

**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

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 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

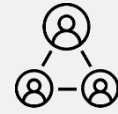
Thoughts & Feelings
Biases / Cognitive Distortions



5) Behavioral Chain Analysis



Let's get started Modules



6) Relationships

Healthy Dependency



7) Rebuilding Trust



8) Goal Setting



9) All Purpose Coping Plan

Module 4 – Thought Records

- Core technique common to all CBT therapies
- Strategy for evaluating and responding to Automatic Thoughts
- Slows down our thinking
- Situationally based
- Identification of Cognitive Distortions
- Identification of Core Beliefs



Module 4 – Cognitive Distortions

All or nothing thinking

Catastrophizing

Discounting the positive

Emotional reasoning

Labeling

Magnification / minimization

Mental filter

Mind reading

Overgeneralization

Personalization

Imperative statements “Should” “Must”



ABCD Thought Records

A. Activating Event = **Situation**

C. Consequences of thoughts = **Feelings**

B. Beliefs about event = **Thoughts**

D. **Disputes**

Thought Records

- Techniques to uncover **Automatic Thoughts**
 - What are you thinking or imagining about this situation ?
 - What is the worst thing that could happen ?
 - What does this “say” about you ?
 - What does this “mean” about you ?
 - What does this mean for your future ?
 - What are you afraid might happen ?
 - What does this mean about how other people feel about you ?



Thought Records

- Techniques to uncover **Core Beliefs**
 - Where do you think these negative thoughts come from ?
 - Does this remind you of anything from your past ?
 - When did you first become aware of such thoughts ?
 - What about this situation is so upsetting to you ?
 - What past experiences contributed to shaping these thoughts ?
 - Did anyone in your family have similar beliefs ?
 - What memories or images do you have of this situation ?
- Challenging **Core Beliefs**



Thought Records

- The power is in the “**Disputes**”
 - More rational / realistic thinking
 - Broadening the lens – looking at other aspects of life
 - Challenging assumptions
 - Finding evidence to the contrary
 - What would you tell a friend ?
 - What is another way to look at this ?
 - Are you blaming yourself for something out of your control ?
 - Are there any strengths or positives in the situation you are ignoring ?





Thought Record

- Example



Module 4 - Homework

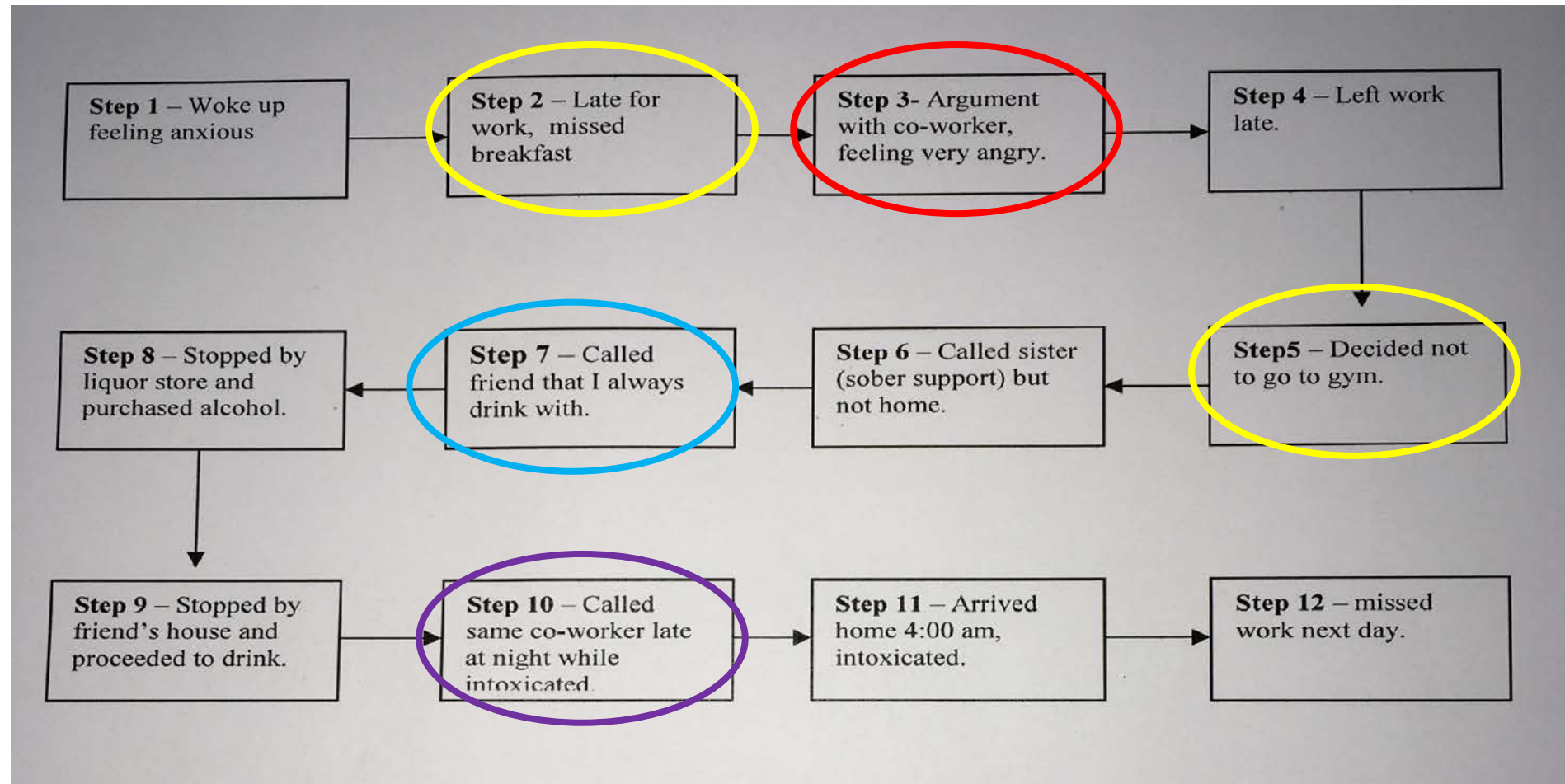
Thought Records (ABCD)

- 1) Complete one ABCD thought record for an emotionally charged situation you encountered over the past week.
- 2) See if you can identify the associated cognitive distortions or biases in your thinking.

Module 5 – Behavioral Chain Analysis

- Review using situations / slip-ups, or near misses to identify patterns in use (step by step breakdown).
- Can be helpful in identifying specific patterns:
 - Triggers / cues
 - Decision points
 - Patterns of use
- Starting point can be anywhere, ideally well before the slip up or near miss.

Behavioral Chain – using situation



Behavioral Chain - Interventions

- ABCD thought records
 - Woke up feeling anxious
 - Argument with co-worker
- Self care
 - Skipped breakfast
 - Skipped gym
- Decisions
 - Calling friend (fellow drinker)
 - Driving to MLCC

Behavioral Chain - Interventions

- “Anticipatory” Expectations:
 - Paying attention to Cravings
 - Utilizing “Coping with Cravings” skills
 - Attending to decisions / seemingly irrelevant decisions
- “Relief” Expectations:
 - Thought Records (ABCD’s)
 - Challenging Core Beliefs



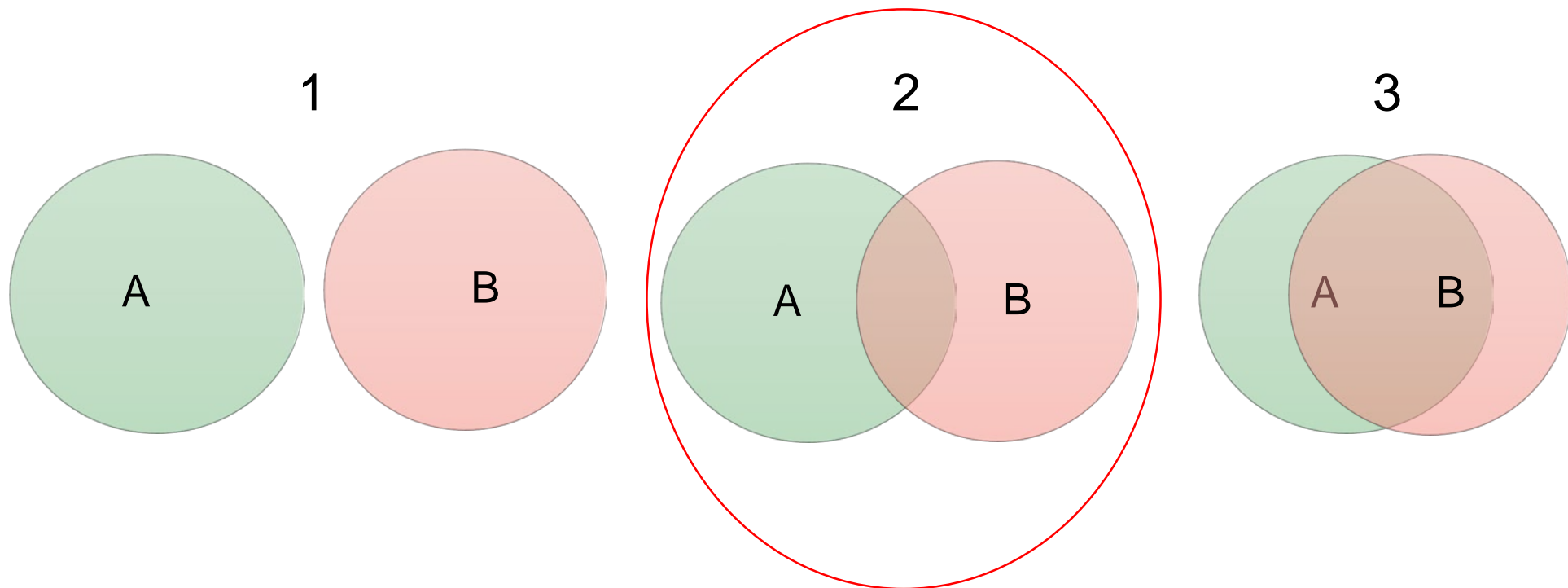
Questions

- Module 4 – Thought Records
- Module 5 – Behavioral Chain Analysis

Module 6 - Relationships

- Relationships with significant others (partners, family, close friends) can be strong triggers for use.
- Addictions and unhealthy relationship patterns
- Past experiences:
 - Schemas (mistrust, abandonment, dependency, perfectionism)
 - Lack of modelling

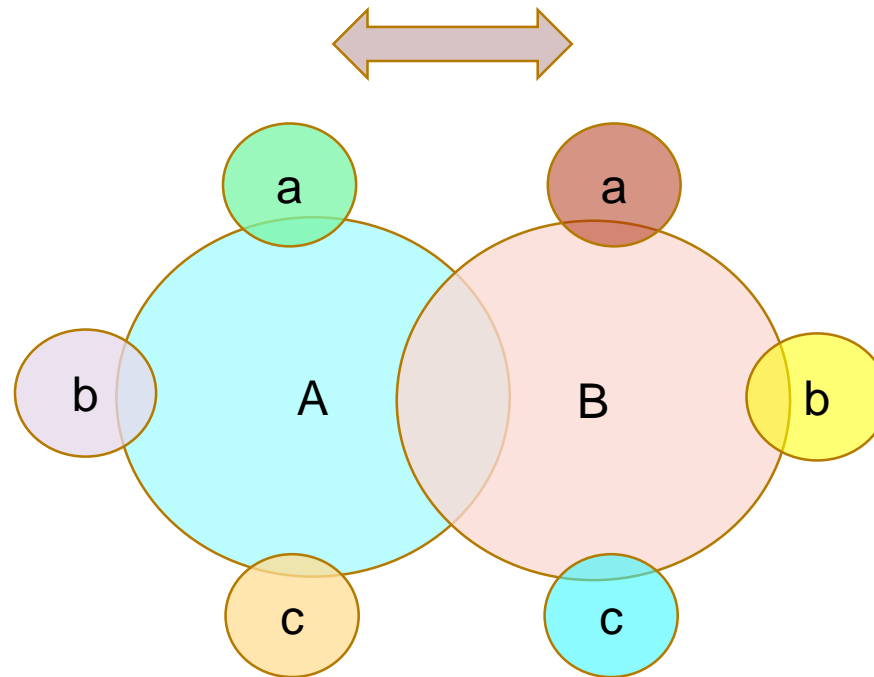
Relationship Patterns



Relationship Patterns

Healthy Balance

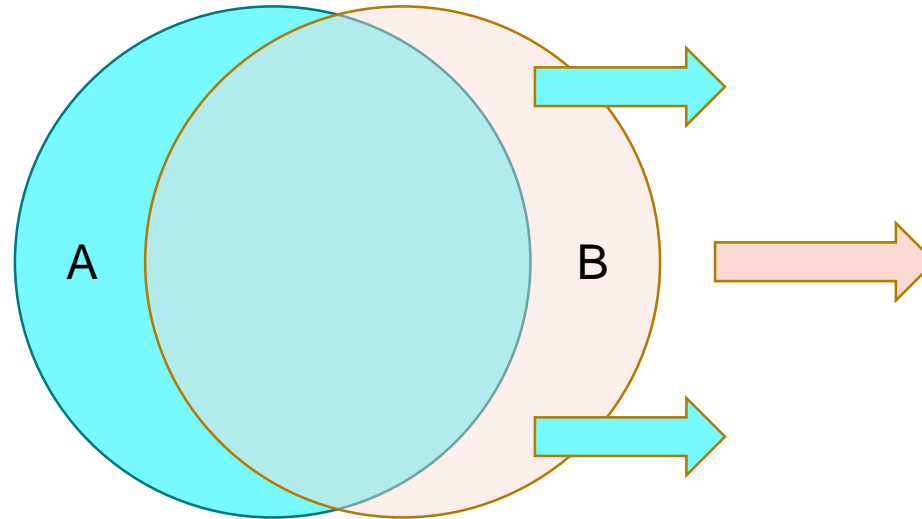
- A & B independent
- Satellite relationships
- Healthy overlap



Relationship Patterns

Unhealthy Balance

- Loss of independence
- Smothering
- Resentment
- Conflict





Module 6 - Homework

- 1) Identify someone in your life with whom you have an “unbalanced” or “unhealthy” relationship pattern with.
 - How might you go about fixing this relationship?

Module 7 – Rebuilding Trust

- Rooted in our social intelligence – can't function without it.
- Designed to be trusting creatures.
- Betrayal occurs when you don't take into account another person who is relying on you.
 - Treating someone as if they don't matter.
 - Inability to take responsibility
- Addictions (cheating, lying, theft) – family members, partners, friends.

Rebuilding Trust

- The Trap
 - When people feel betrayed or powerless they tend to yell and fight in order to assert control. Serves to further erode trust.
 - *“If I scare the crap out of them they won’t hurt me again”*
 - Hot & cold anger.
 - Individuals on the receiving end of this anger tend to become defensive, and avoidant, silent which in turn fosters more suspiciousness.



Rebuilding Trust

- Try to conceptualize trust as a safety issue (*“I don’t trust you = I don’t feel safe”*)
- Try appreciate what the other person needs from you to *“feel safe”*.
- You need to hear their story and let them know you hear their story. *The grilling / venting process can feel like torture.*
- Avoid retreating and hiding
- Validate don’t defend.
- Participate in shared activities (takes time)

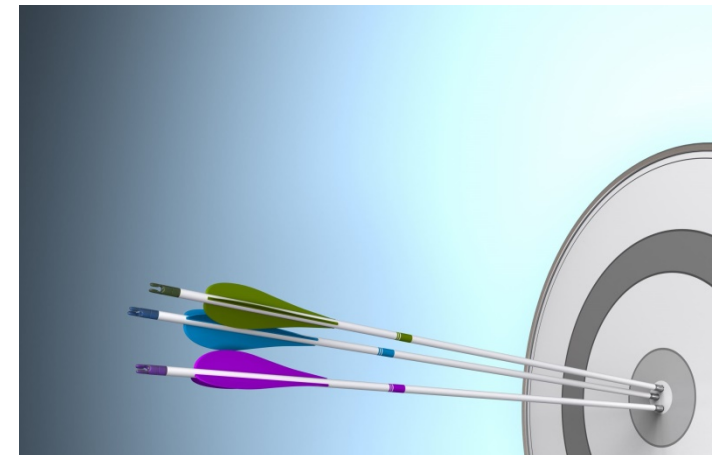


Questions

- Module 6 – Relationships
- Module 7 – Rebuilding Trust

Module 8 – Goals

- Abstinence should not be the goal but rather a means towards obtaining life goals.
- Most life goals are not compatible with drinking & drugging (add structure, they help keep perspective and they act as strong motivators).
- Goals of all types should meet the following criteria (**SMART**):
 - **S** Specific
 - **M** Measurable
 - **A** Achievable
 - **R** Realistic
 - **T** Timely



Goals

Examples of Unclear and Clear Goals:

Unclear: “Be a good mother, spouse, friend”.

Clear: “Spend five hours a week with my child, spouse, friend doing an activity”

Unclear: “Go back to school sometime”

Clear: “I will start a course in Medical Terminology at Red River College in September”

Unclear: “Get in shape”

Clear: “Spend 45 minutes per day doing physical activity (walking, running, cycling) at least 4 times / week.”

Reward yourself !



Module 8 - Homework

- Develop important short-term, medium-term and long-term goals following the SMART format.

Module 9 – Coping Plans

- Helpful to plan for “high risk situations” in future (situations or events causing significant stress)
- More likely to revert to “old” coping habits when emotionally overwhelmed (difficult to “think clearly” at times of extreme stress)
- An all-purpose coping plan includes all of the following strategies:
 - Listing your supports, people you can rely on.
 - Listing your strategies for coping with cravings.
 - Listing your triggers / cues to avoid.
 - Listing your goals to help increase motivation.
 - Reviewing your refusal skills.



Questions

- Module 8 – Goal Setting
- Module 9 – All Encompassing Coping Plans



Challenges

- “Difficult” group members
- Adapting to virtual care models
- Fitting it all in – time constraints



Further Reading

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Group Cognitive Therapy for Addictions –
Wenzel, Liese, Beck & Friedman-Wheeler, 2012

The Heart of Addiction – Lance Dodes, MD,
2002

Cognitive Therapy of Substance Abuse - Beck,
Wright, Newman & Liese, 1993

The Biology of Desire – Marc Lewis, 2015

Cognitive Therapy Basics and Beyond – Judith
Beck, 1995

Clean; Overcoming Addiction – David Sheff,
2013

Psychotherapy for the Treatment of Substance
Abuse – Galanter, Kleber, Dermatis &
McMahon, 2011