VOLUME B

Elements of Psychological Treatment
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
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?
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).
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
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
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
Drug use is a behavior that is reinforced by the positive reinforcement that occurs from the pharmacologic properties of the drug.
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).
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.
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?
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 \textbf{W}s of a person’s drug use (also called a functional analysis)

\begin{itemize}
\item \textbf{W}hen?
\item \textbf{W}here?
\item \textbf{W}hy?
\item \textbf{W}ith/from whom?
\item \textbf{W}hat happened?
\end{itemize}
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?  |
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
Any 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 5Ws?
Thank you for your time!
End of workshop 1