GROUP COGNITIVE BEHAVIOURAL THERAPY (CBT) FOR SUBSTANCE USE DISORDERS

FACILITATOR TRAINING

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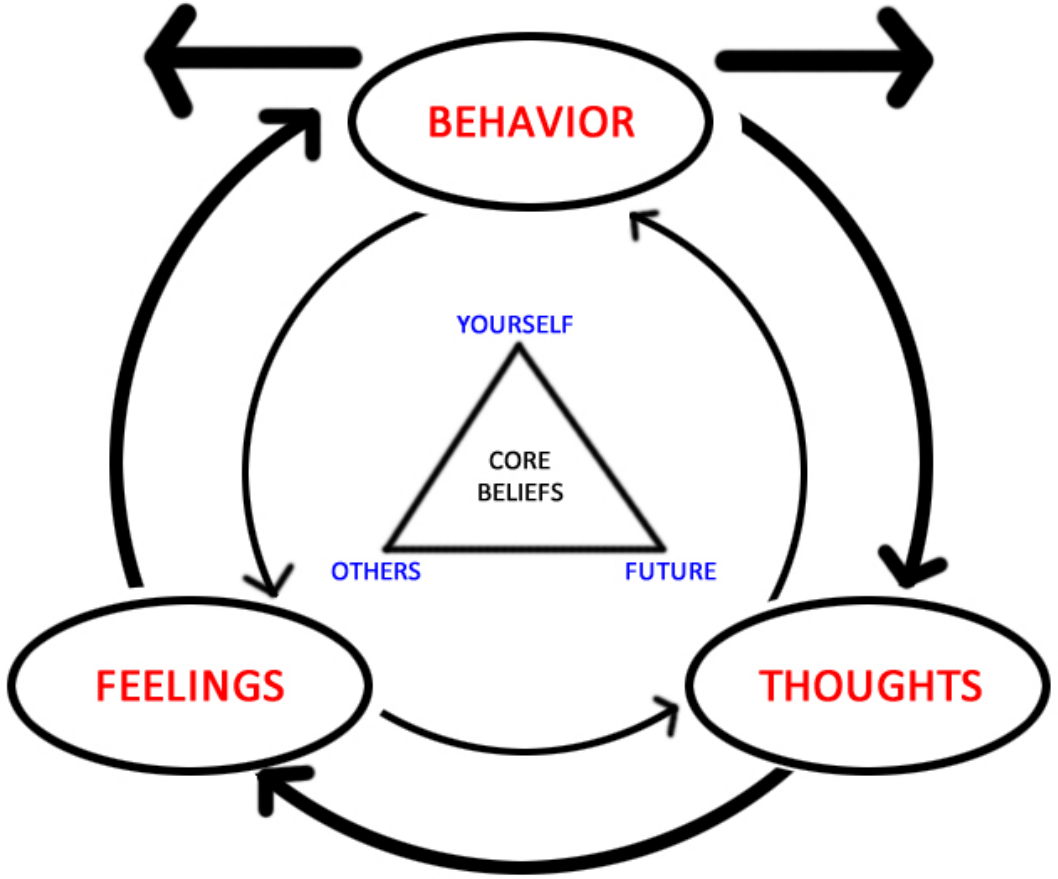
Workshop Overview

- 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

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

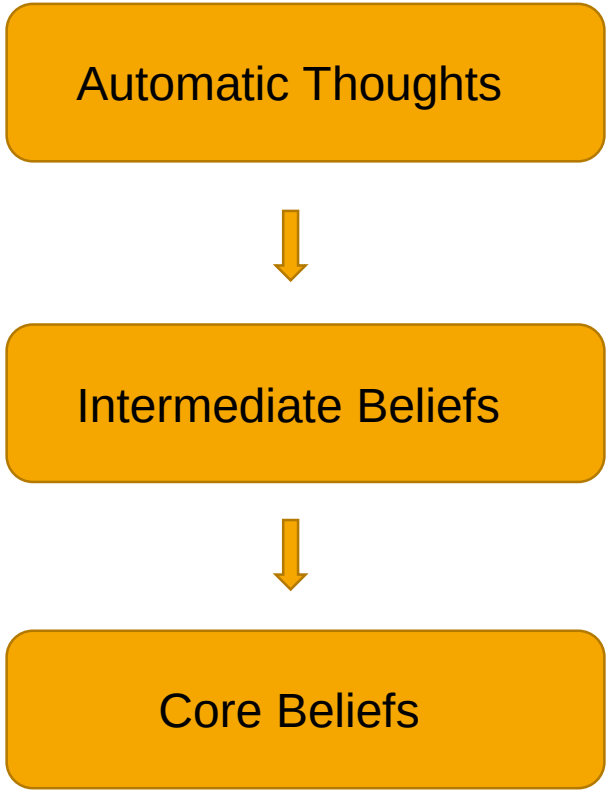
Principles of CBT

- 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 & Assign Homework

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

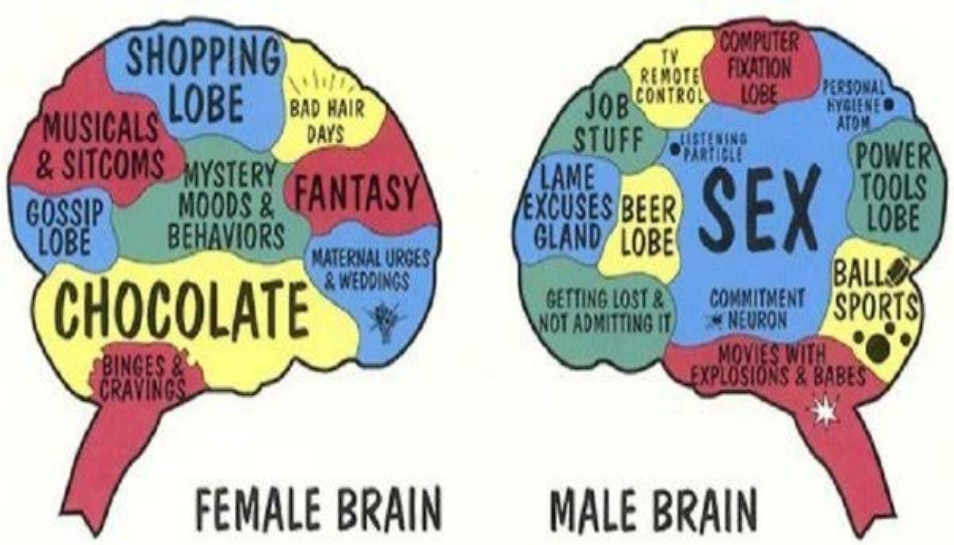
- Evolution
  - Increased efficiency of CBT
  - Group Process (noise)
- CBT: Impaired Information Processing
  - Automatic thoughts
  - Core beliefs
  - Commonalities
- Techniques in CBT Basics all lend themselves exceptionally well to group therapy
- Process of group becomes reparative in itself (more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

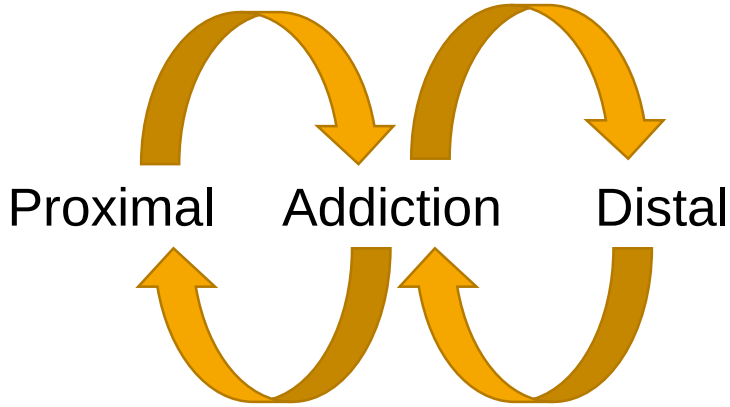
Self Efficacy – how well one can execute courses of action required to deal with prospective situations.

Coping Strategies – techniques we employ to deal with stress.

Group Cognitive Therapy for Addictions – Wenzel, Liese & Beck

Cognitive Model of Addiction

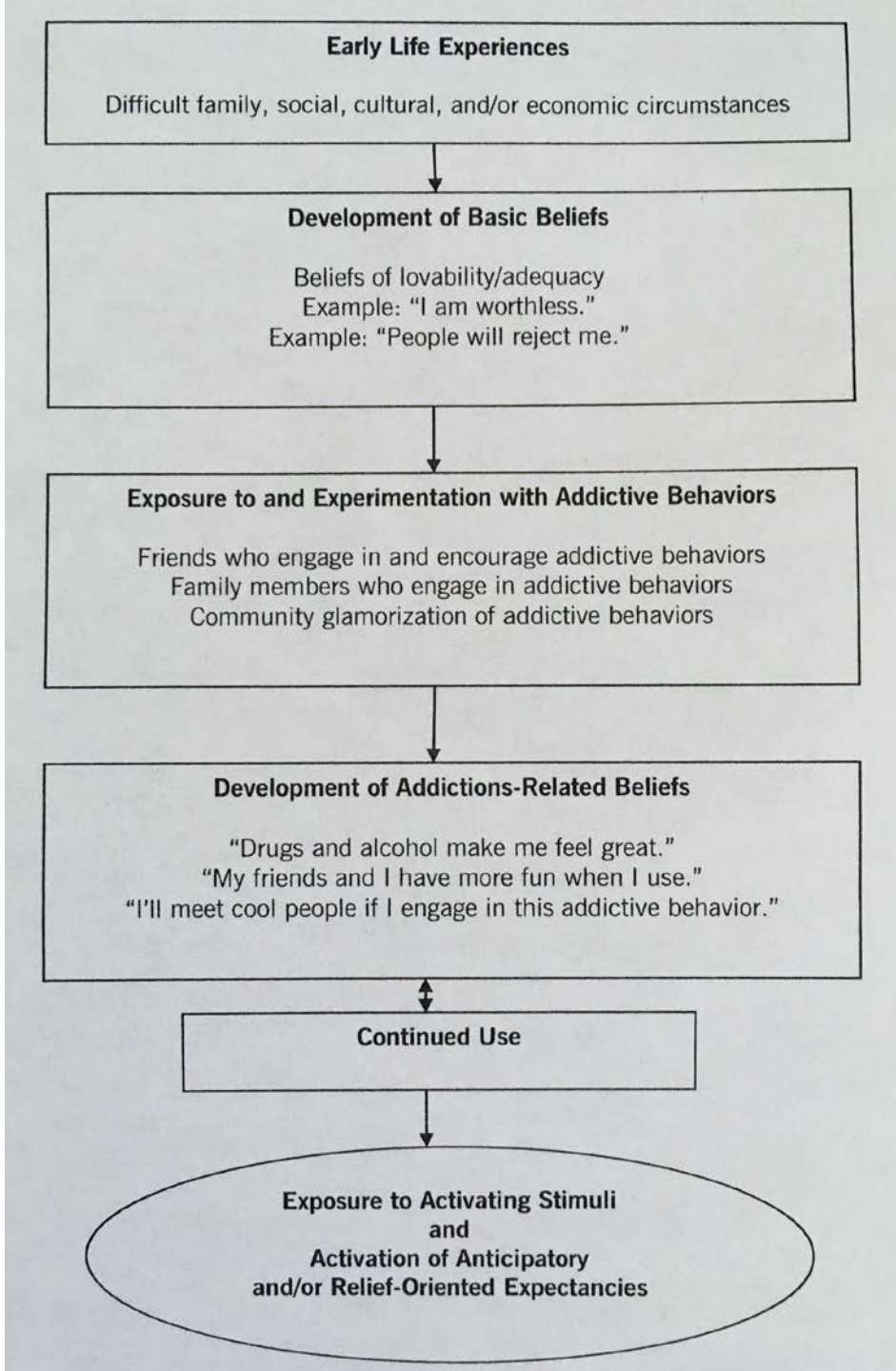
- **Proximal situational factors**
  - Anticipatory expectations
  - Relief oriented expectations “I need a drink”
  - Facilitating thoughts / Instrumental strategies
  - Triggers, cues, urges
- **Distal background factors**
  - Early Life Experience and “schemas”
  - Genetic predisposition
  - Psychiatric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

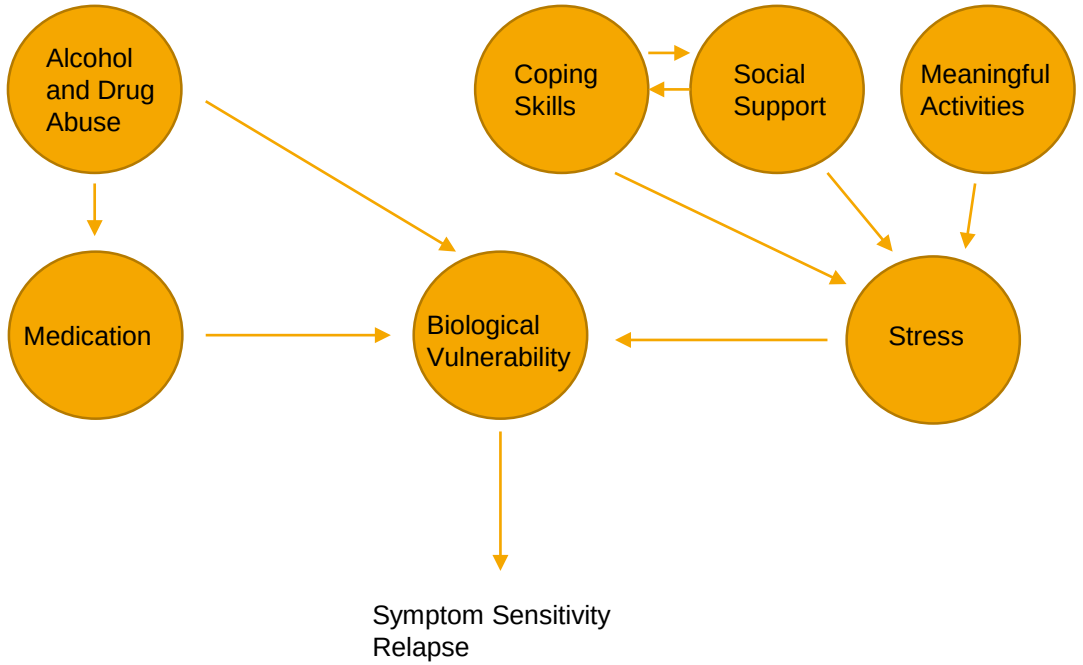
Cognitive Model of Addiction – T/F Question

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

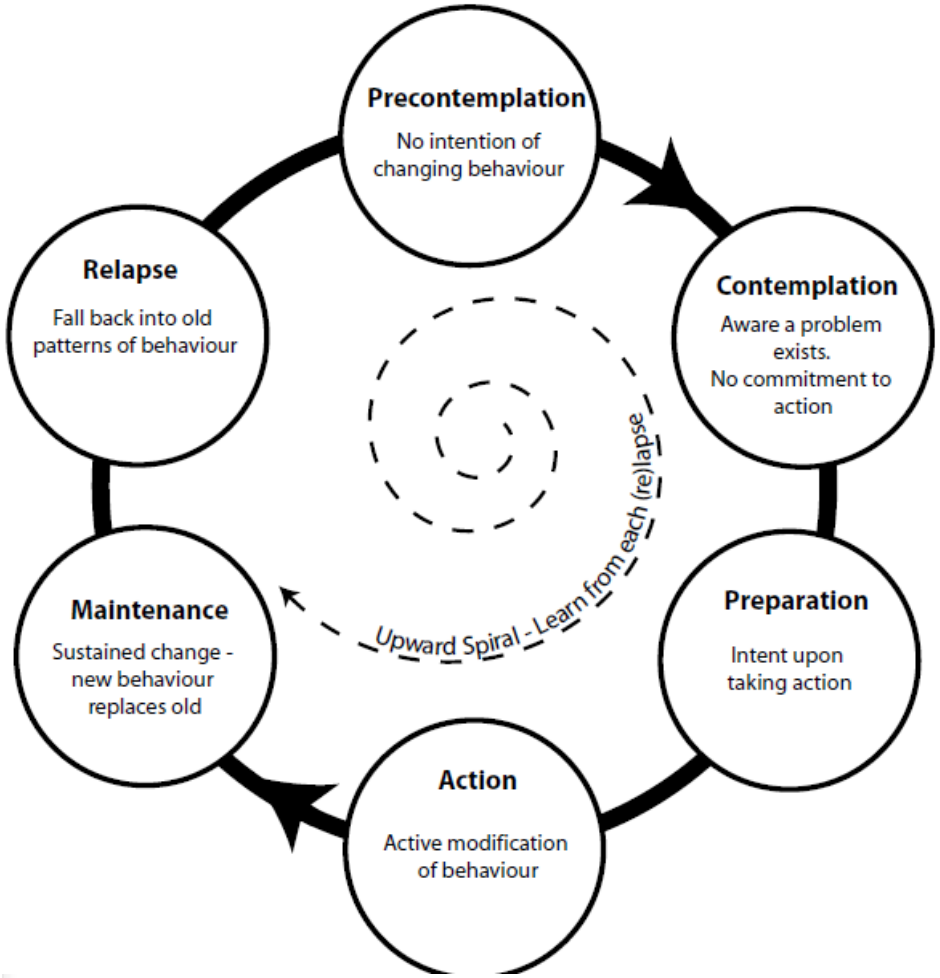
Assessment

- Behind the scenes (3rd eye - detective)
  - Suitability for group (insight, cognition, psychological mindedness, 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
  - Ideal Candidate

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

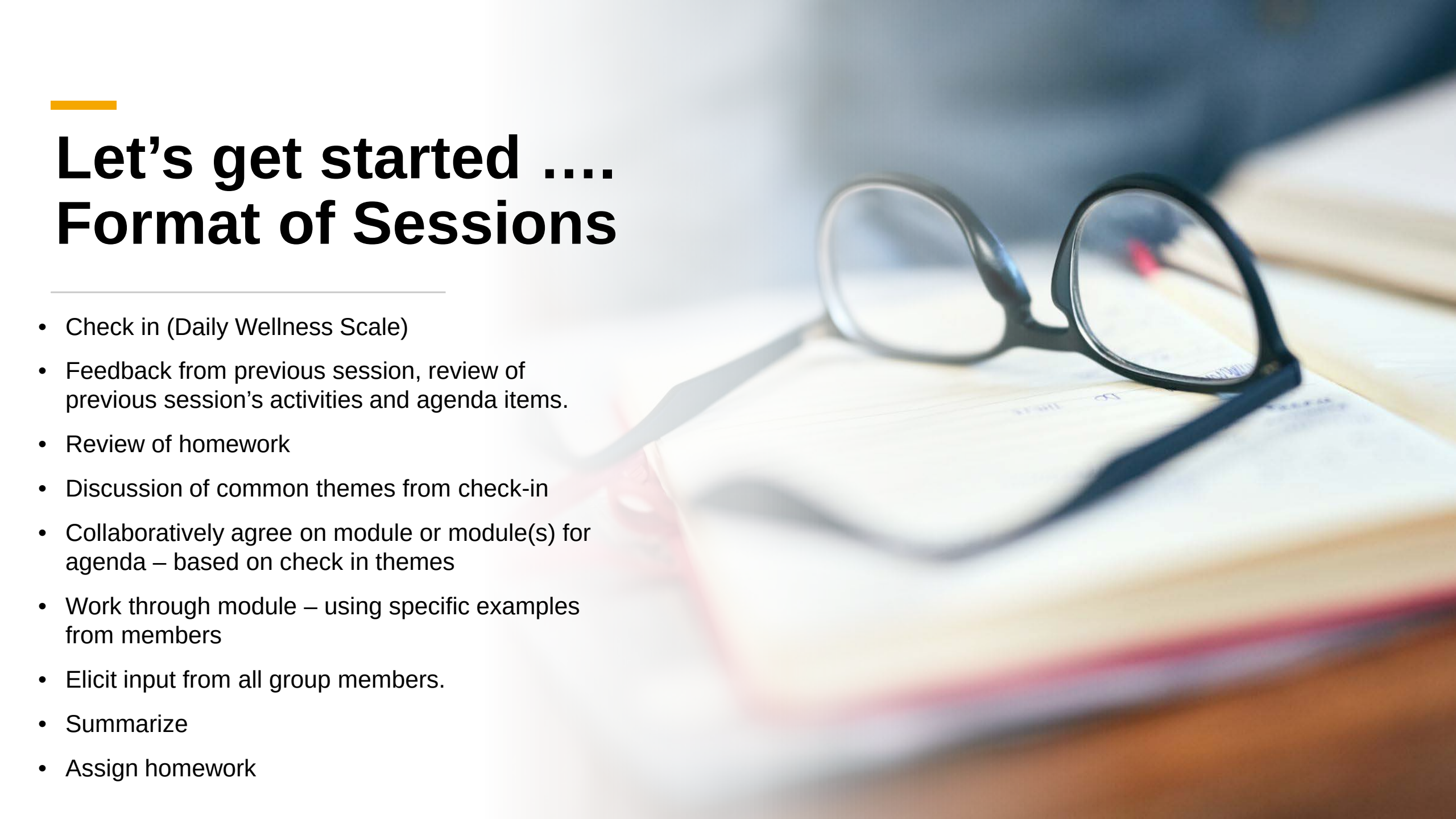
Tell us if you are unhappy

BE RESPECTFUL OF GROUP (intoxication)

Risks

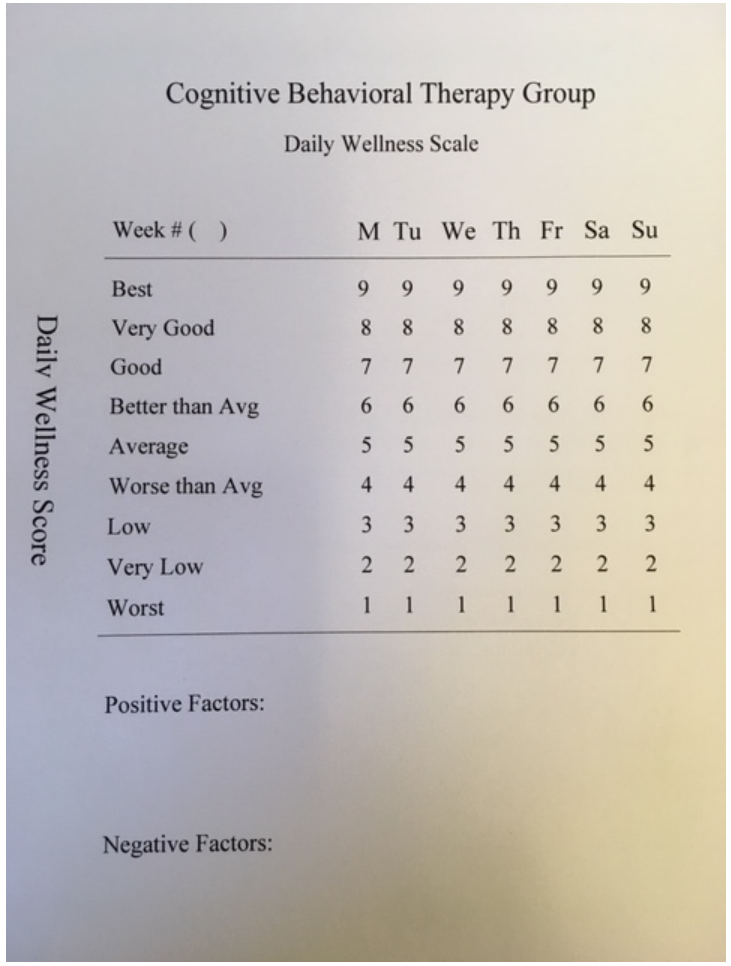
Let’s get started …. Format of Sessions

- 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



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:

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 …. Modules

1) Stress Vulnerability and Harmful Effects of Substances

2) Cravings

Triggers, Cues & Urges

Coping with Craving

3) Refusal Skills and Assertiveness

4) Thought Records

Thoughts & Feelings

Biases / Cognitive Distortions

5) Behavioral Chain Analysis

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

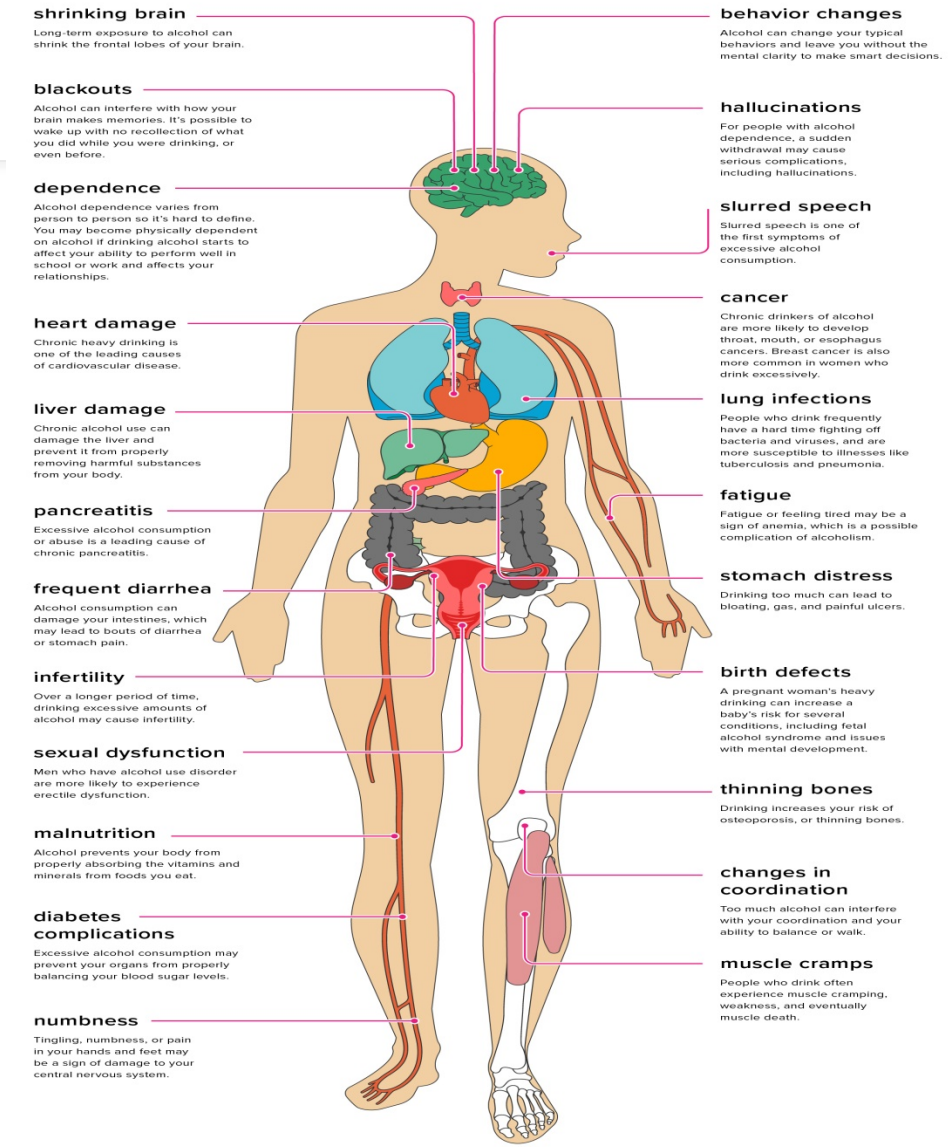
Module 1 – Effects of Substances

- Stress Vulnerability Model and Harmful Effects of Substances.
  - Discuss the stress vulnerability model of psychiatric illness
  - Review examples of information available pertaining to various substances

    “The Harmful Effects of ……”

    AFM resource brochures – “The Basics”

Harmful Effects of Alcohol



Module 1 – Homework Exercise

Listing of substances.

Review “The Harmful Effects of ……” various substances as they pertain to them. List 2 harmful effects you did not know.

Review “The Basics” handouts and have them identify the substance, the effects they experience and potential withdrawal symptoms.

Substance	Effects	Withdrawal Symptoms

Module 2 : Cravings

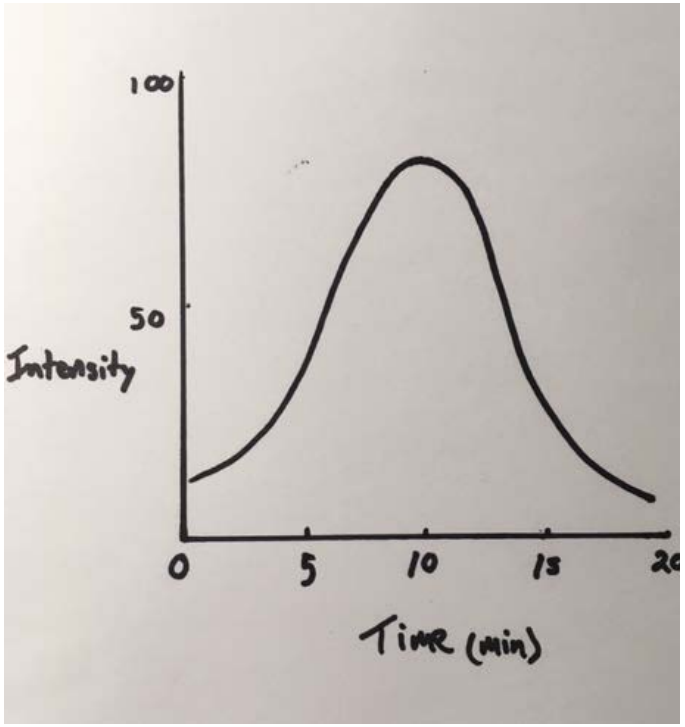
- Discuss Cravings
  - Physical Sensations, Cognitions, Emotions
  - Graphical depiction of cravings (days, months)
- Triggers & Cues
- Coping with Cravings

Module 2: Cravings MCQ

- Cravings are typically time limited and last for:
  - A) 10-20 min
  - B) 5 min
  - C) Until you satisfy the craving
  - D) 2 hours

Cravings

1



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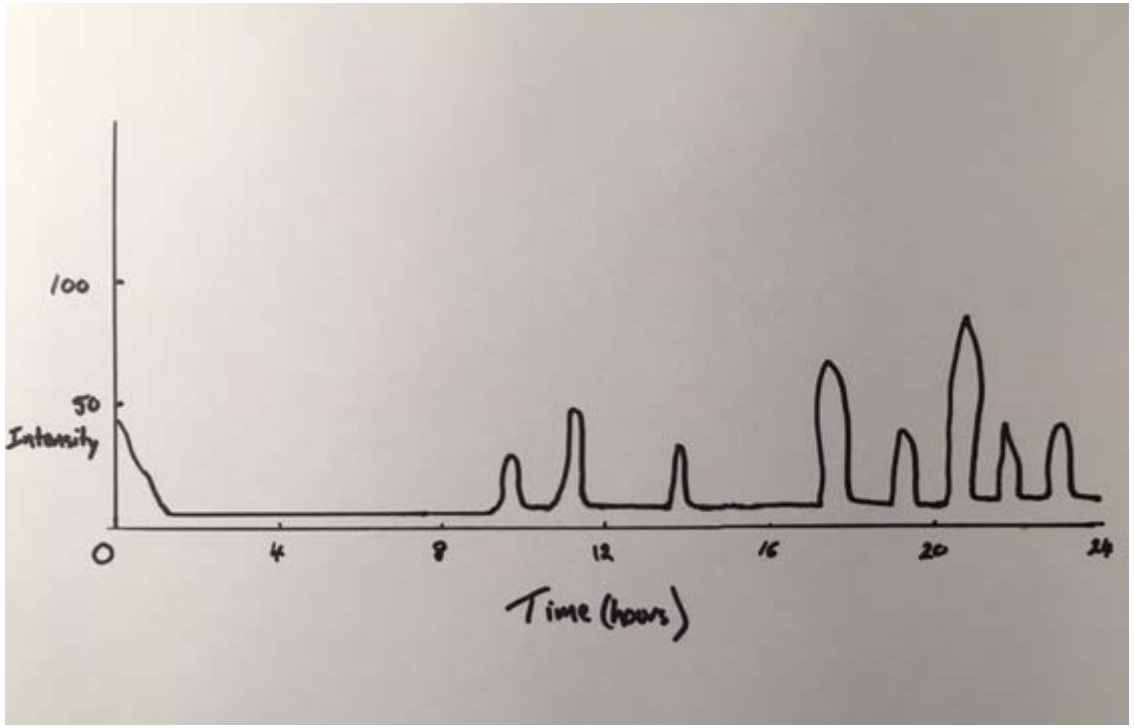

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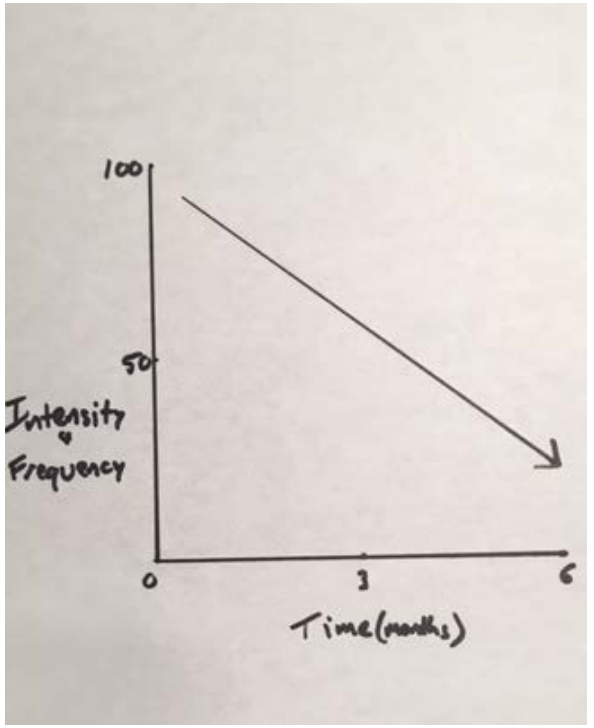

Triggers and Cues

- Distinguish Triggers and Cues for Cravings
  - Triggers – typically interactions with others that generate strong emotional responses.
    - Disagreements with partners or family members
    - Interactions with supervisors or co-workers
    - Anxiety producing interactions or situations
  - Cues – typically the inanimate forces in our environment (Classical Conditioning)
    - Day of the week, time of the day, physical environment
    - Smells, sights, sounds (commercials/shows, MLLC, drug paraphernalia, smelling drugs)
    - Events paired with use – beach, BBQ’s, sports
    - Paycheques, cash

Coping with Cravings

- Cravings come and go, 10-20 min blocks
  - Distraction (prepare a list of activities)
  - Recalling the negative consequences (index cards or wallet cards, phone notes) (pictures) (“rock bottom”)
  - Talking through cravings with trusted individual
  - Utilizing self-talk
  - Guided imagery / mindfulness
  - Contingency management
  - Avoiding triggers / cues
  - Crave surfing
  - Substitution
  - Escape plan

Module 2 – Homework Exercises

Description of Cravings

List of Triggers

Description of Cravings

Physical Sensations	Emotions	Cognitions

Listing of Common Triggers / Cues

1	
2	
3	
4	
5	

Module 2 – Homework Exercises

Daily Record of Cravings

Daily Record of Craving

Date / Time	Situation, thoughts, feelings	Intensity of Craving (0-10)	Length of Craving	Coping Skills Utilized
Example: *Friday, 3 pm*	*Argument with boss, frustrated angry*	*7*	*20 min*	*Distraction (went for walk)*

Modules 1 & 2….

1) Harmful effects of substances
2) Cravings, triggers, cues

Q & A

Module 3 – Refusal Skills & Assertiveness

- Keys to success in managing addictions involve a number of significant changes to the ways in which individuals mange their lives
    - Assessing / Reducing Availability
    - Managing Cues
    - Assertiveness & Refusal Skills
    - Seemingly Irrelevant Decisions
    - Planning for high-risk situations

Module 3 - Homework

Reducing availability

Refusal skills

1) Reducing Availability of Substances

Ways to Reduce Access	Advantages	Disadvantages

2) Describe a recent situation in which you used refusal skills

3) Make a list of the refusal skills that work best for you.