

# BASIC VOLUME

## Elements of Drug Dependence Treatment

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## MODULE 1

**Drug dependence  
concept and principles  
of drug treatment**

Biology of drug  
dependence

Addiction and the  
brain

Principles of drug  
dependence  
treatment and care

## MODULE 2

**Motivating clients for  
treatment and  
addressing resistance**

Basic counselling  
skills for drug  
dependence  
treatment

Special  
considerations when  
involving families in  
drug dependence  
treatment

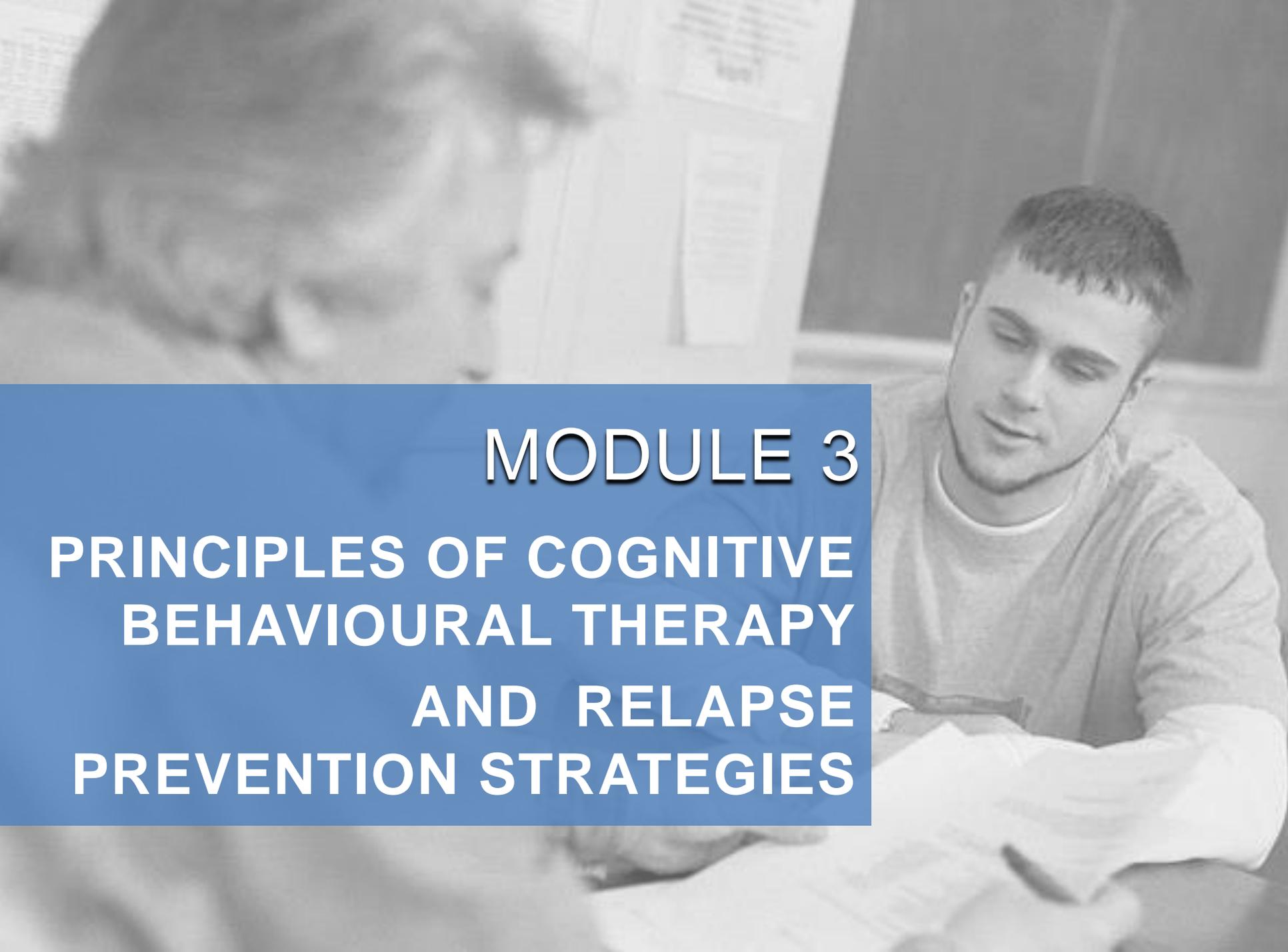
Principles of  
motivational  
interviewing

## MODULE 3

**Principles of CBT and  
relapse prevention  
strategies**

Introduction to  
Cognitive Behavioural  
Therapy

Basics of  
pharmacological  
treatment



## MODULE 3

# PRINCIPLES OF COGNITIVE BEHAVIOURAL THERAPY AND RELAPSE PREVENTION STRATEGIES

# Module 3

## Training goals

- ▶ Understand basic components of comprehensive drug dependence treatment
- ▶ Understand how different strategies for relapse prevention complement each other
- ▶ Learn about cognitive behavioural therapy as a relapse prevention strategy
- ▶ Increase knowledge about available pharmacological treatment of drug dependence

# Module 3

## Principles of CBT and relapse prevention strategies



**Introduction to  
Cognitive  
Behavioural  
Therapy**



**Basics of  
pharmacological  
treatment**

Pre-assessment



# Icebreaker



A circular fisheye lens view of a mountain landscape. In the foreground, there is a wooden cabin with a dark roof and a small porch. Below the cabin is a vineyard with rows of grapevines. In the background, there are snow-capped mountains under a clear sky. The entire scene is framed by a circular lens effect.

# Workshop 1

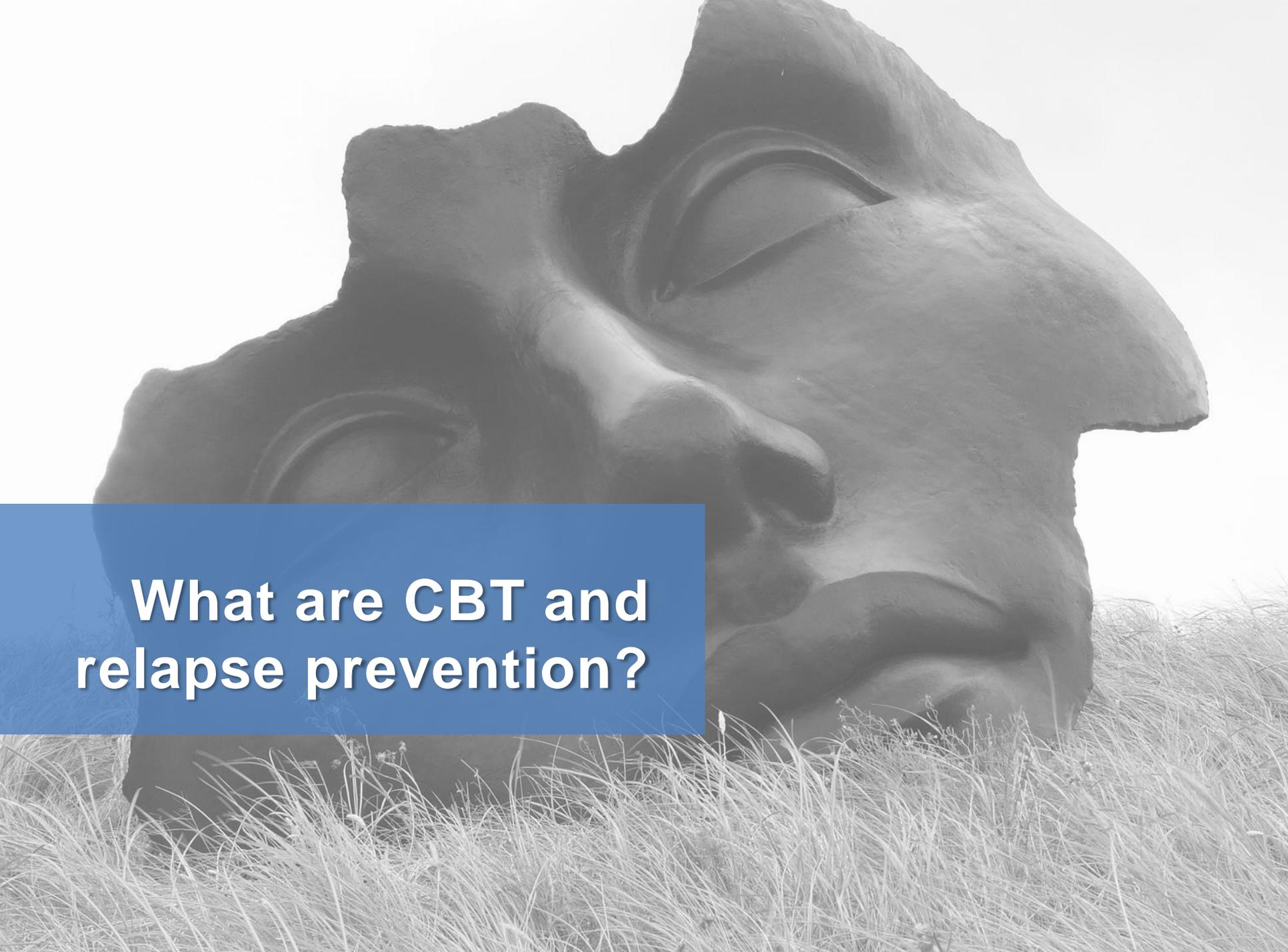
## Introduction to Cognitive Behavioural Therapy

# Training objectives

**At the end of this workshop, you will be able to:**

- ▶ Understand that substance use is a learned behaviour that can be modified
- ▶ Employ key principles of classical and operant conditioning and modelling
- ▶ Explain the CBT basic approaches and understand how they apply to reducing drug use and preventing relapse
- ▶ Conduct a functional analysis and know about the 5 Ws of a client's drug use



A large, dark, abstract sculpture of a face with closed eyes, set against a light background and surrounded by tall grass. The sculpture is made of a textured material, possibly stone or concrete, and is positioned in a field of tall, dry grass. The background is a bright, overcast sky.

**What are CBT and  
relapse prevention?**

# Cognitive behavioural therapy

## What is cognitive behavioural therapy (CBT) and how is it used in addiction treatment?

- ▶ CBT is a form of “talk therapy” that is used to teach, encourage, and support individuals about how to reduce/stop their harmful drug use
- ▶ CBT provides skills that are valuable in assisting people in gaining initial abstinence from drugs (or in reducing their drug use)
- ▶ CBT also provides skills to help people sustain abstinence (relapse prevention)

# Relapse prevention

## What is relapse prevention (RP)?

Broadly conceived, RP is a cognitive behavioural therapy (CBT) with a focus on the maintenance stage of addictive behaviour change that has two main goals:

- To prevent the occurrence of initial lapses after a commitment to change has been made and
- To prevent any lapse that does occur from escalating into a full-blow relapse

Because of the common elements of RP and CBT, we will refer to all of the material in this training module as CBT

## Let's reflect!



- ▶ Have you ever practised CBT? Share your experience with the group
- ▶ If not, think of an example and share your ideas with others

# Foundation of CBT: social learning theory

## Cognitive behavioural therapy (CBT)

- ▶ Provides critical concepts of addiction and how to not use drugs
- ▶ Emphasises the development of new skills
- ▶ Involves the mastery of skills through practise



# Why is CBT useful?

- ▶ CBT is a counseling-teaching approach well-suited to the resource capabilities of most clinical programs
- ▶ CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support
- ▶ CBT is structured, goal-oriented and focused on the immediate problems faced by those entering treatment who are struggling to control their substance use

# Why is CBT useful?

- ▶ CBT is a flexible, individualized approach that can be adapted to a wide range of clients as well as a variety of settings (inpatient, outpatient) and formats (group, individual)
- ▶ CBT is compatible with a range of other treatments the client may receive, such as pharmacotherapy

# Important concepts in CBT

In the **early stages** of CBT, strategies focus on **behavioural change**.

Such strategies include:

- ▶ Planning time to engage in non-drug related behaviour
- ▶ Avoiding or leaving a drug-use situation



# Important concepts in CBT

CBT attempts to help clients:

- ▶ Follow a planned schedule of low-risk activities
- ▶ Recognise drug use (high-risk) situations and avoid these situations
- ▶ Cope more effectively with a range of problems and problematic behaviours associated with using drugs

# Important concepts in CBT

As CBT continues into **later phases** of recovery, more emphasis is given to the “**cognitive**” part of CBT. This includes:

- ▶ Teaching clients knowledge about addiction
- ▶ Teaching clients about conditioning, triggers, and craving
- ▶ Teaching clients cognitive skills (“thought stopping” and “urge surfing”)
- ▶ Focusing on relapse prevention

# Foundations of CBT

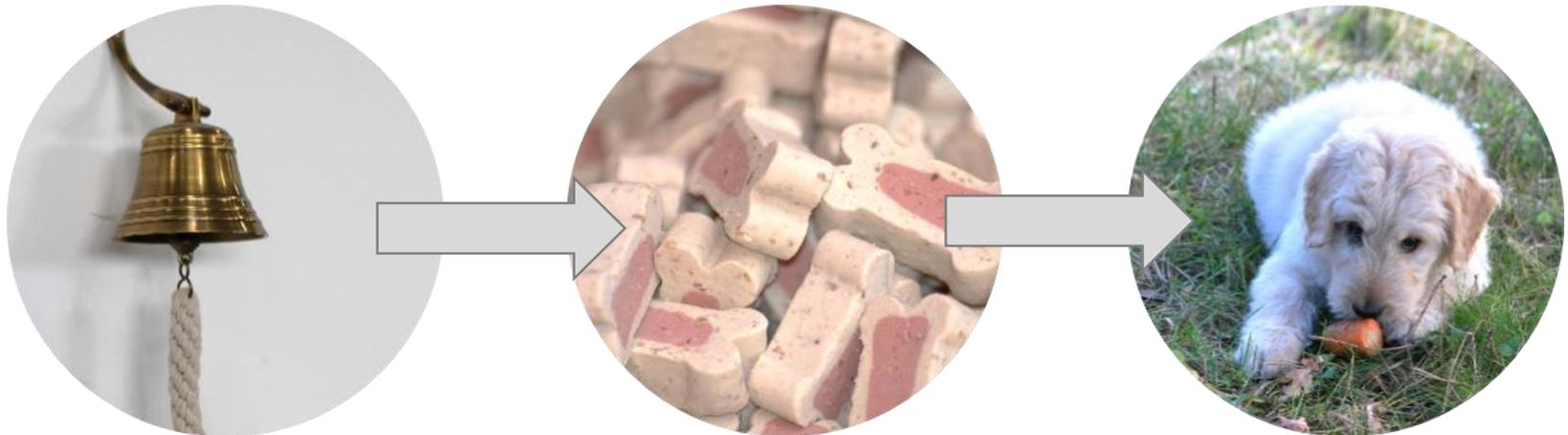
The learning and conditioning principles involved in CBT are:

- ▶ Classical conditioning
- ▶ Operant conditioning
- ▶ Modelling



# Classical conditioning: concepts

Conditioned Stimulus (CS) does not produce a physiological response, but once we have strongly associated it with an Unconditioned Stimulus (UCS) (e.g., food) it ends up producing the same physiological response (i.e., salivation)



# Classical conditioning: addiction

- ▶ Repeated pairings of particular events, emotional states, or cues with substance use can produce craving for that substance
- ▶ Over time, drug or alcohol use is paired with cues such as money, paraphernalia, particular places, people, time of day, emotions
- ▶ Eventually, exposure to cues alone produces drug or alcohol cravings or urges that are often followed by substance abuse

# Classical conditioning: Application to CBT techniques

- ▶ Understand and identify “triggers” (conditioned cues)
- ▶ Understand how and why “drug craving” occurs

# Classical conditioning: Application to CBT techniques

- ▶ Learn strategies to avoid exposure to triggers
- ▶ Cope with craving to reduce/eliminate conditioned craving over time



# Operant conditioning: addiction



Drug use is a behavior that is reinforced by the positive reinforcement that occurs from the pharmacologic properties of the drug.

# Operant conditioning: addiction

Once a person is addicted, drug use is reinforced by the negative reinforcement of removing or avoiding painful withdrawal symptoms.



# Operant conditions

Positive reinforcement strengthens a particular behaviour (e.g., pleasurable effects from the pharmacology of the drug; peer acceptance)

# Operant conditions

Punishment is a negative condition that decreases the occurrence of a particular behaviour (e.g., If you sell drugs, you will go to jail. If you take too large a dose of drugs, you can overdose.)



# Operant conditions

Negative reinforcement occurs when a particular behaviour gets stronger by avoiding or stopping a negative condition (e.g., If you are having unpleasant withdrawal symptoms, you can reduce them by taking drugs).

# Operant conditioning: Application to CBT techniques

- ▶ Functional Analysis – identify high-risk situations and determine reinforcers
- ▶ Examine long- and short-term consequences of drug use to reinforce resolve to be abstinent
- ▶ Schedule time and receive praise
- ▶ Develop meaningful alternative reinforcers to drug use

# Modelling: definition

**Modelling: To imitate someone or to follow the example of someone**

In behavioural psychology terms, modelling is a process in which one person observes the behaviour of another person and subsequently copies the behaviour.



# Modelling and substance use initiation

- ▶ When applied to drug addiction, modelling is a major factor in the initiation of drug use. For example, young children experiment with cigarettes almost entirely because they are modelling adult behaviour.
- ▶ During adolescence, modelling is often the major element in how peer drug use can promote initiation into drug experimentation

# Modelling: application to CBT techniques



- ▶ Client learns new behaviours through role-plays
- ▶ Drug refusal skills
- ▶ Watching clinician model new strategies
- ▶ Practising those strategies

Observe how I  
say “NO!”

**NO thanks, I  
do not smoke!**

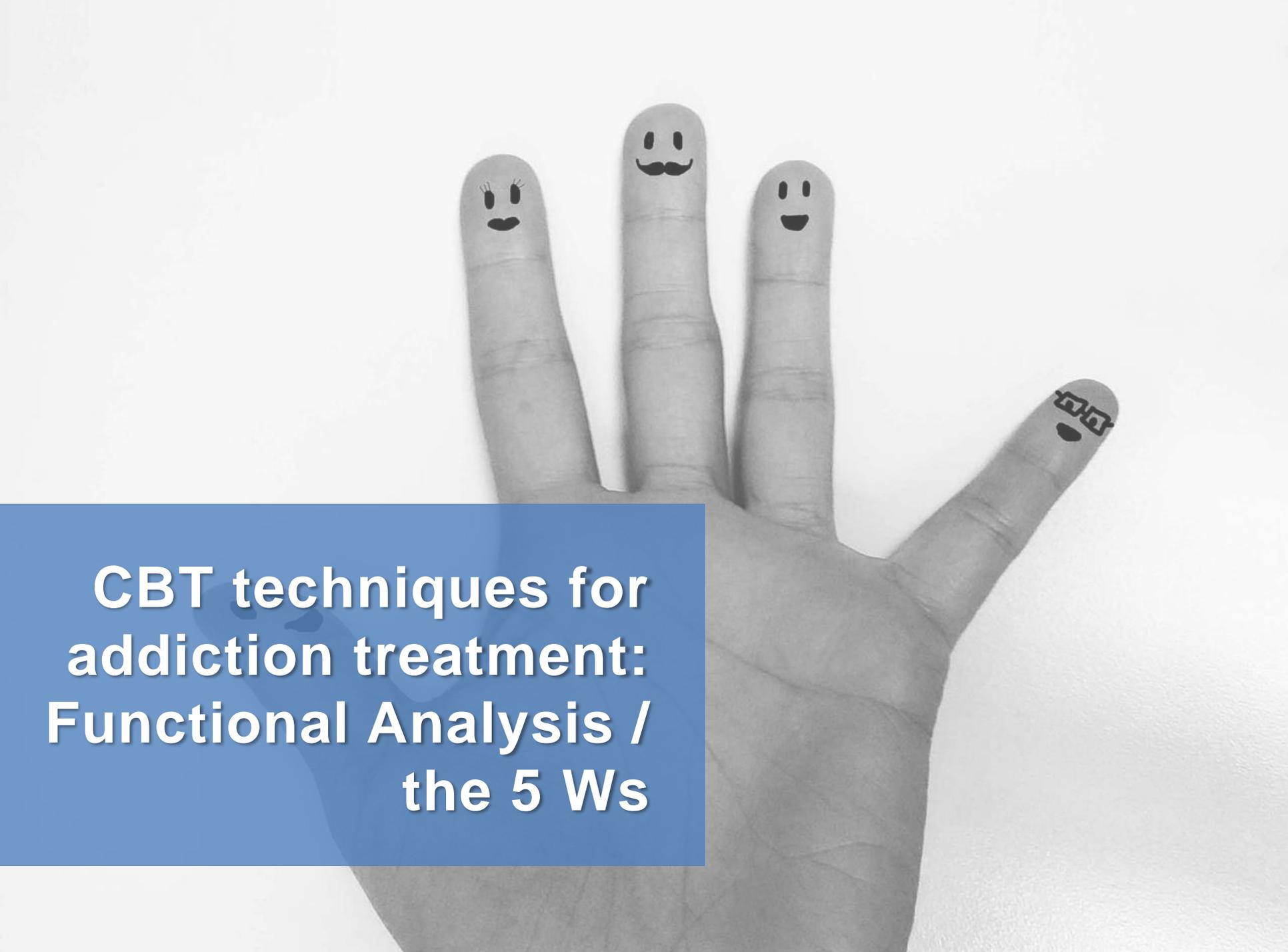
# Where are we so far?



- ▶ What are the 3 learning and conditioning principles involved in CBT?
- ▶ How does classical conditioning work?
- ▶ How does operant conditioning work?
- ▶ What is modelling?



**Break**

A hand is shown with five fingers, each with a different cartoon face drawn on it. The thumb has a face with glasses and a smile. The index finger has a face with a wide smile. The middle finger has a face with a mustache and a neutral expression. The ring finger has a face with a neutral expression. The pinky finger has a face with a neutral expression. A blue semi-transparent box is overlaid on the left side of the hand, containing white text.

**CBT techniques for  
addiction treatment:  
Functional Analysis /  
the 5 Ws**

## The first step in CBT:

### How does drug use fit into your life?

One of the first tasks in conducting CBT is to learn the details of a client's drug use.

- ▶ **Note:** It is not enough to know that they use drugs or a particular type of drug

It is critical to know how the drug use is connected with other aspects of a client's life.

- ▶ **Note:** Those details are critical to creating a useful treatment plan

# The 5 Ws (functional analysis)

The 5 **W**s of a person's drug use (also called a functional analysis)

▶ **W**hen?

▶ **W**here?

▶ **W**hy?

▶ **W**ith/from whom?

▶ **W**hat happened?

# The 5 Ws

People affected by drug use disorders do not use them at random. It is important to know:

- ▶ The **time periods** when the client uses drugs
- ▶ The **places** where the client uses and buys drugs
- ▶ The **external cues** and internal **emotional states** that can trigger drug craving (why)
- ▶ The **people** with whom the client uses drugs or the people from whom she or he buys drugs
- ▶ The **effects** the client receives from the drugs — the psychological and physical benefits (what happened)

## Questions clinicians can use to learn the 5 Ws

- ▶ What was going on before you used?
- ▶ How were you feeling before you used?
- ▶ How/where did you obtain and use drugs?
- ▶ With whom did you use drugs?
- ▶ What happened after you used?
- ▶ Where were you when you began to think about using?

# Functional analysis or high-risk situations record

<b>Antecedent Situation</b>	<ul style="list-style-type: none"><li>• Where was I?</li><li>• Who was with me?</li><li>• What was happening?</li></ul>
<b>Thoughts</b>	<ul style="list-style-type: none"><li>• What was I thinking?</li></ul>
<b>Feelings and Sensations</b>	<ul style="list-style-type: none"><li>• How was I feeling?</li><li>• What signals did I get from my body?</li></ul>
<b>Behaviour</b>	<ul style="list-style-type: none"><li>• What did I do?</li><li>• What did I use?</li><li>• How much did I use?</li><li>• What paraphernalia did I use?</li><li>• What did other people around me do at the time?</li></ul>
<b>Consequences</b>	<ul style="list-style-type: none"><li>• What happened after?</li><li>• How did I feel right after?</li><li>• How did other people react to my behaviour?</li><li>• Any other consequences?</li></ul>

# Let's practice!



## Functional analysis

As a clinician, you should:

- ▶ Review 5 Ws with the client
- ▶ Provide analysis of how this information will guide treatment planning

# Questions



# Wrap-up



- ▶ How can substance behaviour be modified?
- ▶ What are the key principles of classical and operant conditioning and modelling?
- ▶ What are the basic approaches used in cognitive behavioural therapy?
- ▶ What are the 5 Ws?

Thank you for your time!

End of workshop 1

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