

## Stage-Based Cognitive Behavioral Interventions

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### What is CBT?

- A combination of cognitive (thoughts) and behavioral (action) therapy
- CBT focuses on identifying and modifying everyday thoughts, behaviors and emotions through collaborative exploration, with the aim of ***improving functioning and quality of life.***
- The cognitive model says that a person's core beliefs (often formed in childhood) contribute to 'automatic thoughts' or cognitive errors that spontaneously occur as a response to every-day situations.

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### Question

Do you think people have to acknowledge that they are mentally ill or addicted to substances in order to help them?



Please discuss in pairs...

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## CBT

- Cognitive-behavioral therapies emphasize the ability of people to make changes in their lives without having to understand *why* the problem exists.
- Types of CBT include biofeedback, relaxation techniques, systematic desensitization, and Dialectical Behavioral Therapy (DBT), cognitive restructuring.
- CBT may be delivered individually, with couples or families or in groups
- Core principle is that responses to events are mediated by thoughts, images and beliefs

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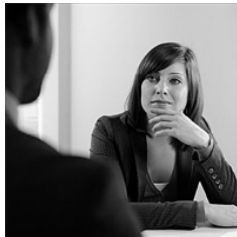
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- Provide a shared understanding of the illness (problems) between consumer and counselor
- Identify the targeted symptoms/problems that are causing the *most* distress
- Develop specific cognitive and behavioral strategies to cope with these symptoms/ problems.

## Why are CB interventions useful?



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## CBT for persons with mental illness and/or substance abuse

- CBT has demonstrated efficacy in treating *depression, anxiety, personality disorders, addictions and schizophrenia*
- Like motivational interviewing, CBT is *person-centered, collaborative and goal-oriented*.
- In the early stages of treatment, the focus of CBT is on altering the thinking behind the behavior, often the result of cognitive errors.
- In later stages, the focus shifts to behavioral change.

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**CBT: Critical Components re:  
mental illness**

- Fosters motivation to reduce distress around troubling symptoms
- Helps progressively replace self-defeating thoughts and behaviors with more enduring positive activities and rewards
- Teaches skills for tolerating and coping with *unpleasant affect, feelings of depression, anxiety, boredom, etc.*
- Improves interpersonal functioning and enhances healthy social support networks

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**10 Common cognitive errors**

1. **Perfectionism, all or nothing thinking**
  - Absolutism, using words like “always” or “never”
2. **Overgeneralization**
  - A single event generalized to a larger pattern
3. **Mental filtering**
  - Selectively focusing on a part rather than the whole
4. **Disqualifying the positive**
  - Overlooking or minimizing positives
5. **Jumping to conclusions**
  - Mind reading, assuming what others think
  - Fortune telling, predicting the future

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**10 common....**

6. **Magnification or minimization**
  - Catastrophizing
7. **Emotional reasoning**
  - Making decisions on the basis of feelings
8. **‘Should’ reasoning**
  - Operating with rigid rules and expectations
9. **Labeling**
  - Explaining behaviors or events by naming them and categorizing them
10. **Personalization**
  - Assuming you directly caused something or blaming someone else

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How many of these  
'cognitive errors' are WE  
guilty of?



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### CBT: How It Works

- CBT helps people develop new skills for managing problems and achieving goals, through modeling, rehearsal, homework, skill building, and frequent positive reinforcement of desired behaviors
- For practitioners, CBT works by helping us develop a *clinical formulation* that can be used to guide interventions, instead of *reacting* to client's problems and issues



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- Promoting physical health and psychoeducation
- Self-care/hygiene
- Emotional regulation or self-soothing
- Managing unpleasant thoughts or feelings
- Stress management
- Social skill acquisition
- Leisure and time management
- Goal development

### Issues for which CBT may be helpful



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**CBT and Stage of Treatment**

- Cognitive behavioral strategies and interventions are most helpful to consumers when they are appropriate to that person's stage of readiness to change
- Clinicians often see "treatment resistance", "denial" and "non-compliance" when they are providing services that are incongruent to consumer's current perceptions (or lack thereof) of problem.




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**Stages of Treatment**

- Pre-engagement "leave me alone"
- Engagement "what problem?!?"
- Persuasion "well... maybe things aren't perfect but..."
- Active Treatment "I'm changing!"
- Relapse Prevention "I don't want to go back"
- Remission "I have a life worth living"




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**CBT Goals for Each Stage of Treatment**

- Engagement- (communication)
  - Initiating a dialogue; establishing some common ground
  - Forming a trusting working alliance/relationship
- Persuasion- (thoughts)
  - Helping the engaged client develop the motivation to participate in recovery-oriented interventions
- Action- (behavior)
  - Helping the motivated client acquire skills and supports for managing illnesses and pursuing goals
- Relapse Prevention- (behavior)
  - Helping clients in stable remission develop and use strategies for maintaining recovery

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### CBT strategies for persons with co-occurring disorders

- **Recognizing problems** help client recognize that he/she is experiencing problems
- **Engagement** identify common ground, create an alliance, join with the person against the problem, listen to understand
- **“Columbo” style of interaction** help client explain his/her reasons for holding a belief by apologizing for being confused but then carefully questioning to gain further insight.
- **Normalizing** help client recognize that his/her symptoms are similar to experience of many people who do *not* have an illness
- **Resolving ambivalence** help client resolve natural ambivalence about a possible course of action

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- **Goal** - alter verbal behavior, (*change talk*) not substance use behavior. Focus on communication about substance use, not altering the use itself.
- Establish a working alliance, built on open and honest discussions about everything, including substance use.
- Don't initiate discussion about substance use (but if consumer brings it up, keep it on the table.)

### CBT in the Engagement Stage



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- Create and look for openings. Respond with careful reflective listening, without judgment or criticism. Demonstrate empathy, validate consumer's experience and maintain neutral, committed interest.
- Allow the consumer to *speak* for him or herself and solicit further information with open-ended questions, validation and reflection.

### CBT in the Engagement Stage



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What other style of counseling does this remind you of?



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- Provide concrete assistance with day-to-day activities.
- Weave conversations about current situation into other activities
- Ask the “what if” questions
- Demonstrate genuine, committed interest in the *person* rather than his or her *problems*
- Help client identify problem as he/she sees it
- Establish goals
- Support, advocate for and encourage whenever possible

CBT interventions (engagement)



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CBT in the Persuasion Stage

- Goal - help the client examine the processes involved in their substance use.
  - Triggers/deterrents      Circumstances of use
  - Patterns of use      Mitigating factors
- Help client develop **motivation** to make a change
- Explore how the client was **thinking, feeling, and acting** before, during and after using.
- Explore the positive and adverse consequences of use.
- Consider the benefits of reducing use.
- Explore life goals, identify barriers to change, and develop hope.

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### CBT in the Persuasion Stage

- Explore the potential benefits of not using substances
- Explore abilities, hopes and dreams
- Learn about previous interests, skills and accomplishments of the consumer (perhaps before the person was ill). Ask “when was the best time of your life?” “What was different then?” This may help with goal development.
- Pay attention to readiness and commitment issues
- Help develop goals that are meaningful to the client, and track progress without judgment

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- **Support self-efficacy**
- Focus on development of hope for a better life.
- Describe treatment successes. (give examples)
- Introduce client to peers who have achieved successes through reducing or discontinuing use.
- Assist with achieving mastery or success in practical matters (e.g., stable housing, part-time employment).
- Demonstrate a “can do” attitude and hopefulness.

### CBT in the Persuasion Stage



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- **Enhance motivation**
- Convey appreciation for gradual progress toward goals and celebrate successes.
- The development of motivation may occur slowly and not be easily apparent.
- Clinician's focus is on highlighting the connection between substance use and lack of progress towards goals

### CBT in the Persuasion Stage



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**CBT interventions (persuasion)**

- Help consumer recognize benefits and costs of substance use (and other behaviors)
- Examine consumer's cognitive processes related to substance use.
- Explore the relationship between affect and substance abuse.
- Encourage consumer to talk honestly about good things and not so good things associated with substance use




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**Functional analysis**

Advantages of <u>not</u> changing	Advantages of change
Disadvantages of <u>not</u> changing	Disadvantages of change

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**Exercise**

- Pick a partner Each person takes a turn as the 'speaker' and 'helper' with respect to the following:
- Speaker: identify something you have wanted to change and which has been difficult to change
- Helper: using the functional analysis from the previous slide, help the speaker list the advantages and disadvantages to changing or not changing
- Helper and listener: address the differences in the four quadrants, 1) try to identify the factors that seem critical to maintaining the behavior (i.e. not changing) 2) identify 2 strategies that might increase the advantages of changing  
*Helper: avoid pushing for commitment, premature solution focus and over-advising.*
- **SWITCH!**

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**CBT in the Action Stage**

- From the functional analysis (Payoff Matrix), identify common problems that interfere with reducing substance use (e.g., withdrawal symptoms, anxiety, insomnia, substance using social network, low self-esteem).
- Help the consumer identify a plan for each of these, being careful not to coerce or pressure them to do more than they are ready to do.
- Small steps ensure that the consumer feels in control of process




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**CBT in the Action Stage**

- Goal Help the client recognize core beliefs that interfere with moving forward in recovery. (examples?)
- Teach the client skills necessary for reducing substance use (harm reduction)
- Reframe the goal as “gaining health” rather than decreasing or quitting substance use (e.g., shift from losing something to gaining something).
- Develop an action plan - aim of clinician is to stay focused on this action and help recognize gains.




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**CBT in the Action Stage**  
(example)

**Managing cravings**

- Cravings tend to peak and then diminish within 5-10 minutes when substances are not used.
- Encourage consumer to make a list of alternate behaviors they may use to soothe themselves until the craving subsides.
- Encourage the list to be carried at all times.
- Role play consulting the list, and selecting and engaging in an alternative behavior.
  - Involve supports and significant others in the list
  - Evaluate the effectiveness of the list regularly, as some alternatives will work and others will not.
  - Revise regularly.

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**CBT in the Action Stage- sample intervention**

**Coping With Cravings and Urges**

- Urges are common and normal. They are not a sign of failure. Instead, try to learn from them about what your craving triggers are.
- Urges are like ocean waves. They get stronger only to a point, then they start to go away.
- If you don't use, your urges will weaken and eventually go away. Urges only get stronger if you give in to them.
- You can try to avoid urges by avoiding or eliminating the cues that trigger them.

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**Coping With Cravings and Urges**

- Urges may be managed by
  - Distracting oneself for a few minutes.
  - Talking about the urge with someone supportive.
  - "Urge surfing" or riding out the urge.
  - Recalling the negative consequences of using.
  - Talking oneself through the urge.

**CBT in the Action Stage- sample intervention**




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**CBT in Action Stage-sample intervention**

- Each day this week, fill out a daily record of cocaine craving and what you did to cope with craving. (example)

Date/Time	Situation, thoughts, and feelings	Intensity of Craving (1-100)	Length of Craving	How I Coped
Friday, 3 pm	Fight with boss, frustrated, angry	75	20 minutes	Called home, talked to Mary
Friday, 7 pm	Watching TV, bored, trouble staying awake	60	25 minutes	Rode it out and went to bed early
Saturday, 9 pm	Wanted to go out and get a drink	80	45 minutes	Played basketball instead

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### CBT in Action Stage-sample intervention

Date/Time	Situation, thoughts, and feelings	Intensity of Craving (1-100)	Length of Craving	How I Coped

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### Monitoring Triggers

Trigger: What sets me up to use?	Thoughts, and Feelings: What was I thinking? What was I feeling?	Behavior: What did I do then?	Positive Consequences: What was good about it?	Negative Consequences: What wasn't so good about it?

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### Areas of focus for CBT in active treatment

- Identifying self-defeating thought chains.
- Identifying and distinguishing between unpleasant feelings (i.e. boredom, anger, sadness)
- Identify and examine the costs of giving up substance use and develop a plan for each
- Identifying and managing cravings
- Identifying and managing slips

### CBT in the Action Stage




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### Example of negative thought chain

I'm too anxious about the test to sleep →  
I will be really tired tomorrow →  
I won't be able to concentrate on my exam →  
I will fail the test →  
I'll flunk out of school →  
I'll have to move back home →  
I'll always be a loser...

- *The self-fulfilling prophecy*- think of clients who have had periods of recovery followed by relapse- "I failed before... I will fail again, I will always fail"

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### Problem Solving

- **Recognize** the problem as consumer sees it- what worries, upsets or depresses them (ex. interpersonal relationships, diminished sense of status or accomplishment, living situation)
- **Identify** and further clarify the problem- break it down into smaller components
- **Explore** approaches to solving the problem- brainstorming can be useful
- **Select** the most promising approach
- **Review** how it's working and modify accordingly

### CBT in the Action Stage



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- Pick a partner --one of you will be the client and one will be the counselor
- Client, you have been drug free for about 60 days. You are dealing with strong cravings for your drug of choice . You want to stay sober but it is becoming more and more difficult. You are frustrated and angry.
- Counselor, you may use the problem solving steps from the previous slide to help client develop a plan and monitor it's success

### Role Play



**...Switch!**

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## CBT in Relapse Prevention Stage

- Assess aspects of lifestyle that may increase relapse potential, from the consumer's perspective
- social isolation/boredom
- Living situation
- Poor physical health
- Medication/mental health
- Interpersonal relationships/family
- Lack of structured activity
- Other?
- Develop a plan for making incremental positive change around each potential problem area, and incorporate with the action plan.

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- Continue promoting the development of skills necessary to pursue personal life goals.
- Encourage movement beyond treatment and programming, and into more natural community and social supports.
- Encourage 'giving back,' supporting others as a powerful way to strengthen their own commitment to their recovery journey. (12th step work)
- Celebrate achievement of goals and sustained change

## CBT in Relapse Prevention Stage



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“...Just. start anywhere There are as many paths to healing as there are paths to illness.”

Mary Ellen Copeland



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Hope begins in the dark, the stubborn hope that if you just show up and try to do the right thing, the dawn will

come. ~Anne Lamott



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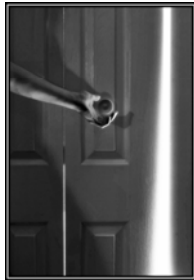
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When you say a situation or a person is hopeless, you're slamming the door in the face of God. ~Charles L. Allen



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