ASAM REVIEW COURSE 2024

Cognitive Behavioral Therapy & Motivational Interviewing

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LEARNING OBJECTIVE

Identify the basic principles of common behavioral interventions and applications to addiction treatment.

Which of the following terms is used to describe the Spirit of MI?

A. Palliation

B. Acceptance

C. Comparison

D. Evolution

What is Motivational Interviewing About?

"MI is about arranging conversations so that people talk themselves into change based on their values and interests."

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

A Range of STYLES

DIRECTING ⟷ GUIDING ⟷ FOLLOWING

- Teach
- Assess
- Prescribe
- Lead

- Draw out
- Encourage
- Motivate

- Listen
- Understand
- Go along with

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

Spirit (PACE)

Emphasis on spirit rather than techniques.

- Partnership

- Acceptance

- Compassion

- Empowerment

Miller and Rollnick, Motivational Interviewing: Helping People Change and Grow , 4th Edition, 2023.

The Spirit of MI:
Wrestling vs. Dancing

Source of metaphor: Jeff Allison

Which of the following four tasks are a part of motivational interviewing?

A. Engaging the patient in the change process

B. Fantasizing about a better future for yourself

C. Eliciting sustain talk from the patient

D. Perseverating on the change the patient wishes to make for themselves

Four Foundational Tasks of MI

Planning (how will we get there?)

Evoking (why are we going there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)

Core Skills (OARS + I&A)

- Open Ended Questions

- Affirmations (simple and complex)

- Reflecting (simple and complex)

- Summarizing

- Informing & Advising (with permission, ask – offer - ask)

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

Reflective Listening

"Right now, drinking doesn't help me feel better the way it used to. In fact, I feel worse now."

- Echo: Drinking makes you feel worse now.

- Rephrase: So, you find that drinking is no longer helping you to feel better, the way it used to.

- Double-sided: In the past, drinking helped you to feel better. Now it makes matters worse.

- Continuation: … and you want to find some way to feel better instead of drinking.

Facilitating Change

- Change talk: as a person argues on behalf of one position, they becomes more committed to it; we talk ourselves into (or out of) things all the time.

- Sustain talk: the more of it is evoked during a counseling session, the more likely that the person will continue the status quo.

Want to change   *Don't want to change*
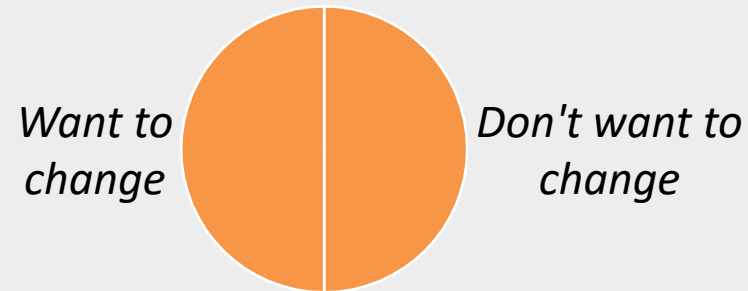
Encourage & Reinforce Change Talk

DARN CAT

- **D**: desire -- Want, wish, like

- **A**: ability -- Can, could, able

- **R**: reason -- Specific reason for change

- **N**: need -- Need to, have to, must, important

COMMITMENT LANGUAGE PREDICTS CHANGE

- **C**: commitment — Will, intend to, going to

- **A**: activation — Ready to, willing to (w/o specific commitment)

- **T**: taking steps — Report recent specific action toward change

Motivational Enhancement Therapy (MET)

- From the founders: "[MET] is a systematic intervention approach for evoking change... It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's own change resources."

  – Miller et al., 1999

- Adapted from Motivational Interviewing

- 4 session protocol – great for short-term therapeutic relationships

- Used as a tailored approach for substance misusers

- Three phases

- Manual available here: https://casaa.unm.edu/download/MET.pdf

Which of the following are part of Marlatt and Gordon's 1985 model of Relapse Prevention utilizing Cognitive Behavioral Therapy adapted for treatment of substance use disorders?

A. Eliciting change talk from the patient

B. Earning vouchers for negative urine drug screens

C. Targeting cognitive, affective, and situational triggers for substance use
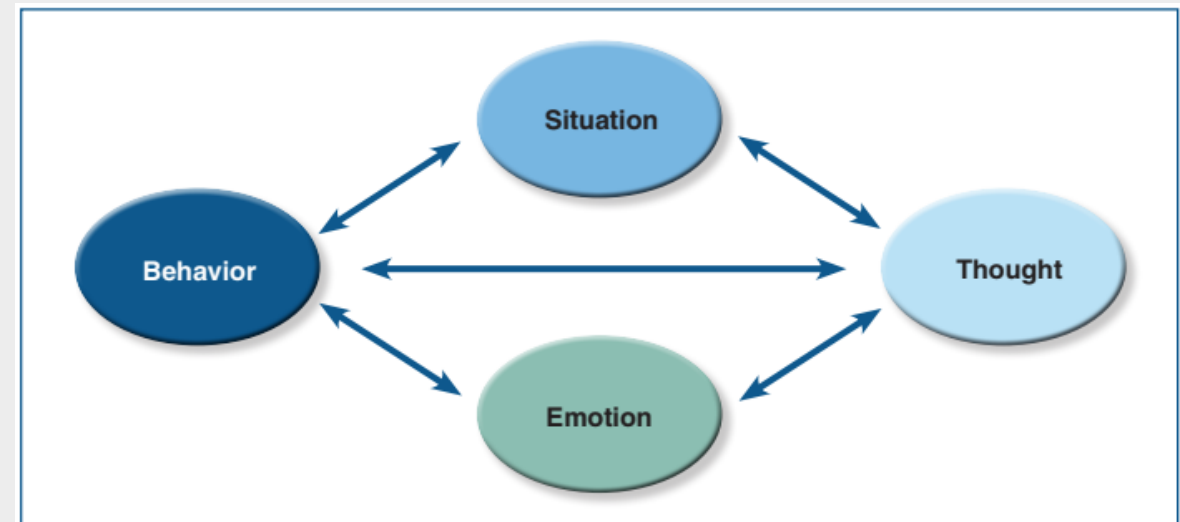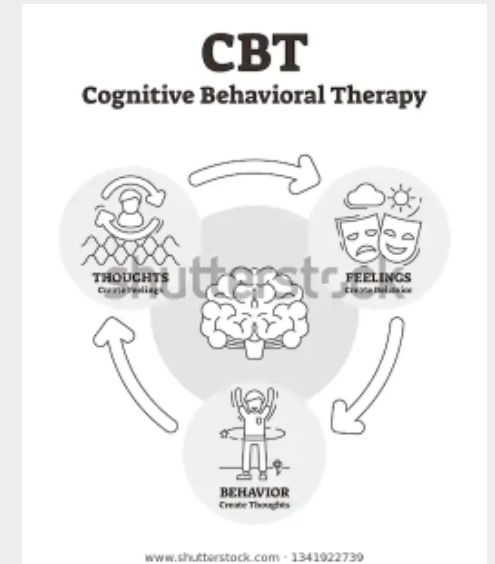
D. Conducting a moral inventory

Cognitive Behavioral Therapy (CBT) Efficacy

CBT models

- Among the most extensively evaluated interventions for SUDs

- Based primarily on Marlatt and Gordon's 1985 model of relapse prevention

  - Target cognitive, affective, and situational triggers for substance use
  - Provide skills training specific to coping alternatives

Cognitive Behavioral Therapy

- CBT says: Substance use is reinforcing; this interacts with psychological or behavioral coping deficits to produce increase in substance use

- SUD develops when this pattern is repeated

- Solution: more effective coping

- Also deals with expectancies (cognitions)

- Stages of treatment:

  ✓ Building rapport and alliance

  ✓ Preparing for change

  ✓ CBT strategies

  ✓ Maintaining change

  ✓ Termination

https://www.treatmentworksforvets.org/wp-content/uploads/2018/04/CBT-SUD-Therapist-Manual.pdf

Core Elements of Cognitive Behavioral Therapy:

1. **Recognize:** triggers and cues, external and internal

2. **Anticipate/Avoid:** high risk situations, people, places

3. **Cope:** skills for relaxing, dealing with stress, tolerating dysphoria

4. **Connect:** options for support, socializing, fun, and meaning

Cognitive Behavior Therapy:
Basic Treatment Components (1):

Identification of high-risk situations
- "people, places, and things"

Development of coping skills
- To manage risks and triggers, as well as negative emotional states

Development of new lifestyle behaviors
- To decrease the need for and the role of substance use

Development of sense of self-efficacy
- Build on small successes in coping and positive choices

Cognitive Behavior Therapy:
Basic Treatment Components (2):

Communication skills

- Refusal skills

- Asking for help

Preparation for lapses

- Process to be learned from "lapses"

- Prevent lapse from becoming relapse

- Identify and manage patterns of thinking that increase risk

Dealing with relapse

- Relapse is not a catastrophe

- Minimize consequences

CRA vs CRAFT

Both are evidence supported behavioral treatments for SUD

Community Reinforcement Approach (CRA)

- Intended for the person
  - Based on the belief that a drinker's "community" (e.g., family, social and job environment) plays a critical role in supporting or discouraging use
  - Consequently, the environment needs to be restructured such that a sober lifestyle is more rewarding than a using lifestyle

Community Reinforcement and Family Therapy (CRAFT)

- An outgrowth of CRA
- Helps the family
  - Method for working with concerned family members in order to get a treatment refusing person to enter treatment

Community Reinforcement Approach (CRA)

Based on operant conditioning: substance use as learned behavior

Naturalistic: uses contingencies already operating in the individual's natural environment to support change and abstinence (e.g., giving or withholding praise for behaviors)

Functional analysis of both healthy and substance use behaviors in terms of ability to reward or be aversive

Refining problem-solving and goal-setting efforts for individual and/or family (teaching positive communication, contracting skills)

CRAFT

From the founder: "The Community Reinforcement Approach and Family Training (CRAFT) intervention is a scientifically based intervention designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment."
- Robert J. Meyers, 2019

- Goal: treatment engagement for the substance user
- "Positive approach" that avoids confrontation
- Culturally sensitive: works with cultural mores/beliefs to develop treatment plan
- Teaches CSOs to use positive reinforcers (rewards)
- Encourages CSOs to allow the substance user to suffer natural consequences of using behavior
- Includes: functional analysis, sobriety sampling, CRA treatment plan, behavioral skills training, job skills, social/rec counseling, relapse prevention, and relationship counseling

Acceptance and Commitment Therapy (ACT)

Has some studies for use with SUDs

Six Core Processes

- Acceptance
- Cognitive Diffusion
- Being Present
- Self As Context
- Values
- Committed Action

Useful in helping pts consider how their substance use disconnects them from their values.

Comparing "sober values" to "using values" or

reconnecting to values

Dialectical Behavior Therapy (DBT)

Manual driven behavioral treatment utilizing validation and motivational enhancement techniques

Often combination of group and individual elements

Addresses enhancement of four basic capabilities:

- Interpersonal effectiveness

- Emotional and self regulation capacities

- Ability to tolerate distress

- Mindfulness

Dialectical Behavioral Therapy (DBT)

From the founder: "When DBT is successful, the patient learns to envision, articulate, pursue, and sustain goals that are independent of his or her history of out-of-control behavior, including substance abuse, and is better able to grapple with life's ordinary problems."

- Linehan, 2008

- Core processes: Change & acceptance
- Emphasis on abstinence
- Change: pushing for immediate and permanent cessation of drug abuse
- Acceptance: a relapse, should it occur, does not mean that the patient or the therapy cannot achieve the desired result
- Key skills: Cope ahead, Failing well
- Addict Mind → Clean Mind

Co-Occurring Psychiatric Disorders

General guidelines

- Concurrent treatment post-stabilization is best!

PTSD

- Cognitive Processing Therapy (CPT)

- Eye Movement Desensitization and Reprocessing (EMDR)

- Prolonged Exposure (PE)

- Concurrent Treatment of PTSD and SUDs using Prolonged Exposure

In Summary

1

Many effective, evidence-based psychotherapy techniques

2

Can be done in many settings

3

Form the core of treatment for addictions

Get in Touch

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