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# ADDICTION *Messenger*

*Ideas for Treatment Improvement*

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## SERIES 18

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## Cognitive Behavioral Therapy (CBT) - Part 1 CBT and Anger Management

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*“ Man’s mind, once stretched  
by a new idea, never regains  
its original dimensions.”*

~ *Oliver Wendell Holmes* ~

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Cognitive-Behavioral Therapy (CBT) is a general classification of psychotherapy with many different names, including Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, Rational Living Therapy, Schema Focused Therapy, and Dialectical Behavior Therapy.

The focus of this Addiction Messenger series is to provide a basic understanding of CBT and illustrate CBT techniques used in several manuals that are readily available to counselors. The first manual, highlighted in this issue, features CBT approaches to managing anger.

### Elements of CBT

CBT emphasizes the important role of our thoughts and feelings in what we do. The typical CBT strategy teaches clients that it is important to identify unwanted thinking that causes negative feelings/behaviors and learn to replace this thinking with more desirable thoughts and reactions. Most

cognitive-behavioral therapies share the following characteristics:

#### *Focuses on thoughts*

Cognitive-behavioral therapy is based on the premise that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. Clients are viewed as having the ability to change the way they think to feel and act better even if the situation does not change.

#### *Is brief and time-limited*

CBT can yield positive results for the client in a relatively short period of time. The average number of sessions clients receive is approximately 16, while other forms of therapy can take years. CBT is brief because it is highly instructional and makes use of homework assignments.

#### *Uses a sound therapeutic relationship for effective therapy, but not as the main focus*

Many forms of therapy rely heavily on the positive relationship between the counselor and client to facilitate positive growth. With CBT it is important to have a good, trusting relationship, but equally important is teaching clients rational self-counseling skills that can help them gain positive changes as they learn to think differently.

#### *Is a collaborative effort between the counselor and the client*

Counselors using cognitive-behavioral approaches focus on learning what their

clients want out of life and their personal goals, and then work with them to help them achieve those goals. The counselor's role is to listen, teach, and encourage, while the client's role is to express concerns, learn, and implement that learning.

### ***Teaches, doesn't prescribe***

Cognitive-behavioral therapy does not prescribe how the client should feel, but rather, it teaches the benefits of thinking and feeling differently when confronted with stressful situations.

### ***Fosters the asking of questions***

Counselors using cognitive-behavioral approaches develop a good understanding of their clients' concerns by asking questions. They also encourage their clients to ask questions of themselves and encourage clients to look at thoughts as hypotheses that can be questioned and tested. If clients find that their hypotheses are not accurate (because they have considered new information), they can change their thinking to be more reflective of the reality of their situation.

### ***Structured and specific***

Counselors have an agenda for each session when using CBT. Clients are taught specific techniques and concepts during each session. CBT focuses on helping the client achieve their goals not by telling them *what* to do, but rather, *how* to make changes that will bring them closer to their goals.

### ***Behavior can be "unlearned"***

CBT is based on the assumption that most emotional and behavioral reactions are learned. The goal of the counselor is to help their client *unlearn* negative reactions and to learn new, more positive, ways of reacting.

### ***Homework is a central feature***

Helping clients achieve their goals would take a long time if they only thought about the techniques and topics they were being taught for one hour per week. Therefore, CBT counselors often assign reading and other assignments and encourage the client to practice the techniques learned.

## **Anger Management: A CBT Approach**

CBT has been found to be an effective treatment for anger problems. *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual*, a set of two manuals from Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treat-

ment (CSAT) describes a combined CBT approach using relaxation, cognitive and communication skills interventions to help clients deal with anger. There is both a counselor guide and a participant workbook which present clients with several different intervention options and provides tools for them to develop individualized anger control plans. The manual can be accessed electronically through the following website: [www.samhsa.gov](http://www.samhsa.gov)

The manuals describe several types of interventions which are CBT-based, including:

### ***Relaxation Interventions***

Targets the emotional and physiological components of anger. This intervention focuses on developing awareness of changes in the body that result from anger and using relaxation techniques (eg. "belly breathing") to counteract physical changes such as increased heart rate and muscle tightness.

### ***Cognitive Skills Interventions***

Targets cognitive processes such as hostile appraisals and attributions, irrational beliefs and inflammatory thinking. Cognitive skills interventions focus on, for example, having the client listen to their "self talk" which may be critical and hostile. Clients are taught to evaluate their beliefs for accuracy and reframe their thoughts in a more positive way.

### ***Communication Skills Interventions***

Targets deficits in assertiveness and conflict resolution skills. Assertiveness training allows clients to learn alternatives to using aggressive behaviors. The Conflict Resolution Model facilitates using assertive responses to manage interpersonal conflicts more effectively.

### ***Combined Interventions***

Integration of two or more CBT interventions, such a relaxation and communication skills, which can target several response areas.

The information presented in this manual can help substance abuse counselors deliver group cognitive-behavioral anger management treatment to clients in twelve 90-minute weekly sessions. Treatment should be delivered to adults in a group setting of between 5 to 10 participants.

The counselor manual is designed to be used in conjunction with the *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook* which summarizes information presented in each session, provides blank worksheets for homework assignments and reinforces the concepts presented over the course of treatment.

Topics addressed in these manuals include:

**Overview of Group Anger Management Treatment,**

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**Events and Cues:** A Conceptual Framework for Understanding Anger, **Anger Control Plans:** Helping Group Members Develop a Plan for Controlling Anger, **The Aggression Cycle:** How To Change the Cycle, **Cognitive Restructuring:** The A-B-C-D model and Thought Stopping, **Assertiveness Training and the Conflict Resolution Model:** Alternatives for Expressing Anger, **Anger and the Family:** How Past Learning Can Influence Present Behavior, two **Review Sessions:** Reinforcing Learned Concepts, and **Closing and Graduation:** Closing Exercise and Awarding of Certificates.

#### **An Example from the Manual**

Each session is presented in four sections: Instructions to Group Leader, Check-In Procedure, Suggested Remarks, and Homework Assignments. Below is an excerpt from the session called “Events and Cues: A Conceptual Framework for Understanding Anger” which provides an example of the manual’s content and structure.

#### *Check-In Procedure (example activity the counselor can use to start the session)*

Explore the highest level of anger reached by group members on an Anger Meter (introduced in Session 1) during the past week. The Anger Meter is helpful technique for increasing the awareness of anger and learning to monitor it. Points 1-10 on the Meter represent the escalation of anger as it moves up the scale. Using effective coping skills can stop the anger from escalating to a 10.

#### *Suggested Remarks (examples of key points for the counselor to cover during the session)*

- Events That Trigger Anger  
Lead discussion to help clients learn about their “red

flags”, personally sensitive areas, and some long-standing issues from the past that may provoke anger.

- Cues to Anger

Discuss understanding and identifying the cues (which are important aspects of anger monitoring) that occur in response to anger-provoking events , including:

*Physical Cues* - the way our bodies respond when we become angry.

*Behavioral Cues* - the behaviors we display when we are angry.

*Emotional Cues* - other feelings that may occur concurrently when we are angry.

*Cognitive Cues* - the thoughts that occur in response to the anger-provoking event.

#### *Homework Assignment (example of what counselor assigns; participant manual provides template for client to use)*

Have participants use their workbooks to monitor and record their highest level of anger in the upcoming week. Ask them to identify the event that made them angry and to list the cues (physical, behavioral, emotional and cognitive) that lead up to their anger.

*Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual* is user friendly for both the counselor and client and should inspire confidence for first-time users because of the comprehensive and practical information provided.

*Next Issue:*

**“CBT Approach to Cocaine Addiction”**

#### **Sources:**

Reilly, PM and Shopshire, MS. **Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual.** DHHS Pub. No. (SMA) 02-3661. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.

National Association of Cognitive-Behavioral Therapists Website: **Cognitive-Behavioral Therapy** Retrieved from the World Wide Web on March 21, 2005: [www.nacbt.org/whatiscbt.htm](http://www.nacbt.org/whatiscbt.htm)

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## PRE - TEST Series 18

- #1  
Which of the following Cognitive-Behavioral Therapy interventions are effective in anger management:  
a. relaxation and cognitive skills interventions.  
b. communication skills and combined interventions.  
c. relaxation, cognitive skills and combined interventions .  
d. “a” and “b”.
- #2  
Cognitive-Behavioral Therapy is a lengthy process because it is highly instructional and uses homework assignments.  
True                      False
- #3  
During Cognitive-Behavioral Therapy treatment counselors:  
a. allow group members to choose topics of discussion.  
b. have a specific agenda for each session.  
c. meet with clients individually.  
d. none of the above
- #4  
Cognitive-Behavioral Therapy for cocaine treatment involves having the counselor and client do a \_\_\_\_\_ (fill in the blank) after each use of cocaine which identifies the client’s thoughts, feelings and circumstances.
- #5  
One way to involve an inactive member of a CBT group is to invite them into the discussion by name.  
True                      False
- #6  
Cognitive-Behavioral Therapy is based on the premise that our thoughts cause our feelings and behaviors.  
True                      False
- #7  
Following-up and monitoring homework assignments can improve compliance and enhance the effectiveness of learning new skills.  
True                      False
- #8  
Using strategies learned in treatment in other life situations faced by a client is called a \_\_\_\_\_ (fill in the blank).
- #9  
Which of following are elements of Cognitive-Behavioral Therapy:  
a. an educational emphasis in CBT which can lead to long term results.  
b. homework assignments are given to encourage practicing techniques learned.  
c. CBT encourages clients to ask questions of themselves.  
d. all of the above.
- #10  
An important aspect of anger monitoring is the identification of cues (physical, behavioral, emotional and cognitive) that occur in response to an anger provoking event.  
True                      False

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