CONCEPTS OF CBT AND STRENGTHS-BASED APPROACHES TO ADDICTION AND MENTAL HEALTH RESEARCH AND TREATMENT &
A MINDFULNESS APPROACH TO SUBSTANCE ABUSE DISORDERS

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CTN WEB SEMINAR SERIES:
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Produced by: CTN Training
This training has been funded in whole or in part with federal funds from the National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, under Contract No.HHSN271201000024C

Learning Objectives

- Provide a brief introduction and overview of CBT as it is utilized in substance use and mental health disorders.
- Introduce the Five Ws & Functional Analysis
- Describe the role of the counselor in CBT
- Outline a CBT session.
- Describe the use of mindfulness in the treatment of substance use disorders

An overview

COGNITIVE BEHAVIORAL THERAPY – WHAT IS IT?

What is CBT and how is it used to treat substance use disorders?

- CBT is a form of "talk therapy" that is used to teach, encourage, and support individuals about how to reduce / stop their harmful drug use
- CBT provides skills that are valuable in assisting people in gaining initial abstinence from drugs (or in reducing their drug use)
- CBT also provides skills to help people sustain abstinence (relapse prevention)

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What is relapse prevention (RP)?

Broadly conceived, RP is a cognitive-behavioural treatment (CBT) with a focus on the maintenance stage of addictive behaviour change that has two main goals:

- To prevent the occurrence of initial lapses after a commitment to change has been made and
- To prevent any lapse that does occur from escalating into a full-blown relapse

Because of the common elements of RP and CBT, we will refer to all of the material in this training module as CBT

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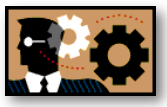
Foundation of CBT

Cognitive behavioral therapy (CBT)

- Provides critical concepts of addiction and how to not use drugs
- Emphasises the development of new skills
- Involves the mastery of skills through practice



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Why is CBT useful?

- CBT is a counseling-teaching approach well-suited to the resource capabilities of most clinical programs
- CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support
- CBT is structured, goal-oriented, and focused on the immediate problems faced by substance abusers entering treatment who are struggling to control their use

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Why is CBT useful?

- CBT is a flexible, individualized approach that can be adapted to a wide range of clients as well as a variety of settings (inpatient, outpatient) and formats (group, individual)
- CBT is compatible with a range of other treatments the client may receive, such as pharmacotherapy

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Important Concepts in CBT

- In the early stages of CBT treatment, strategies stress behavioral change
- Strategies include:
  - planning time to engage in non-drug related behaviour
  - avoiding or leaving a drug-use situation

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Important Concepts in CBT

- CBT attempts to help clients:
  - Follow a planned schedule of low-risk activities
  - Recognize drug use (high-risk) situations and avoid these situations
  - Cope more effectively with a range of problems and problematic behaviors associated with using

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Important Concepts in CBT

- As CBT treatment continues into later phases of recovery, more emphasis is given to the "cognitive" part of CBT.
- This includes:
  - Teaching clients knowledge about addiction
  - Teaching clients about conditioning, triggers, and craving
  - Teaching clients cognitive skills ("thought stopping" and "urge surfing")
  - Focusing on relapse prevention

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CBT TECHNIQUE: FUNCTIONAL ANALYSIS

The 5 Ws (Functional Analysis)

The 5 Ws of a person's drug use (also called a functional analysis)

- When?
- Where?
- Why?
- With / from whom?
- What happened?

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The 5 Ws

People addicted to drugs do not use them at random. It is important to know:

- The time periods **when** the client uses drugs
- The places **where** the client uses and buys drugs
- The external cues and internal emotional states that can trigger drug craving **(why)**
- The people with **whom** the client uses drugs or the people from **whom** she or he buys drugs
- The effects the client receives from the drugs – the psychological and physical benefits (**what happened**)

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Questions Clinicians Can Use to Learn the 5 Ws

- 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 using?

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Functional Analysis or High-Risk Situations Record

Antecedent Situation	Thoughts	Feelings and Sensations	Behavior	Consequences
Where was I? Who was with me? What was happening?	What was I thinking?	How was I feeling? What signals did I get from my body?	What did I do? What did I use? How much did I use? What paraphernalia did I use? What did other people around me do at the time?	What happened after? How did I feel right after? How did other people react to my behavior? Any other consequences?

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ROLE OF THE CLINICIAN IN CBT

The Role of the Clinician in CBT

- CBT is a very active form of counseling
- A good CBT clinician is a teacher, a coach, a "guide" to recovery, a source of reinforcement and support, and a source of corrective information
- Effective CBT requires an empathetic clinician who can truly understand the difficult challenges of addiction recovery

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The Role of the Clinician in CBT

- The CBT clinician has to strike a balance between:
  - Being a good listener and asking good questions in order to understand the client
  - Teaching new information and skills
  - Providing direction and creating expectations
  - Reinforcing small steps of progress and providing support and hope in cases of relapse
  - The clinician has to be flexible to discuss crises as they arise, but not allow every session to be a "crisis management session"

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The Role of the Clinician in CBT

- The clinician is one of the most important sources of positive reinforcement for the client during treatment
- It is essential for the clinician to maintain a non-judgemental and non-critical stance
- Motivational interviewing skills are extremely valuable in the delivery of CBT

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How to Structure a Session

The sessions last around 60 minutes

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How to Organise a Clinical Session with CBT: The 20 / 20 / 20 Rule

- CBT clinical sessions are highly structured, with the clinician assuming an active stance
- 60-minute sessions divided into three 20-minute sub-sessions
- Empathy and acceptance of client needs must be balanced with the responsibility to teach and coach
  - Avoid being non-directive and passive
  - Avoid being rigid and machine-like

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First 20 minutes

- Set agenda for session
- Focus on understanding client's current concerns (emotional, social, environmental, cognitive, physical)
- Focus on getting an understanding of client's level of general functioning
- Obtain detailed, day-by-day description of substance use since last session
- Assess substance abuse, craving, and high-risk situations since last session
- Review and assess their experience with practise exercise

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Second 20 minutes

- Introduce and discuss session topic
- Relate session topic to current concerns
- Make sure you are at the same level as client and that the material and concepts are understood
- Practice skills

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Final 20 minutes

- Explore client's understanding of and reaction to the topic
- Assign practice exercise for next week
- Review plans for the period ahead and anticipate potential high-risk situations
- Use scheduling to create behavioural plan for next time period

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Challenges for the Clinician

- Difficulty staying focused if client wants to move clinician to other issues
- 20 / 20 / 20 rule, especially if homework has not been done. The clinician may have to problem-solve why homework has not been done
- Refraining from conducting psychotherapy
- Managing the sessions in a flexible manner, so the style does not become mechanistic

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References

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October 14, 2015

MINDFULNESS BASED RELAPSE PREVENTION

Acknowledgments

Collaborators: G. Alan Marlatt, PhD, Richard A. Rawson, PhD, Larissa Mooney, MD

Mindfulness therapist: Elizabeth Suti, MA

UCLA ISAP Clinical Research Center Staff and our Mindfulness Study Staff (Helene Chokron Garneau, Megan Holmes, Hailey Winetrobe, Mary Olaer, Anne Bellows Lee)

The research presented in this talk is supported by NIDA (1R21DA029255)

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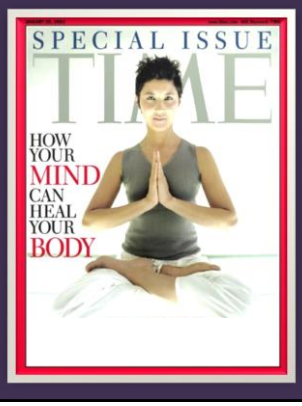

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Mindfulness

- An approach to life based on Zen traditions
- A particular way of paying attention to the present moment
- Moment-to-moment, non-judgmental awareness
- Wakefulness

  ‘‘awareness that emerges through paying attention,

  on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment’’ (Kabat-Zinn, 2003, p. 145)

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How Does Mindfulness Reduce Stress?

- Mindfulness meditation cultivates greater concentration and relaxation through:
  - Awareness of one’s breathing
  - Cognitive focus on seeing and accepting things as they are without attempting to change them

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Why Target Stress in Substance Users?

- Exposure to emotional stress, coupled with individual levels of reactivity to such stress, contributes to drug relapse (Sinha, 2006; 2007, Back et al., 2010)
- Substance users have deficits in their ability to process and regulate stress; brain changes make it harder to access healthy coping strategies (Sinha, 2008)
- Targeting stress reactivity and stress-induced craving could improve outcomes for substance users

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Mindfulness for Substance Use Disorders

- Mindfulness may provide addicted patients with:
  - Skills for coping with cravings and for tolerating other forms of psychological discomfort that often precipitate relapse
  - A means of interrupting the conditioned behavioral sequence that leads from craving → relapse
  - Skills that complement those learned in CBT

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Mindfulness versus CBT

- CBT focuses on challenging cognitive <u>content</u>
  - Ex: Identifying and challenging dysfunctional thoughts
- Mindfulness focuses on altering cognitive <u>processes</u>
  - Ex: Tendency to shift one's attention away from the present

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Mindfulness Based Relapse Prevention

- Builds on the Mindfulness Based Cognitive Therapy model for preventing relapse to depression (Segal et al., 2002)
- Blends principles of CBT for relapse prevention with mindfulness practices from Kabat-Zinn's MBSR program (Bowen, Chawla, Marlatt, & Parks, 2007)
- Relapse prevention piece focuses on identifying triggers

Mindfulness training enables patients to monitor internal reactions to triggers and use "mindful awareness" to make better behavioral choices

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Evidence for MBRP

- In an initial efficacy study, MBRP was used as a continuing care approach for adults who completed intensive inpatient or outpatient treatment with positive effects on substance use and craving, and increases in acceptance and mindful awareness (Bowen et al., 2009)
- A second study compared MBRP to CBT for outpatients with alcohol and/or cocaine dependence (Brewer et al., 2009)
  - Both treatments were equally effective in reducing drug use
  - MBRP reduced stress reactivity

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Goals of MBRP

- Increase awareness of triggers
- Interrupt habitual "reactive" behaviors ("respond" instead)
- Recognize automatic pilot and shift to mindful observation and response
- Learn to tolerate discomfort (versus self-medicating)
- Accept present experience (without "fixing" it)

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Urge Surfing

"Observe and accept" vs. "fight or control"

Allows clients to learn alternative (nonreactive) responses, and weaken the intensity of urges over time

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MBRP Skills: Inquiry

- Teach clients how to tell the difference between "direct experience" (sensations, thoughts, emotions) and "reactions" to the experience
- Reactions can be ideas, thoughts, or judgments
- Learning to increase awareness of reactions, stop, and return to the present
- Ask: Is this process familiar? (How might this process be related to relapse or your recovery?)
- "This is what minds do"

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SOBER Breathing Spaces

S – **Stop**. When you are in a stressful or risky situation, or even just at random times throughout the day, remember to stop or slow down and check in with what is happening. This is the first step in stepping out of automatic pilot.

O – **Observe**. Observe the sensations that are happening in your body. Also observe any emotions, moods or thoughts you are having. Just notice as much as you can about your experience.

B – **Breath**. Gather your attention and bring it to your breath.

E – **Expand** your awareness to include the rest of your body, your experience, and to the situation, seeing if you can gently hold it all in awareness.

R – **Respond** (versus react) mindfully, with awareness of what is truly needed in the situation and how you can best take care of yourself. Whatever is happening in your mind and body, you still have a choice in how you respond.

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MBRP Skills

- Staying **present** and **aware** in high risk situations
- Using mindfulness to relate to urges to use without automatically seeking a substance
- Identify individual relapse risks and explore ways to cope with the intensity of feelings that come up in a tempting situation

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MBRP Skills

- Balancing **acceptance** and skillful **action** (accepting what you cannot change – as in the Serenity Prayer – and using the acceptance to enable you to change)
- Seeing thoughts as just thoughts (i.e., rather than as "truths")
- Role of thoughts in the relapse cycle

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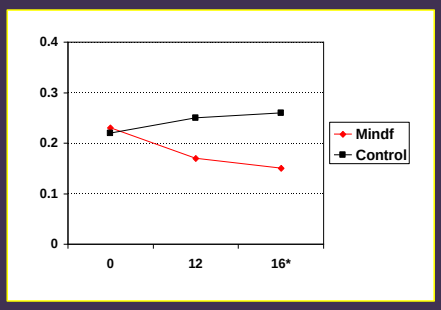
Addiction Severity Index: Psychiatric Composite



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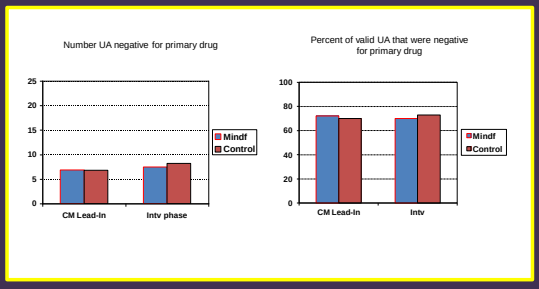
Number of negative UA and % negative of valid UA during each phase of study by group



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MBRP for Anxious and Depressed Stimulant Users

- 3-way interactions showed that MBRP was particularly helpful for those with major depression and generalized anxiety disorder
- Those with MDD who received MBRP were less likely to evidence stimulant-positive urines over the course of treatment, compared to depressed stimulant users who were assigned to the Health Education control condition (OR=0.79, p=.03)
- Those with GAD who received MBRP were less likely than those who received Health Education to produce stimulant-positive urines (OR=0.68, p=0.04)

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Conclusions

- Mindfulness involves cultivating awareness of one's moment-to-moment experience in a non-judgmental way
- Mindfulness based interventions have been studied for the treatment of a range of medical and psychiatric illnesses and have most recently shown great promise in the treatment of substance abuse, with a new approach called Mindfulness Based Relapse Prevention
- Basic skills that can be taught without a formal mindfulness "program" include awareness of the here and now, awareness of one's breath, and balancing acceptance and action in risky situations

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Conclusions (cont'd)

- In our pilot study of mindfulness based relapse prevention for stimulant users, preliminary results suggest that:
  - Stimulant users with clinical depression and anxiety benefit the most from this approach in terms of its effects on stimulant use
  - This approach effectively reduces negative affect, stress reactivity, psychiatric impairment, and stimulant dependence severity
  - Changes in putative psychological mechanisms underlying the effectiveness of mindfulness (e.g., emotion regulation, thought suppression) are observed in this population

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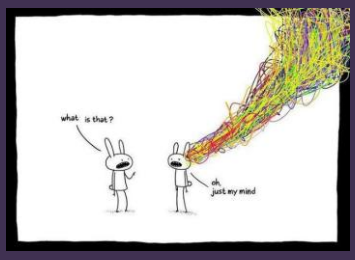

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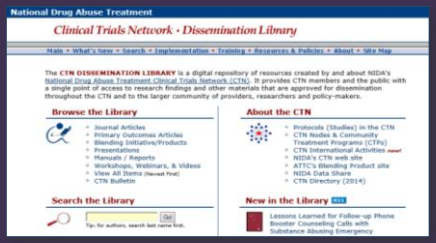

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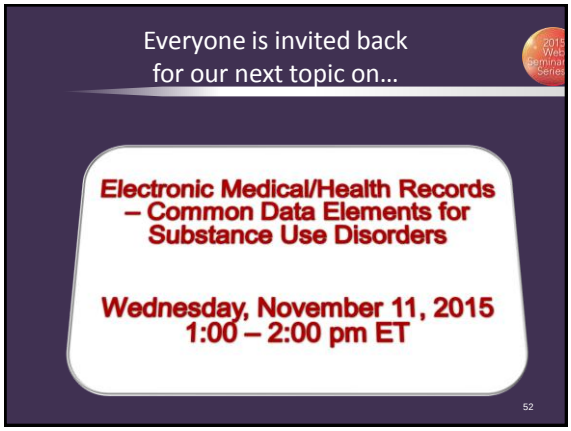
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Electronic Medical/Health Records – Common Data Elements for Substance Use Disorders
Wednesday, November 11, 2015
1:00 – 2:00 pm ET
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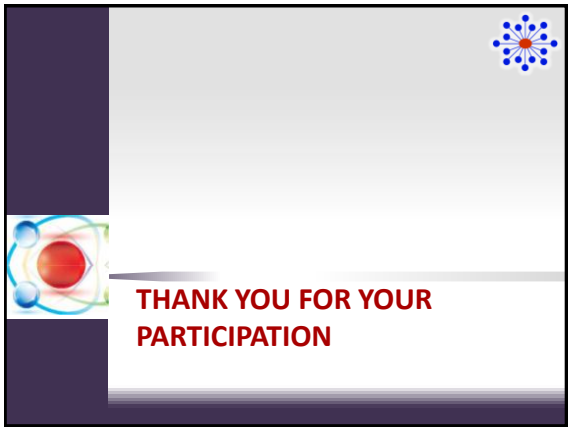
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