



The Addiction Technology Transfer Center Network  
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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 3 CBT and Adolescent Marijuana Dependence

*"Habit is habit and not to be flung  
out of the window by any man,  
but coaxed downstairs  
a step at a time."*

~ Mark Twain (1835 - 1910) ~

In this final issue in our series on cognitive behavioral treatment we look at Volumes 1 and 2 of SAMHSA's 5-volume Cannabis Youth Treatment Series (CYT). CYT is appropriate for use as an outpatient treatment (ASAM level 1) or an early intervention (ASAM level 0.5) and can be used in a variety of settings, including community treatment, mental health, youth social service and others. CYT is designed for adolescents aged 12 through 18 with problems related to marijuana use, as indicated by one of the following:

- meeting criteria for cannabis use or dependence,
- experiencing problems (emotional, physical, legal, social or academic) due to marijuana use,
- using marijuana at least weekly over a 3-month period.

Volume 1 introduces providers to a motivational enhancement/cognitive behavioral therapy approach to treating adolescent marijuana users in individual and group sessions. The manual includes instructional materials such as worksheets, handouts, and sample posters. Adolescents gain valuable skills such as how to refuse marijuana, how to increase their social support network and

nondrug activities, and how to avoid or cope with relapses.

Volume 2 adds seven more cognitive behavioral therapy sessions to the treatment modules presented in Volume 1. This manual includes lesson plans for teaching youth additional techniques for solving problems, managing anger and depression, improving communication, coping with cravings and urges to use marijuana, planning for high-risk situations, and coping with relapse.

Both manuals provide practical and useful tools and information for counselors, including:

- effective assessment tools for treatment planning,
- helpful forms to track treatment delivery,
- tips on how to conduct the sessions including precise procedures for using the approaches, detailed session guidelines, examples of conversations between clients and counselors, tips on how to do roleplays, and suggested topics for group exercises,
- informative handouts such as skill guidelines, reminder sheets, and take-home exercises for teens and their parents or caregivers, posters for use in the sessions, and
- "talking points" for counselors.

### Rationale for CBT Treatment and Group Therapy

CBT focuses on teaching and practicing skills. Repetition is used to ensure the skill development and proficiency. A group therapy format provides opportunities for practicing new skills and for supportive risk taking.

Below is an overall look at the manuals, followed by an excerpt from Volume 1 to illustrate its contents.

**Volume 1**

Session #	Modality	Time	Primary Approach	Main Topics
1	Individual	60 min.	MET	Motivation Building
2	Individual	60 min.	MET	Goal Setting
3	Group	75 min.	CBT	Marijuana Refusal Skills
4	Group	75 min.	CBT	Enhancing the Social Support Network and Increasing Pleasant Activities
5	Group	75 min.	CBT	Planning for Emergencies and Coping With Relapse

**Volume 2**

Session #	Modality	Time	Primary Approach	Main Topics
6	Group	75 min.	CBT	Problem Solving
7	Group	75 min.	CBT	Anger Awareness
8	Group	75 min.	CBT	Anger Management
9	Group	75 min.	CBT	Effective Communication
10	Group	75 min.	CBT	Coping With Cravings and Urges to Use Marijuana
11	Group	75 min.	CBT	Depression Management

**Example From Volume 1**

**Session 3: Marijuana Refusal Skills**

CBT emphasizes that clients build skills by receiving constructive feedback using relevant (client-centered) problems. Active practice with positive, corrective feedback is the most effective way to create long-lasting behavior change. In this session clients learn and practice skills that will help them deal with offers of marijuana. The key points which the counselor covers in this session are:

- One’s social circle gradually narrows as marijuana use increases. Clean friends are avoided and socialization with users increases. It is crucial that clients attempting to stop smoking marijuana develop refusal skills.
- It is best to avoid people who put users at high risk, but that is not always possible.
- Clients need to develop refusal skills to handle pressure effectively.
- When being pressured to use marijuana, immediate and effective action is needed.
- Practice will increase the likelihood that clients will use their marijuana refusal skills effectively when pressured.

The manual outlines the following steps, through which the counselor leads the group:

**1. Introduction of group members to one another and a brief review of progress (20 min.)**

*The first part of the session introduces group members to one another and to the rules, which are posted in the*

*room. In order to help focus the group, each client is asked to share his or her goal for treatment. The counselor then asks an open-ended question such as “Before we get into today’s topic, let’s take about 10 minutes to hear how things have been going for all of you this past week regarding the marijuana issue”. While this discussion is not the focus of the session, it is important. Clients experience numerous problems, cravings, and actual slips as they struggle with abstinence. Although the focus of the sessions must be on the structured program, ignoring clients’ real life problems risks that they will view treatment as irrelevant to their current needs.*

**2. Review of real life practice (uses personal awareness form included in the manual) (10 min.)**

*Practice in real life situations is a powerful adjunct to treatment because it enhances the likelihood that new behaviors will be repeated in similar “real” situations. Practice exercises have been designed for each session of the program. Most require that the client try in real life a situation that has been taught in the session. The assignment further asks that the client record facts about the setting, their behavior, the responses it evoked, and an evaluation of their performance. The counselor will ask clients who have completed and brought in these self-monitoring records to pick one episode that they wrote about and share it with the group. Group members and the counselor then share their reactions to what was written.*

**3. Marijuana Refusal Skills (45 min.)**

*The counselor explains the following points regarding marijuana refusal skills (posters provided in the manual illustrate these skills):*

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1. *Being offered marijuana or being pressured to use by others is a very common high-risk situation for those who have decided to stop using; to explore this, the counselor asks the group: "Have you received such offers or pressures? In what situations?"*
2. *As one's use increases, there appears to be a "funneling" effect or narrowing of social relationships. The individual begins to eliminate nonusing friends and their peer group becomes populated with others who support and encourage continued use. Being with such individuals increases the risk of relapse.*
3. *Given the increased risk associated with social pressure, the best initial step is to avoid situations involving marijuana use. As this is not always possible or practical, marijuana refusal skills are necessary.*
4. *Being able to turn down marijuana requires more than a sincere decision to stop using. It requires specific assertiveness skills to act on that decision. Practice in refusing marijuana will help you respond more quickly and effectively when real situations arise.*
5. *The more rapidly the person is able to say "no" to such requests, the less likely they are to relapse. The counselor asks: "Why is this so?"*

*Next, the group reviews specific suggestions for the nonverbal and verbal behaviors recommended for marijuana refusal. A marijuana refusal skills handout covers this material; it is distributed, and each of the skills is reviewed. Clients take turns reading the points, in order to keep them all involved. The counselor demonstrates, then engages the group in demonstrating, the skills described. Group members often enjoy the part of the group in which they see the skills demonstrated effectively rather than ineffectively. The counselor points out that these refusal skills are equally useful in turning down offers of other drugs.*

### **Handouts** (all provided in manual):

- Marijuana refusal skills handout.
- Marijuana refusal skills reminders and real life practice handouts.
- Blank personal awareness forms.

### **Materials:**

- Prizes (for completion of real life practice exercises)
- Pens or pencils
- Refusal skills poster (provided in manual).

Other sessions in both volumes follow a similar pattern.

### **Positive Outcomes**

These manuals have been tested in demographically and geographically diverse adolescent populations and have demonstrated the following positive results:

Enhanced motivation to change marijuana use; development of skills to achieve abstinence or gain control of use; ability to use refusal skills; establishment of social network supportive of recovery; development of a plan for engaging in activities not related to and substituting for cannabis use; skills in dealing with high risk situations; skills in planning for relapse prevention or treatment; enhanced skills in problem solving, anger management, communication, craving resistance, depression and thought management.

These, and the other three manuals in the CYT series, can be downloaded for free at SAMHSA's Knowledge Application Program (KAP) website: <http://www.kap.samhsa.gov/products/manuals/cyt/index.htm>.

*Next Issue:*

**"Counselor as Educator"**

### **Sources:**

- Sampl, S., & Kadden, R. **Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions**, Cannabis Youth Treatment (CTY) Series, Volume 1. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. BKD384
- Webb, C., Scudder, M., Kaminer, Y., & Kadden, R. **The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users**, Cannabis Youth Treatment (CTY) Series, Volume 2. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. BKD385

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# Buprenorphine Treatment:

## *An Introduction for Addiction Professionals*

Buprenorphine is an exciting new treatment for opioid dependence. Approved by the FDA in 2002 for use in office-based settings, it holds the potential to reach more clients in more settings.

NFATTC is making Buprenorphine Information sessions available **free** of charge for interested addiction professionals. We can bring an information session, with length and content **tailored** to your specific needs and interests, to your meeting, agency or professional gathering.

This awareness training is designed for multidisciplinary (non-physician) addiction professionals, and includes a broad overview of the medication, its effects, and the role of non-physician practitioners in providing and supporting the treatment of individuals receiving this medication, as well as information about what to expect when someone is treated with this medication, legislation that permits office-based buprenorphine treatment, the mechanism of buprenorphine, patient selection issues, and various other patient, counseling, and therapeutic issues.

For more information or to schedule a session, please contact Wendy Hausotter at 503-378-8516 or [hausotte@ohsu.edu](mailto:hausotte@ohsu.edu).

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NAME \_\_\_\_\_

## POST - 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

*Mail or FAX your completed test to NFATTC*

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*You can still register for continuing education hours for Series 1 through 17.  
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