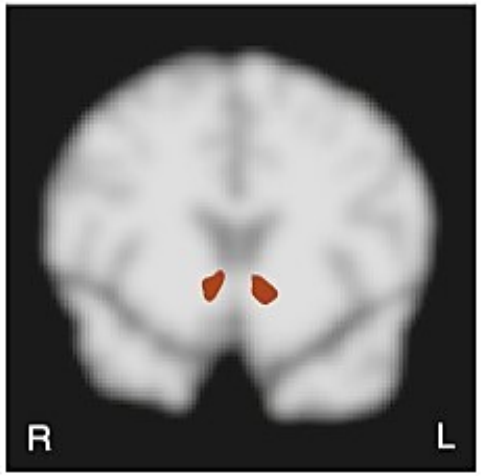
1. Cocaine
2. Alcohol
3. Amphetamines
4. Methylphenidate
5. Nicotine



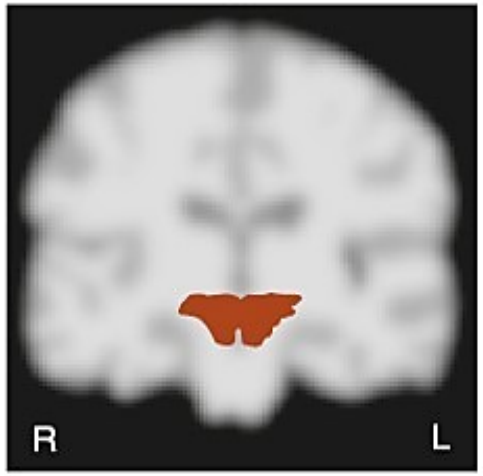
Feelings

6. Romantic love
7. Listening to music
8. Humor
9. Expectation of $$$
10. Inflicting punishment
11. Looking at beautiful faces
12. Social cooperation
13. Eating chocolate
14. Talking about yourself

a. Nucleus accumbens



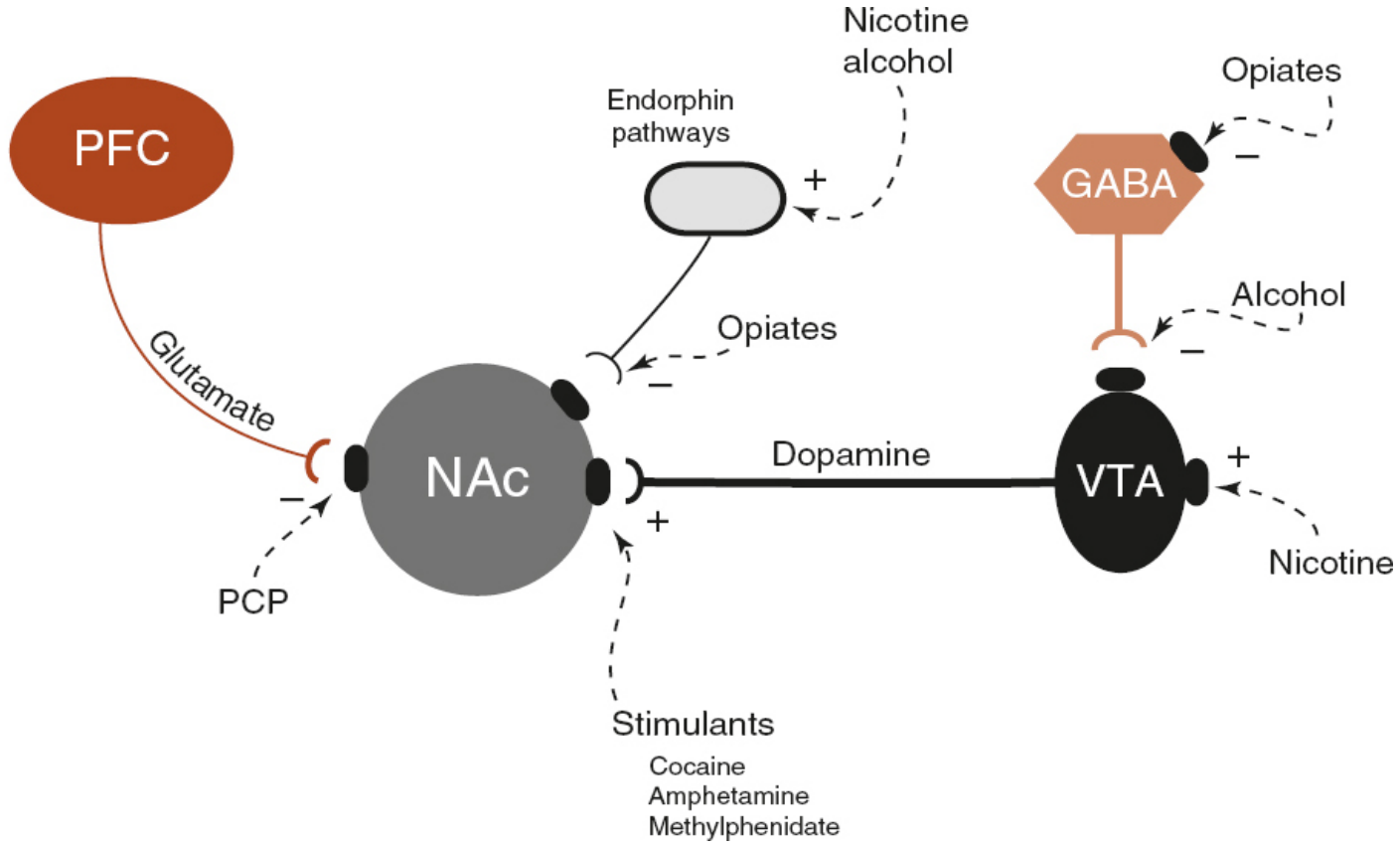
b. Ventral tegmental area



The Neuroscience of Clinical Psychiatry – Higgins & George

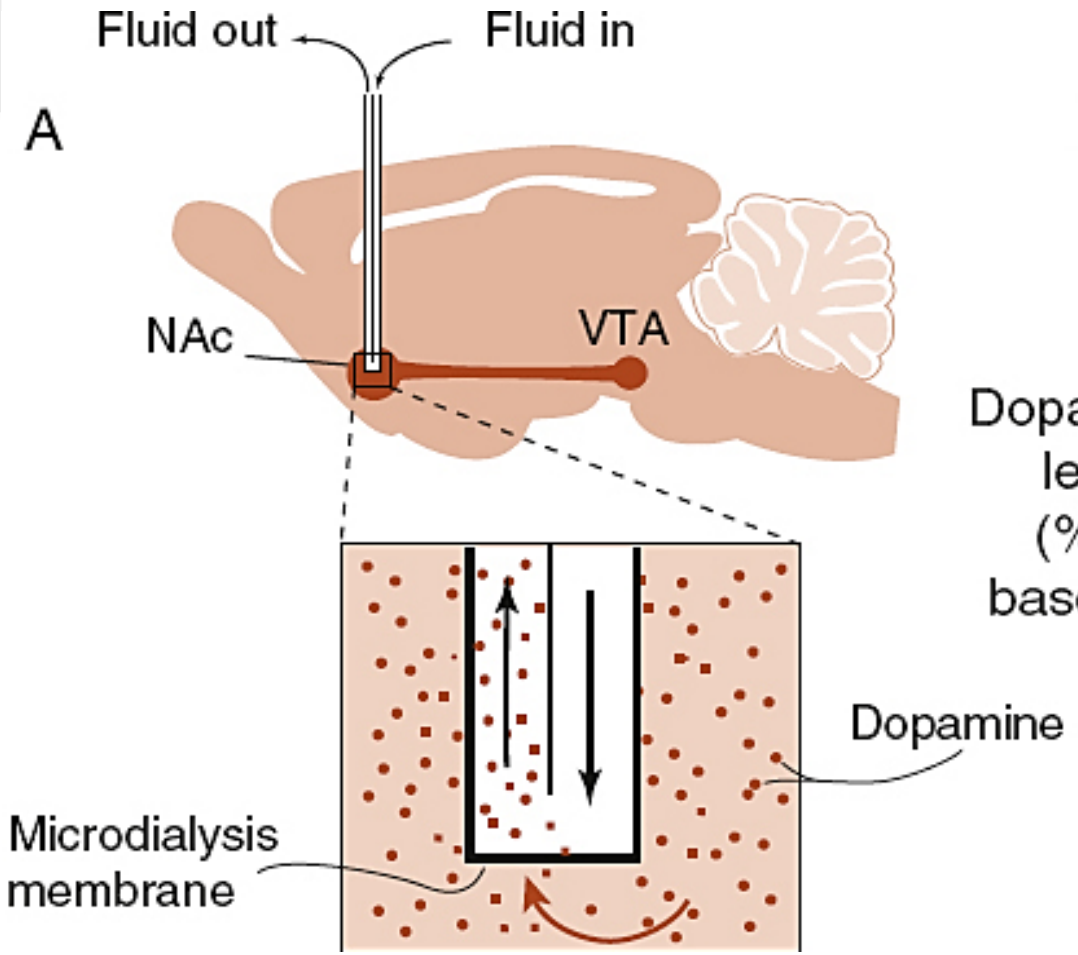
Science

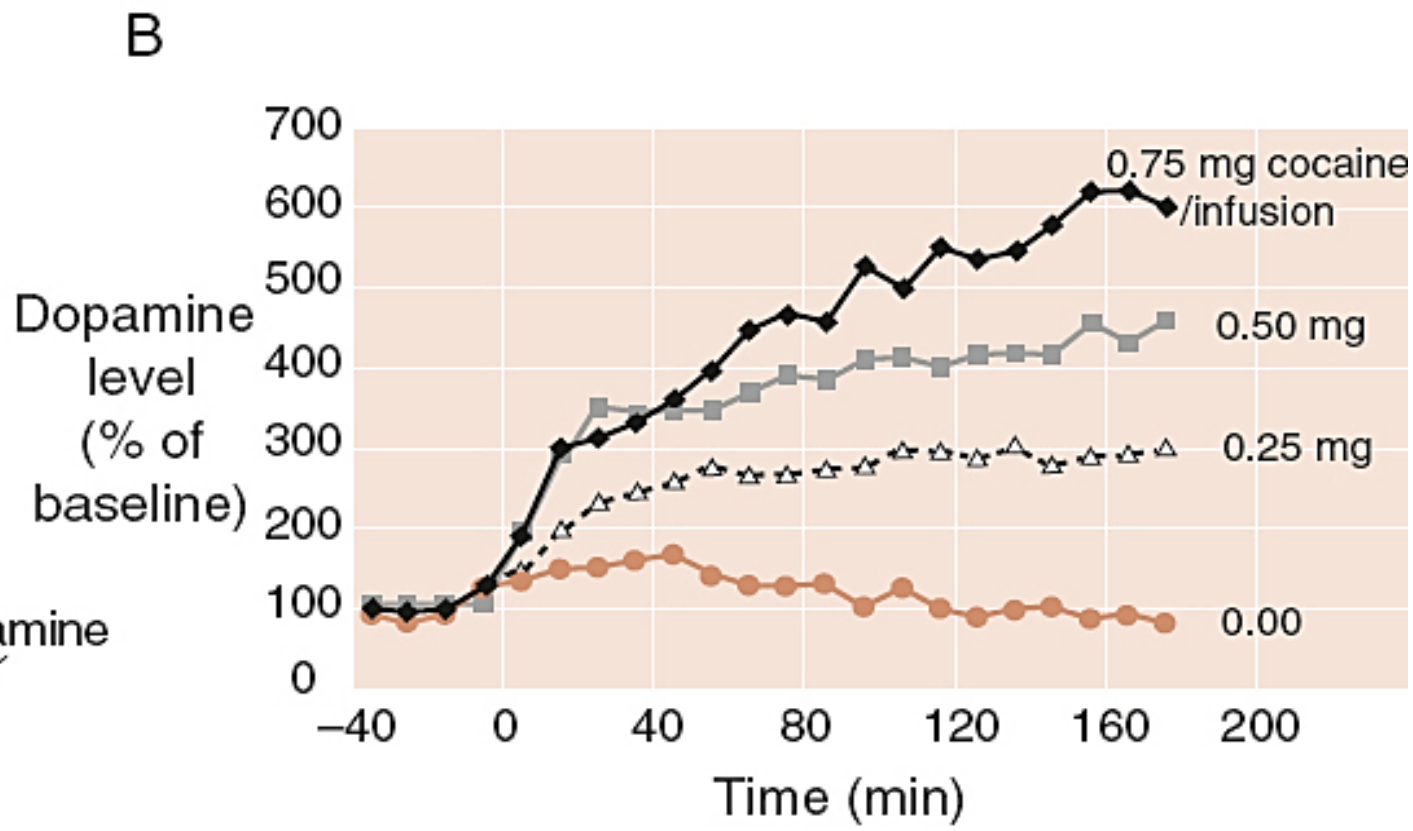
- Reward Pathways
  - Some drugs act directly
  - Some act via inhibitory suppression



The Neuroscience of Clinical Psychiatry – Higgins & George

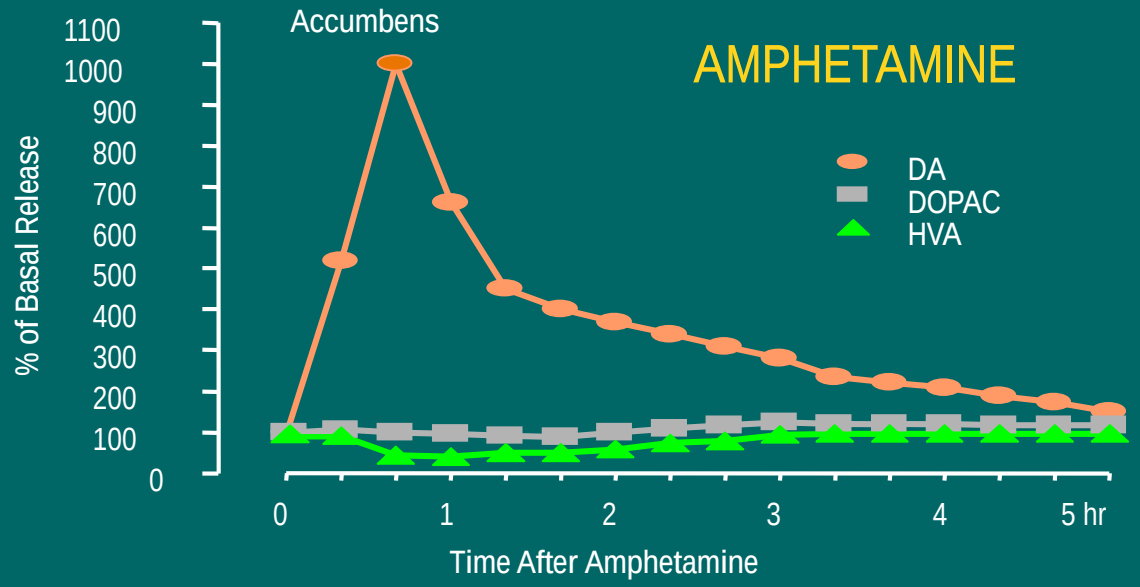
Science

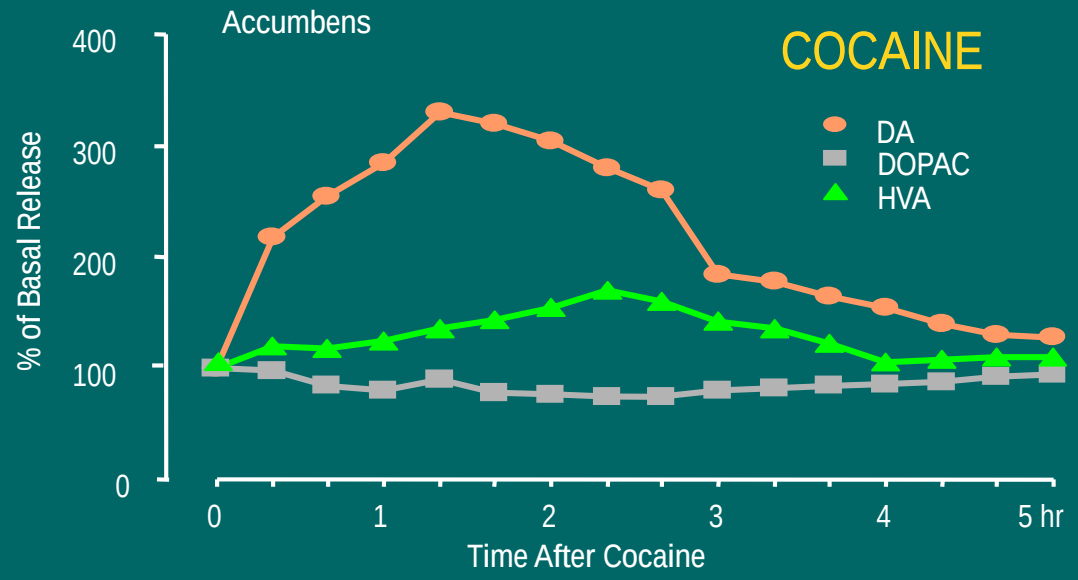


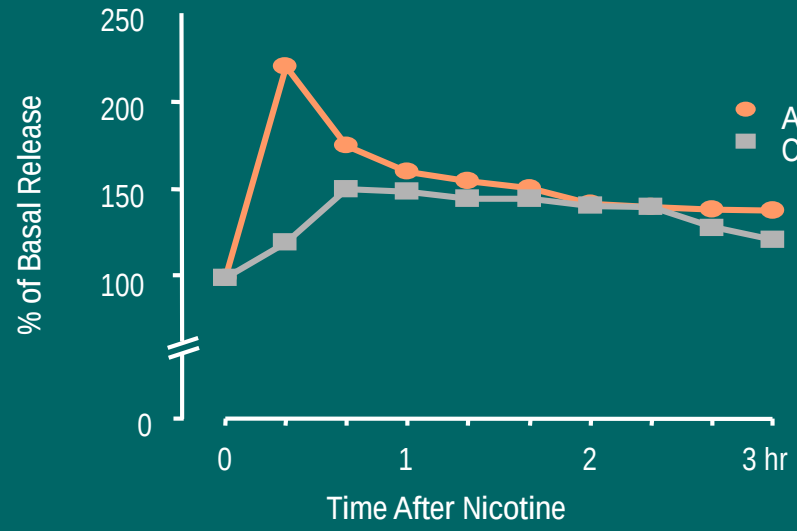


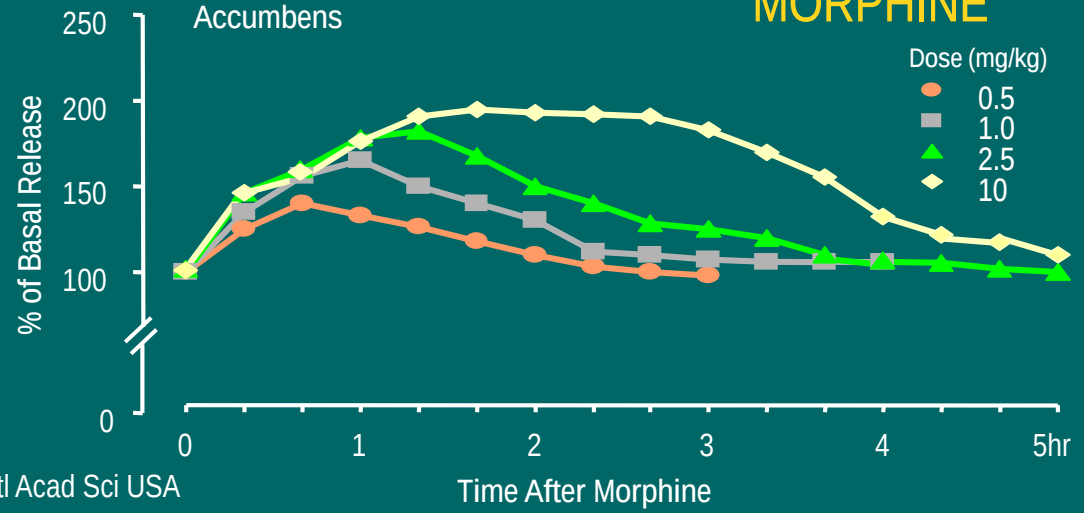
The Neuroscience of Clinical Psychiatry – Higgins & George

Dopamine Activation with Substance Use









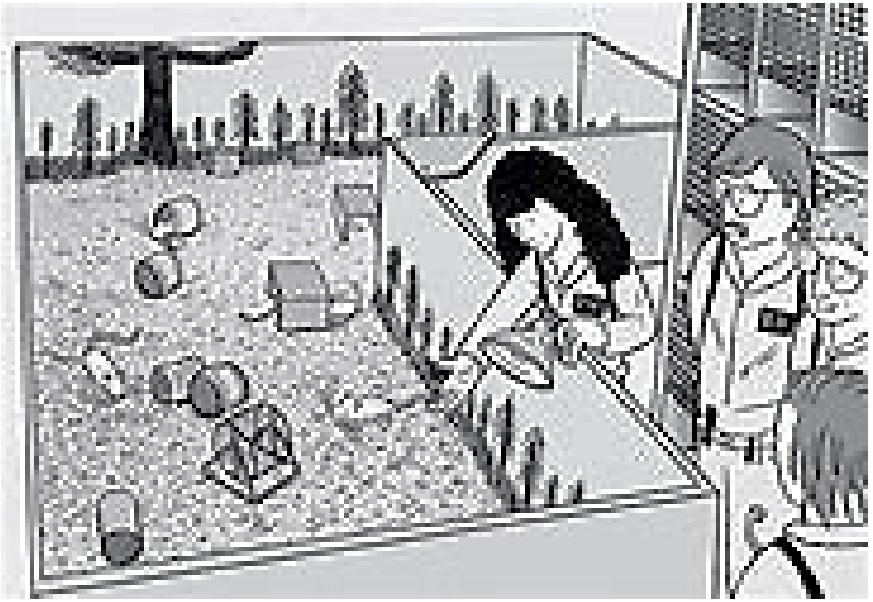
Di Chiara G, Imperato A. Proc Natl Acad Sci USA 1988;85:5274-5278

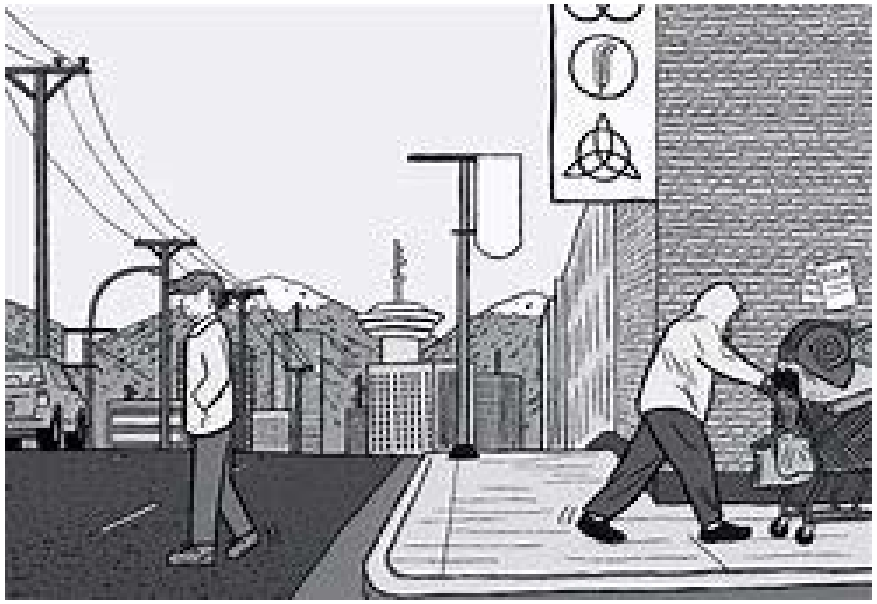
Science

- Rat Park

  Dissenting views - animal research studies.

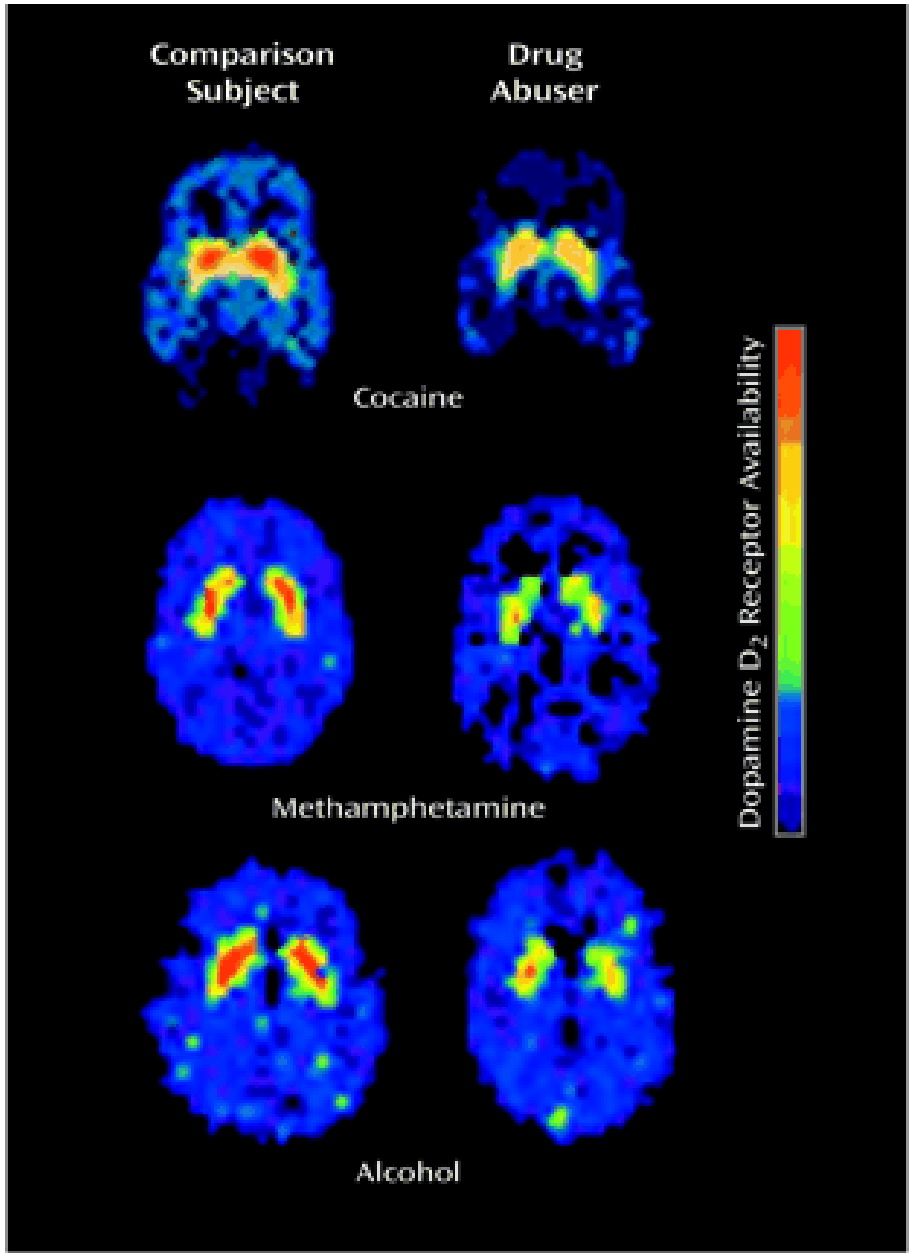
  Chez Soi – housing first initiative





Science

- Cravings and the PFC
  - Decreased DA activity



Goldstein RZ & Volkow ND. Am J Psychiatry 2002

Science

How deep-brain stimulation treats disorders: “It’s given me my life back”

Science - MCQ

Based on what we have reviewed about neuroscience, in which brain structure did Dr. Plummer have the electrodes placed?

- A) Corpus callosum
- B) Prefrontal Cortex (PFC)
- C) Nucleus Accumbens (NAc)
- D) Amygdala

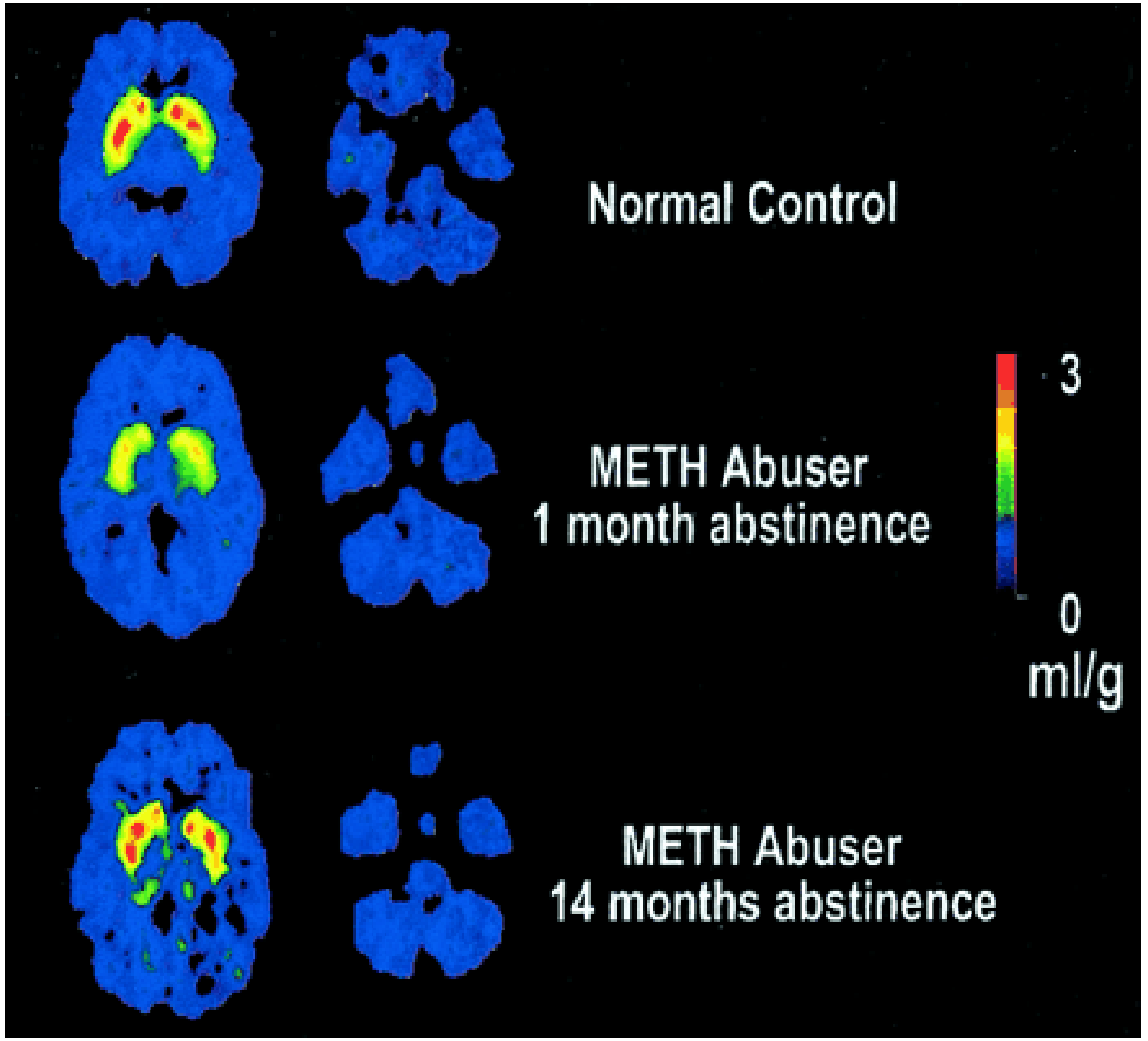
Science

- Habituation
  - Down regulation of DA receptors
  - “Chasing the Dragon”

The Neuroscience of Clinical Psychiatry – Higgins & George

Science

- DA pathways



Volkow ND et al. J Neuroscience 2001;21:9414-8

Science

Level of understanding remarkable:

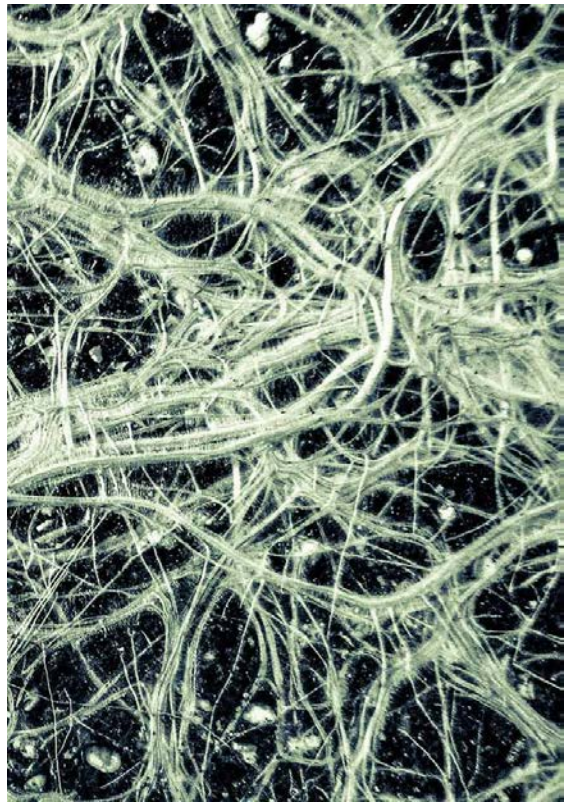
- Structural understanding
- Brain and behavior understanding

Disappointments:

- Translation from bench to bedside (clinical practice)

Science

- Neuroplasticity
- CBT implications

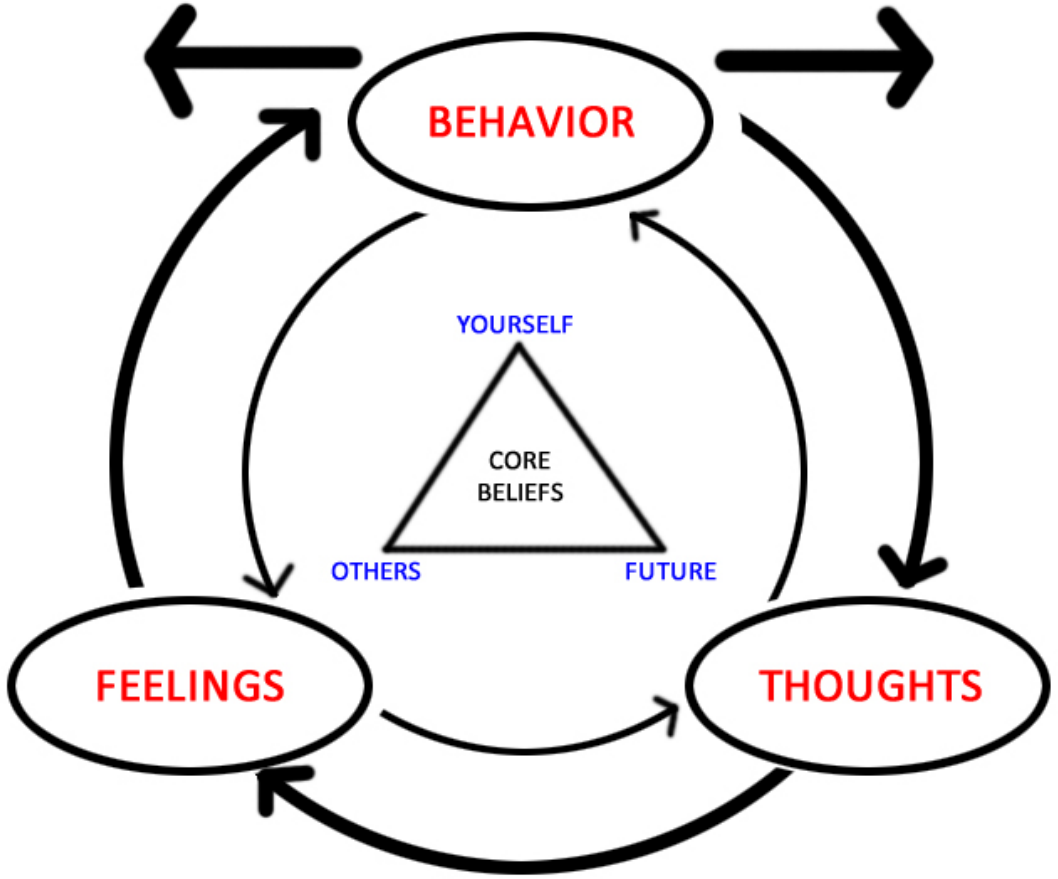


Science

Q & A

CBT Basics

- Aaron Beck – University of Pennsylvania
- Beck's Triad (Depression)
  - Negative view of self, negative view of others, negative view of future
- Thoughts, Feelings, Behaviors
- Adaptation for various psychiatric disorders
- Adaptation for substance use disorders



CBT Basics

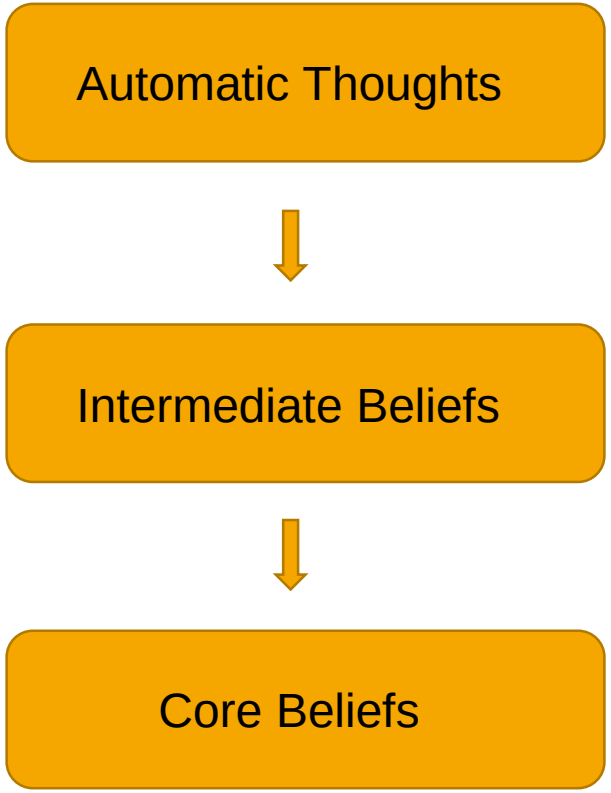
Principles of CBT

- Formulation (evolving)
- Therapeutic alliance
- Collaboration and active participation
- Goal oriented and problem focused
- Emphasis on the present
- Educative (teach patient to become own therapist)
- Time limited
- Structured sessions
- Identify and evaluate dysfunctional thoughts and beliefs
- Variety of techs to change thinking, mood and behavior

Cognitive Therapy: Basics and Beyond, Judith Beck

CBT Basics

- Cognitive Conceptualization
  - Automatic thoughts
  - Attitudes, rules, assumptions
  - Core beliefs
- Results
  - Feelings / Behaviors



Cognitive Therapy: Basics and Beyond, Judith Beck

CBT Basics – T/F Question

Cognitive Behavioral Therapy is focused on the present and ignores the past.

- True or False?

CBT Basics

Structure of sessions					
Mood check	Bridging from previous session (may include some feedback)	Setting the agenda	Review of homework	Items on the agenda (i.e., Thought Record)	Summary and Feedback

Cognitive Therapy: Basics and Beyond, Judith Beck

CBT Basics

- Key Techniques (Agenda Items):
  - Thought Records (automatic thoughts, biases, core beliefs)
    - Drilling down
    - Disputing (automatic thoughts, intermediate beliefs, core beliefs)
    - Other methods: (cognitive continuum, rational-emotional role play, using “others” as a reference point)
    - Working with Core Beliefs
  - Problem Solving
    - Pros / cons
  - Behavioral Experiments
  - Behavioral Activation
    - Activity monitoring and scheduling
  - Relaxation / Guided Imagery
  - Graded Exposure
  - Role Playing
  - Homework

Cognitive Therapy: Basics and Beyond, Judith Beck

Adaptations of CBT to Group Format

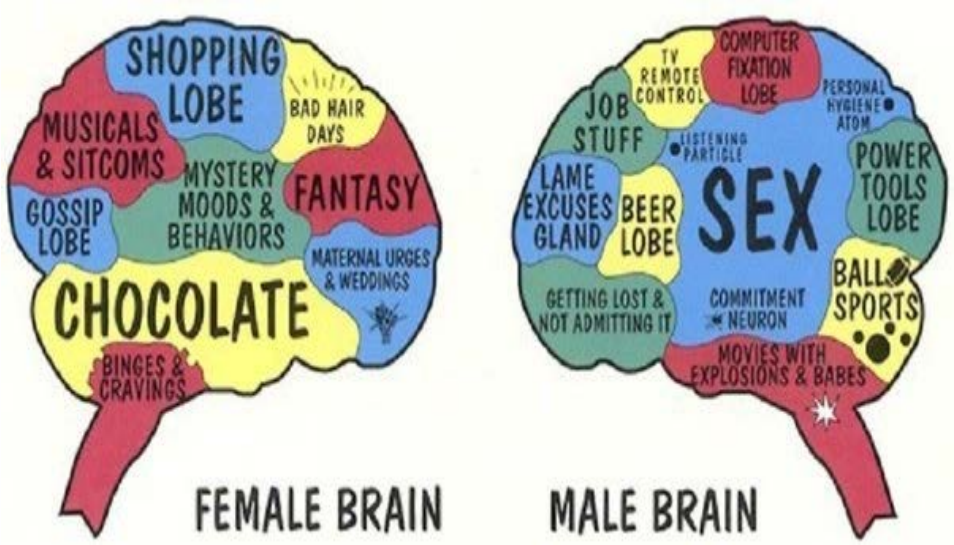
- Evolution
  - Increased efficiency of CBT
  - Group Process (noise)
- CBT: Impaired Information Processing
  - Automatic thoughts
  - Core beliefs
  - Commonalities
- Techniques in CBT Basics all lend themselves exceptionally well to group therapy
- Process of group becomes reparative in itself (more effective ?)

CBT Basics

Q & A

Addiction is Addiction is Addiction…..

- Remarkable differences in addictive behavior
- Remarkable differences in brain receptor chemistry
- Remarkable differences in reasons for addiction



Cognitive Model of Addiction

Simplistic View = Balance vs Imbalance

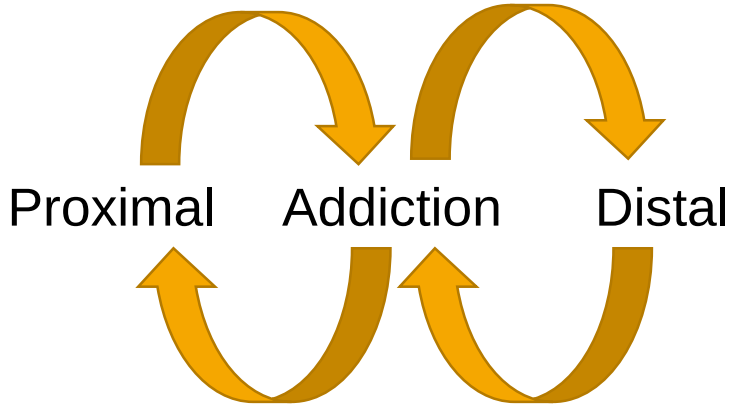
Self Efficacy – how well one can execute courses of action required to deal with prospective situations.

Coping Strategies – techniques we employ to deal with stress.

Group Cognitive Therapy for Addictions – Wenzel, Liese & Beck

Cognitive Model of Addiction

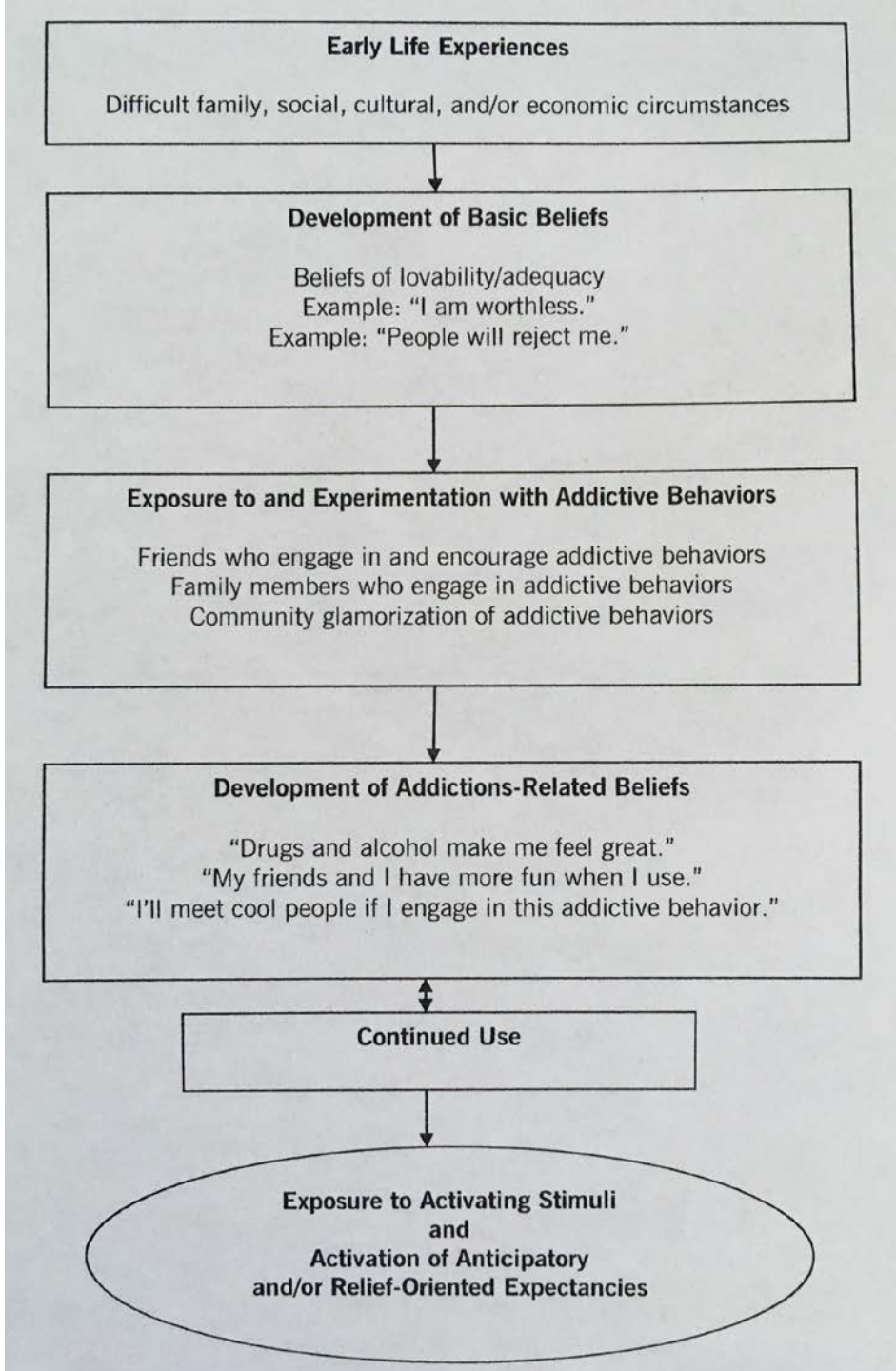
- **Proximal situational factors**
  - Anticipatory expectations
  - Relief oriented expectations “I need a drink”
  - Facilitating thoughts / Instrumental strategies
  - Triggers, cues, urges
- **Distal background factors**
  - Early Life Experience and “schemas”
  - Genetic predisposition
  - Psychiatric illness
  - Social network
  - Exposure
  - Personality traits



Group Cognitive Therapy for Addictions – Wenzel, Liese & Beck

Cognitive Model of Addiction

- A number of these factors are modifiable through CBT therapy.
  - Early life experience
  - Basic beliefs
  - Exposure to addictions
  - Addictions take on a life of their own
- Triggers, cues, urges



Group Cognitive Therapy for Addictions – Wenzel, Liese & Beck

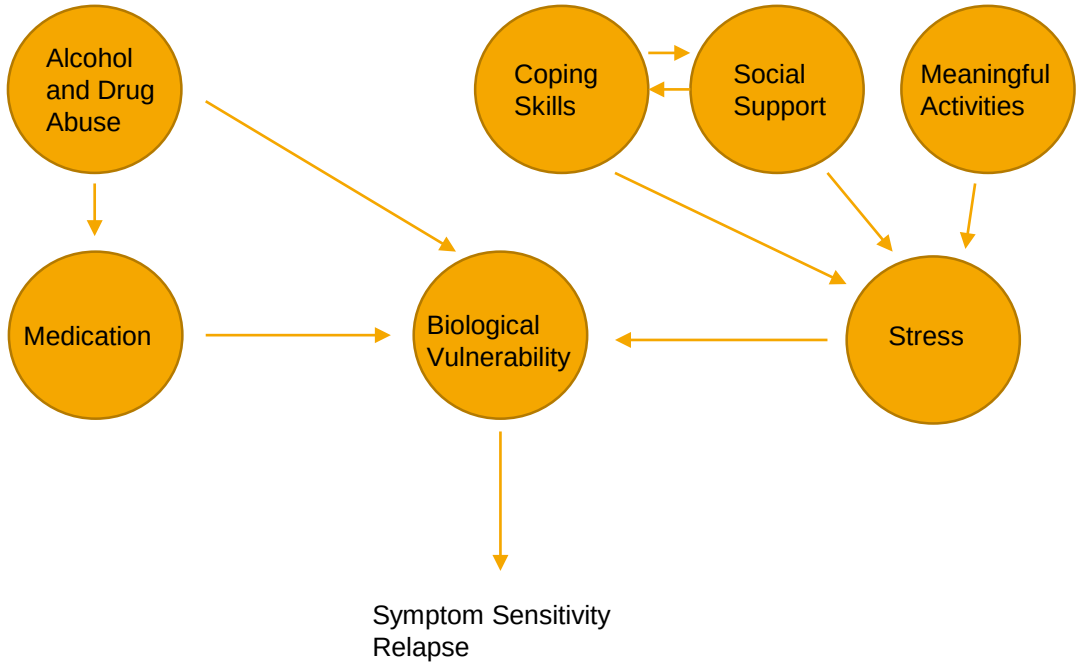
Cognitive Model of Addiction – T/F Question

Early life experience is modifiable through CBT.

- True or False ?

Stress Vulnerability Model

- Stress Vulnerability Model
  - Psychiatric disorders



Assessment

- Meet 1:1
- Review substance use history
  - Each substance
  - How it is used (imbibe, inhale, insulfate, inject)
  - When started, how much, peak use, current use
  - Consequences: legal, medical, personal
- Treatment history (prior group Tx?)
- Family history
- Developmental History
- “Rock bottom”
- “Triggers”
- Support System
- Motivation (Ask)
- Introduce them to CBT model

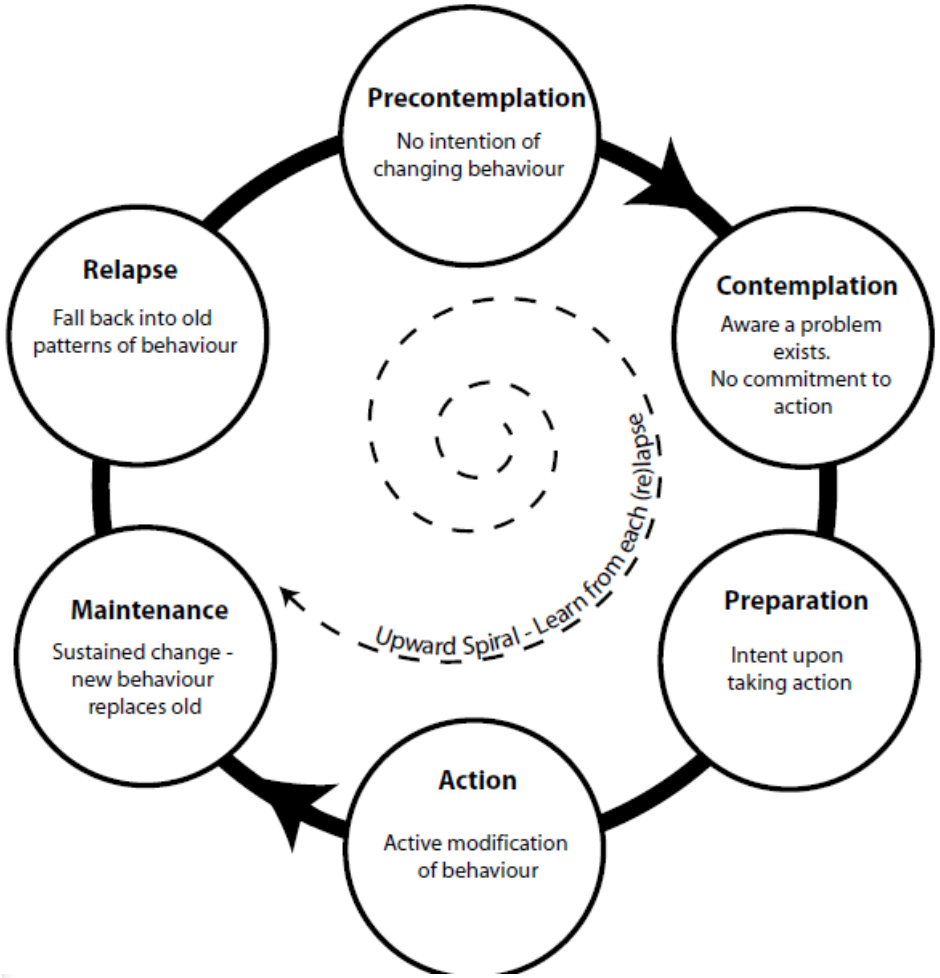
Assessment

- Behind the scenes (3rd eye - detective)
  - Suitability for group (insight, cognition, severe personality pathology)
  - Do they need medical management first
  - True motivation
  - Psychological schemas (mistrust, failure, please others, rejection fear, self sabotage)
  - Potential pitfalls / predicting behavior in group (interpersonal relational style, risk of dropping out, help – rejection)
  - Filing away key aspects of history
    - Fodor for group cohesiveness, etc.
    - Draw quieter individuals in
    - Denial
  - Formulation / Conceptualization

Stages of Change

- Pre-contemplation (unaware, unmotivated, denial)
- Contemplation (aware, low motivation, “may need a boost”)
- Preparation (aware, motivated, ready for change)
- Action (actively working on change, attending Tx)
- Maintenance (long-term, therapy and beyond)
- Relapse (abstinence violation effect)

Norcross, Krebs & Prochaska, 2011



Stages of Change - MCQ

Which of the following techniques would not generally be considered a component of motivational interviewing ?

- A) Resisting giving direct advice
- B) Understanding the patients' experiences and motivations
- C) Telling patients they are not ready
- D) Listening to the patients struggles
- E) Empowering and exploring ambivalence

Preparation of clients

1. Enlist them as informed allies, collaborators, but provide a framework
2. Offer “guidelines” about how best to participate
3. Anticipate some of the potential frustrations, disappointments
4. Offer guidelines about duration of therapy, group makeup
5. Discuss “ground rules”
6. Discuss “risks”

Cognitive Model of Addictions / Patient Assessment / Stages of Change

Q & A

Let’s get started ….
CBT Fundamentals

Overarching Tenants / Principles:

- Therapeutic relationship
- Collaboration
- Alliance / Trust
- Curiosity
- Motivational techniques
- Think about what you are thinking
- Teach patients to become their own therapists.

Skills / Tools / Techniques:

- Modules
- Focused in real time
- Shared experience

Let’s get started ….
Structure of Group

- Active, directed, structured yet flexible
- Often 2 trained facilitators
- Compatible with other treatment
- Typically 90-120 mins
- Small (5) to large (12), brief
- Heterogonous makeup
- Collaborative, educational, supportive
- Combination of Socratic questioning and didactic teaching.
- Goals: harm reduction vs. abstinence
- Balance between skills development and group process
- Open versus closed

Let’s get started ….
Introductions and Ground Rules. Risks

Introductions

Modelled by therapist

Who they are, why here, addictions

Ground Rules

Come on time and every week (call)

Be supportive to each other

Be constructive

Equal time for all

Keep it practical

Do the homework

CONFIDENTIALITY

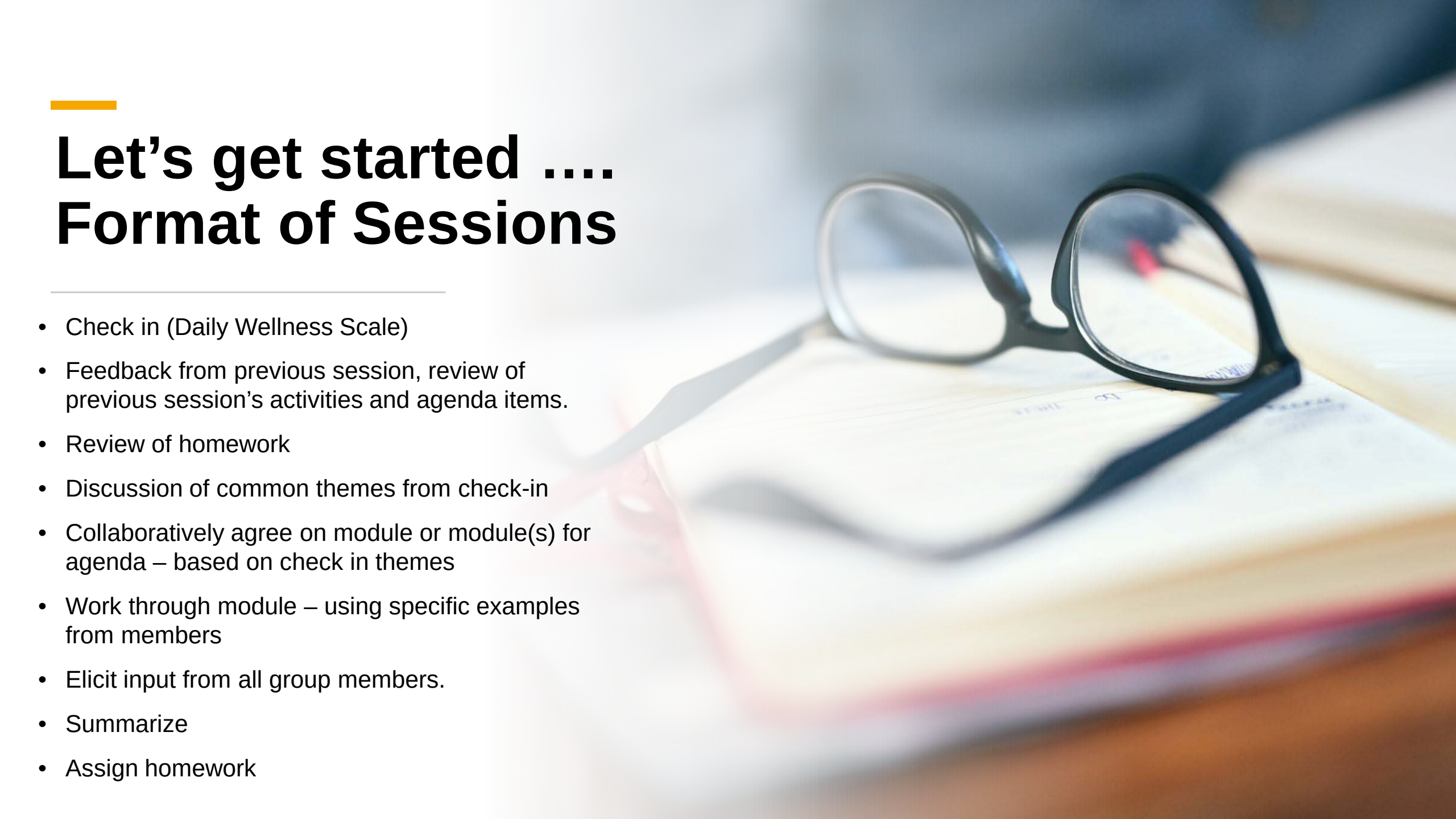
Tell us if you are unhappy

BE RESPECTFUL OF GROUP (intoxication)

Risks

Let’s get started …. Format of Sessions

- Check in (Daily Wellness Scale)
- Feedback from previous session, review of previous session’s activities and agenda items.
- Review of homework
- Discussion of common themes from check-in
- Collaboratively agree on module or module(s) for agenda – based on check in themes
- Work through module – using specific examples from members
- Elicit input from all group members.
- Summarize
- Assign homework



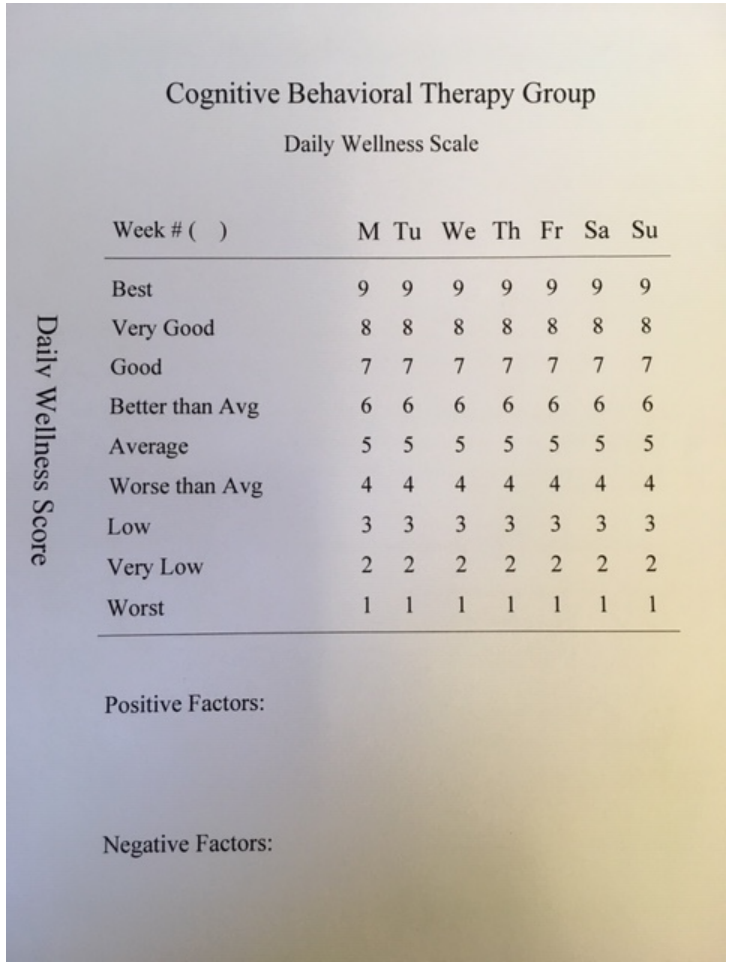
Lets get started …. T/F Question

In Cognitive Behavioral Therapy for addictions you want a large group of people that all struggle with the same addiction.

- True or False ?

Let’s get started ….

Format of Sessions (Daily wellness Scale)



Cognitive Behavioral Therapy Group

Daily Wellness Scale

Week # ( )	M	Tu	We	Th	Fr	Sa	Su
Best	9	9	9	9	9	9	9
Very Good	8	8	8	8	8	8	8
Good	7	7	7	7	7	7	7
Better than Avg	6	6	6	6	6	6	6
Average	5	5	5	5	5	5	5
Worse than Avg	4	4	4	4	4	4	4
Low	3	3	3	3	3	3	3
Very Low	2	2	2	2	2	2	2
Worst	1	1	1	1	1	1	1

Daily Wellness Score

Positive Factors:

Negative Factors:

Let’s get started …. Modules

1) Stress Vulnerability and Harmful Effects of Substances

2) Cravings

Triggers, Cues & Urges
Coping with Craving

3) Refusal Skills and Assertiveness

4) Behavioral Chain Analysis

5) Though Records

Thoughts & Feelings
Biases / Cognitive Distortions

Let’s get started …. Modules

6) Relationships

Healthy Dependency

7) Rebuilding Trust

8) Goal Setting

9) All Purpose Coping Plan

Let’s get started….

Q & A