VOLUME B
Elements of Psychological Treatment

Treat net

VOLUME B

MODULE 1
Drug dependence and basic counselling skills

- Biology of drug dependence
- Principles of drug dependence treatment
- Basic counselling skills for drug dependence treatment
- Special considerations when involving families in drug dependence treatment

MODULE 2
Motivating clients for treatment and addressing resistance

- Approaches to change
- Principles of Motivational Interviewing
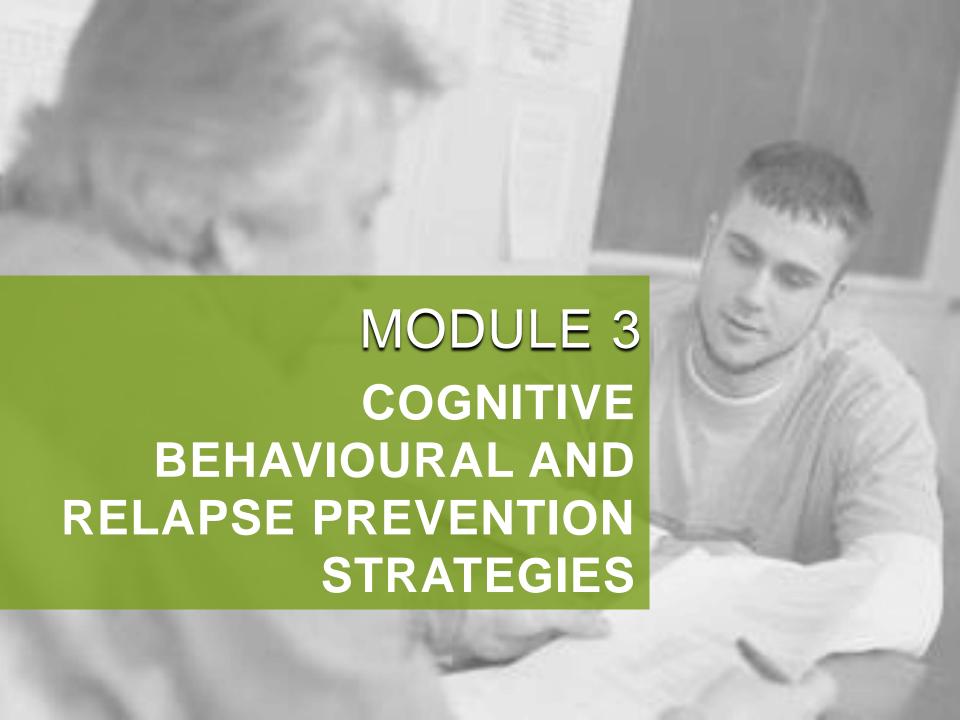- How to use motivational skills in clinical settings

MODULE 3
Cognitive behavioural and relapse prevention strategies

- Basic concepts of cognitive behavioural therapy and relapse prevention
- Cognitive behavioural strategies
- Methods for using cognitive behavioural strategies

MODULE 3

COGNITIVE BEHAVIOURAL AND RELAPSE PREVENTION STRATEGIES

Training goals

► Increase knowledge of cognitive behavioural therapy (CBT) and relapse prevention (RP) strategies and resources

► Increase skills using CBT and RP strategies and resources

► Increase application of CBT and RP strategies for substance abuse treatment

Module 3

Cognitive behavioural and relapse prevention strategies

1 — Basic concepts of cognitive behavioural therapy and relapse prevention

2 — Cognitive behavioural strategies

3 — Methods for using cognitive behavioural strategies

Pre-assessment

Icebreaker

Workshop 1

Basic concepts of cognitive behavioural therapy and relapse prevention

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

What are CBT and RP?

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

► 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")

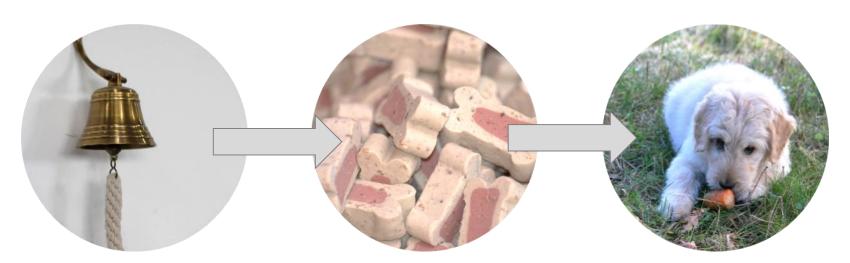► Focusing on relapse prevention

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 misuse

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 reinforces

► Examine long- and short-term consequences of drug use to reinforce resolve to be abstinent

► Schedule time and receive praise

► Develop meaningful alternative reinforces 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
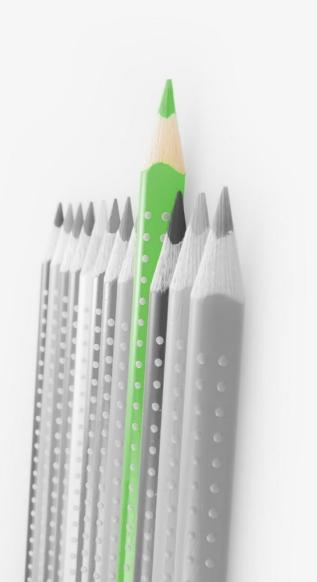
Modelling: application to CBT techniques

► 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!

► What are the 3 learning and conditioning principles involved in CBT?

► How does classical conditioning work?

► How does operant conditioning work?

► What is modelling?

**CBT techniques:
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

Antecedent Situation	• **Where was I?** • **Who was with me?** • **What was happening?**
Thoughts	• What was I thinking?
Feelings and Sensations	• How was I feeling? • What signals did I get from my body?
Behaviour	• What did I do? • What did I use? • How much did I use? • What paraphernalia did I use? • What did other people around me do at the time?
Consequences	• What happened after? • How did I feel right after? • How did other people react to my behaviour? • Any other consequences?

Functional analysis

As a clinician, you should:

► Review 5 Ws with the client

► Provide analysis of how this information will guide treatment planning

Any Questions

► 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