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Unifying science, education and services to transform lives

Cognitive-Behavioral Therapy (CBT) - Part 2

CBT for Cocaine Addiction

" It's not that some people have willpower and some don't. It's that some people are ready to change and others are not."

~ James Gordon, M.D ~

The previous issue of the Addiction Messenger (AM) presented Cognitive-Behavioral Therapy (CBT) as a short-term treatment approach based on the concept that learning processes play an important role in the development and continuation of chemical dependence.

Several key characteristics of CBT make it a valuable treatment tool:

- CBT is a short-term, brief approach which is suited to the resources available to most agencies.
- CBT has been evaluated in clinical trials and has strong support as treatment for cocaine abuse, with evidence pointing towards long-lasting effects.
- CBT is structured and goal-oriented, which can focus clients on their immediate problems quickly.
- CBT is flexible and can be used in a variety of settings (inpatient, outpatient) and formats (group, individual).
- CBT is compatible with pharmacotherapy.

CBT and Cocaine Addiction

The National Institute on Drug Abuse (NIDA) has produced a manual, ***A Cognitive-Behavioral Approach: Treating Cocaine Addiction,*** which describes a CBT approach to treating cocaine abuse. The manual covers a variety of topics, including: Introduction to Treatment and CBT, Coping With Craving, Shoring Up Motivation and Commitment to Stop,Refusal Skills/ Assertiveness, Seemingly Irrelevant Decisions, An All-Purpose Coping Plan, Problemsolving, Case Management, HIV Risk Reduction, Significant Other Session, and Termination.

Critical Components

The manual begins with a description of two critical foundations of CBT--Functional Analysis and Skills Training, brief excerpts of which follow:

Functional Analysis

Functional analysis means identifying the client's thoughts, feelings, and environment before and after the cocaine use. Early in treatment this helps the client and counselor identify high-risk situations, and provides insights as to why the client may be using cocaine. Later in treatment it can be used to identify situations they still have difficulty coping with.

Skills Training

CBT helps cocaine abusers unlearn old habits and learn or relearn healthier skills and habits. CBT focuses on helping clients reduce substance use while in treatment, and on teaching skills that can benefit them long

after treatment. The manual provides practical exercises for counselors to use with their clients in the following areas:

• *Fostering the motivation for abstinence*. CBT techniques such as decisional analysis, which clarifies what the client stands to lose or gain by using cocaine, enhances the client's motivation to stop cocaine use.

• *Teaching coping skills*. This is the core of CBT - to help clients recognize the high-risk situations in which they are most likely to use substances and to develop other, more effective means of coping with them.

• *Changing reinforcers*. CBT focuses on identifying and reducing habits associated with drug use by substituting positive activities and rewards.

• *Fostering management of painful feelings*. CBT skills focus on recognizing and coping with urges to use cocaine and on learning to tolerate other strong feelings such as depression and anger.

• *Improving interpersonal relationships and social supports*. CBT includes training in interpersonal skills and strategies to help clients increase their support networks and build healthy relationships.

Limitations

CBT has been evaluated and found effective with a broad range of cocaine abusers; however, the following are generally not appropriate for CBT delivered on an outpatient basis:

• those who have psychotic or bipolar diorders and are not stabilized on medication;

• those who have no stable living arrangements;

• those who are not medically stable (as assessed by a pretreatment physician exam);

• those who have other concurrent substance dependence disorders, with the exception of alcohol or marijuana dependence (assess the need for alcohol detoxification in the former).

An Example from the Manual

Each session described in the manual includes sections on goals, key interventions and practice exercises. Below is an excerpt from the session called "Shoring Up Motivation and Commitment to Stop" which illustrates the manual's content and structure.

Session Goals *(provides counselor with the overall purpose of the session)*

• Revisit and clarify treatment goals.
• Acknowledge/address ambivalence about abstinence.
• Learn to identify and cope with thoughts about cocaine.

Key Interventions *(directs counselors to use specific techniques to help clients make progress)*

Clarifying Goals

Explore the client's commitment to abstinence and treatment goals to get a clear idea of the following:
• the client's current readiness for change;
• their current stance toward abstinence;
• a sense of other target goals and problems.

You can help strengthen their commitment through:
• Communicating free choice (e.g., "It's up to you what you want to do about this").
• Emphasizing the benefits of abstinence as a goal (e.g., "Your goal of abstinence can have a beneficial effect on your relationships").
• Providing information and advice around the kinds of problems and issues that should be addressed if the client is to remain abstinent (e.g., "Exloring how to build a new healthy social network will give you valuable tools for the future").

Addressing Ambivalence About Abstinence Using A Decision Matrix

A Decision Matrix can be used to address ambivalence in your client. Use an index card to record your client's descriptions of possible "benefits" of continued cocaine use (e.g. "It's the most exciting thing in my life" or "I'm calmer around people" or "I get money from selling cocaine"). Using open-ended questions, you can encourage them to explore each of those benefits (e.g., "Having excitement in your life sounds important; what else does it do for you?"). Often this line of questions helps clients realize that many of these so-called "benefits" are ultimately negative.

Then have the client list possible reasons to stop cocaine abuse and write these on the other side of the card, such as "I want to keep my job" or "More money for things I want." Suggest that the client read the card when in high-risk situations as a reminder of the negative consequences of cocaine, instead of the euphoria associated with the high.

Identifying and Coping With Thoughts About Cocaine

You and your clients can work together on thoughts about cocaine that are difficult to manage by "recognizing, avoiding, and coping".

***Recognize*:** Help your client identify their own cogni-

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tive distortions and rationalizations, such as:

Testing control: "I can go to parties (see friends who are users, drink or smoke marijuana) without using."

Life will never be the same: "I love being high."

Failure: "Previous treatments haven't worked; there's no hope for me."

Diminished pleasure: "The world is boring without cocaine."

Entitlement: "I deserve a reward."

Feeling uncomfortable: "I don't know how to be with people if I'm not high."

What the hell: "I screwed up again, I might as well get high."

Escape: "My life is so bad, I just need a break for a few hours."

Avoid**:** Clients who are focused on positive goals may be less troubled by thoughts of cocaine and better able to avoid such thoughts. Clients can be asked to articulate and record their short- and long-term goals to help them see beyond immediate temptations.

Cope**:** There are a number of strategies for coping with thoughts about cocaine.

T*hink through the high*. Imagine the end of a particularly unpleasant cocaine use, powerful enough to counter any nostalgic thoughts about it.

Challenge the thoughts. Use humor and reframing as an effective way of countering thoughts about cocaine.

Review negative consequences. Review a list of the negative consequences of cocaine.

Distractions. Have a list of activities that are pleasant, available, and realistic to help cope with cocaine thoughts.

Talk. Talk through cocaine thoughts to dispell them. Expressing thoughts to others can help them lose their power.

Practice Exercises *(activities counselors can assign to help their clients apply what they have learned)*

Clients are asked to practice by recording positive and negative consequences of using, completing a goal worksheet, monitoring their thoughts, and recording coping skills. Forms and instructions are included in the manual.

Counselor Skills and Training

Counselors can implement CBT with cocaine abusing clients effectively with appropriate training and supervision. Since this manual focuses on specific cognitive-behavioral techniques and does not cover basic clinical skills, certain prerequisites are recommended. If you wish further information consult Appendix A: Therapist Selection, Training and Supervision in ***Manual #1 - A Cognitive-Behavioral Approach: Treating Cocaine Addiction*** published by NIDA. You can download it free of charge at:

http://www.drugabuse.gov/TXManuals/CBT/CBT1.html

Next Issue:

"CBT and Marijuana Dependence"

Sources:

Carroll, KM, Ph.D. **Manual #1 - A Cognitive-Behavioral Approach: Treating Cocaine Addiction.** Therapy Manuals for Drug Addiction: NIH Pub. No. 98-4308. National Institute on Drug Abuse, 1998.

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**

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ADDICTION *Messenger*

21st Annual Idaho Conference on Alcohol and Drug Dependency

"Professional Tools for Evidence-Based Practice"

May 16th-May 19th - Boise State University - Boise, ID

For information call: (800) 624-1120 or visit website at www.nta-yes.com

4th Annual Washington State Institute on Addictions Treatment

"Focus on Women and Children"

June 20th-June 24th - Seattle Pacific University - Seattle, WA

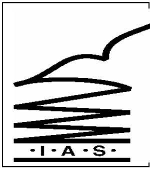
For information call: (877) 301-4557 or visit website at www1.dshs.wa.gov/dasa/

The 2005 Northwest Institute of Addictions Studies

"The Leading Edge: Shaping the Future of Recovery"

July 28th-July 30th - Kingstad Conference Center - Beaverton, OR

For information call: Peter Barbur at (503) 295-7974 or visit website at www.nwias.org



Northwest Institute of Addictions Studies presents

The Leading Edge: Shaping the Future of Recovery

July 28-30,2005 Kingstad Conference Center Beaverton, Oregon

$195 includes lunches and parking 22.5 NAADAC ceus

Thursday July 28 *Plenary:* Transforming Addiction Treatment: From Episodic Treatment to Chronic Care Management Tom McLellan, PhD

Special Lunchtime Speaker: Gov. John Kitzhaber, M.D.

- ***Introduction to the Matrix Model for Treating Stimulant Abuse*** *Chris Farentinos, MD*
- ***Evidence Based Practice in Women's Treatment*** *Bonnie Malek, MS*
- ***Panel: Implementing Evidence-Based Practices in the Real World: Reality or Fantasy?***
- ***Evidence Based Practices II: Implementation Ideas from the Field*** *Michael Levy, PhD*
- ***Practical Approaches for Creating a Continuum of Care for Co-Occurring Disorders***
  Cathy Moonshine, PhD, MAC, CADC III and Rick Treleaven, MSW
- ***Common Strength: Building Grassroots Leadership for an Emerging Recovery Movement*** *Tom Hill, MSW*
- ***Pain Management: Hard Questions, Troubling Behaviors*** *Teresa Keane****, RN, MSN***
- ***Counseling Strategies for Client Financial Issues*** *Brian Farr, MA*

Friday July 29 *Plenary:* Treating Women in the Criminal Justice System Susan Crimmins, PhD, LCSW

- ***Forgiveness*** *Gordon Lindbloom, Ph.D*
- ***Community Reinforcement and Family Training (CRAFT): Treatment Works, But First You Have to Get Them In*** *Gregory Brigham, Ph.D*
- ***Strength-Based Practice to Raise Motivation in Adolescents*** *Michael Clark, MSW*
- ***Improving Client Access and Retention in Community Addiction Treatment***
  Steve Gallon, PhD; Elizabeth Strauss, M.S.I.E; Traci Varner, Rachel Spigal, Jeanine Bassett
- ***Cultivating Your Leadership*** *Valerie Hunter, MA, OTR, MFT*
- ***Panel: Medication-Assisted Recovery***
- ***Recovery Support: A Bridge from Treatment Back to the Community***
  Kathy Brazell, Executive Director, and members of the Recovery Association Project
- ***Seeing Through the Silence: Girls Unique Pathways to Addiction*** *Annette Klinefelter, MEd*

Saturday July 30 *Plenary: Leadership, the Future and Diversity James Mason, PhD*

- ***Inner Substance: A Psycho-Spiritual, Cross-Cultural Intervention***
  Michele Eliason, R.N., Ph.D., Diana Amodia, M.D., Carol Cano, CMT
- **Problem Gambling Treatment for Persons with Co-Occurring Disorders** *Jeffrey Marotta, PhD*
- ***Using Group Cognitive Behavioral Therapy in Anger Management for Substance Abuse and Mental Health Clients*** *Torri A. Campbell, PhD*
- ***Behavioral Health Recovery Management*** *Michael G. Boyle, MA*
- ***Methamphetamine 101*** *Eric Martin, MA, CADCIII, NCACII*

Registration form is on the other side of this insert

For workshop descriptions and other conference information:

WWW.NWIAS.ORG

2005 NWIAS Conference Registration

CONFERENCE FEE $195.00

INCLUDES PARKING AND DAILY LUNCHES AND 22.5 NAADAC CEUs

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Registration must be accompanied by check, money order or approved credit card (VISA or MasterCard).

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Refunds are not available for this Conference

Conference attendees are responsible for housing arrangements throughout the conference. NWIAS has arranged a group hotel rate of $49 and $59 per night at the Homestead Studio Suites Hotel 875 SW 185th Avenue Beaverton, OR. Call 503-690-3600 for reservations.

Workshops are organized by Clinical, Leadership, Recovery and General Interest Tracks. Please select the workshops you will attend. Go to www.nwias.org to see Tracks and workshop descriptions.

Thursday, July 28

Plenary: Transforming Treatment: McLellan

Option I Select One All Day Workshop

10AM-4:30PM

_______Matrix Model/Stimulant Farentinos
_______EBP in Women's Treatment Malek
_______Grassroots Leadership Hill

Option 2 Select One AM and PM Workshop

Morning 10AM-12PM

_______Chronic Versus Episodic Tx McLellan
_______Pain Management Keane

Afternoon 1:15PM-4:30PM

_______EBP: Fantasy or Reality? Panel/Levy
_______Co-Occurring Disorders Moonshine
_______Strategies for Financial Farr

Friday, July 30

Plenary: Women in Crim. Justice Crimmins

Option 1 Select One All Day Workshop

10AM-4:30PM

_______Tx of Women in Crim. Justice Crimmins
_______Motivation in Adolescents Clark
_______Improving Access Gallon

Option 2 Select One AM and PM Workshop

Morning 10AM-12PM

_______Forgiveness Lindbloom
_______Medication in Recovery Brazell
_______Girls Path to Addiction Kleinfelter

Afternoon 1:15PM-4:30PM

_______Recovery Support Brazell
_______CRAFT Brigham
_______Pride in Recovery Eliason
_______Leadership Potential Hunter

Saturday, July 30

Plenary: Are You Ready Mason

Select One All Day Workshop

_______Inner Substance Eliason
_______Gamblers with COD Marotta
_______Group CBT and Anger Campbell
_______Leadership and Diversity Mason
_______Behavioral Health Recovery Boyle