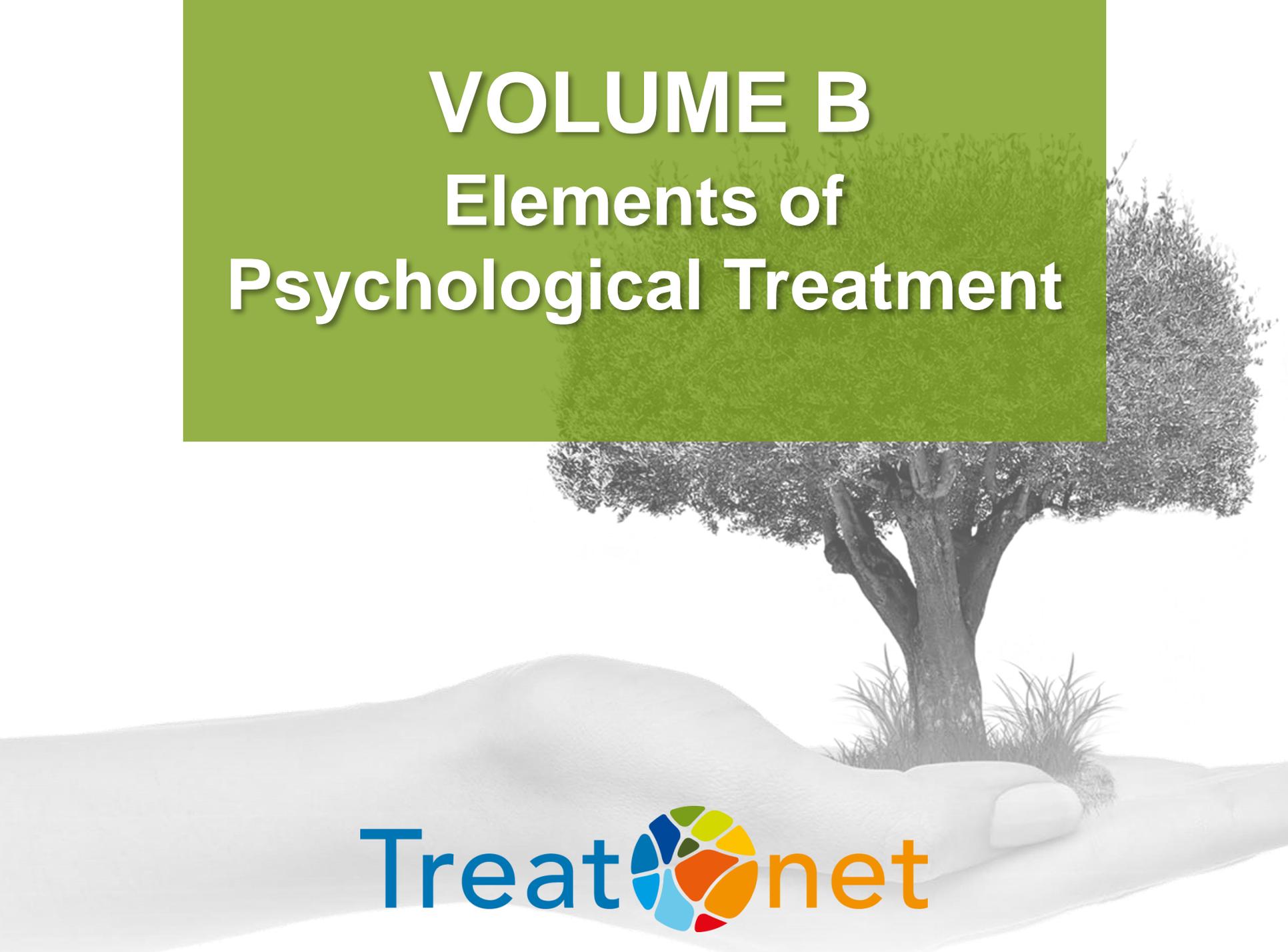


VOLUME B

Elements of Psychological Treatment

A conceptual illustration of a hand holding a tree. The hand is rendered in a light, textured, almost ethereal style, with the palm facing up. A small, detailed tree with a thick trunk and a rounded canopy of leaves sits in the palm. The background is a soft, light green gradient.

Treatnet

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

strategy

Workshop 2
Cognitive behavioural
strategies

Training objectives

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

- ▶ Identify a minimum of 4 cognitive behavioural techniques
- ▶ Identify triggers and high- and low-risk situations
- ▶ Understand craving and techniques to cope with craving
- ▶ Present and practice drug refusal skills
- ▶ Understand the abstinence violation syndrome and how to explain it to clients/patients
- ▶ Understand how to promote non-drug-related behavioral alternatives





**CBT techniques for
addiction treatment:
functional analysis &
triggers and craving**

“Triggers” – conditioned cues

One of the most important purposes of the 5 Ws exercise is to learn about the:

- ▶ People
- ▶ Places
- ▶ Things
- ▶ Times
- ▶ Emotional states

that have become associated with drug use for your client.

These are referred to as “triggers” (conditioned cues)



“Triggers” for drug use

- ▶ A “trigger” is a “thing”, an event or a time period that has been associated with drug use in the past
- ▶ Triggers can include people, places, things, time periods, emotional states
- ▶ Triggers can stimulate thoughts of drug use and craving for drugs

External triggers

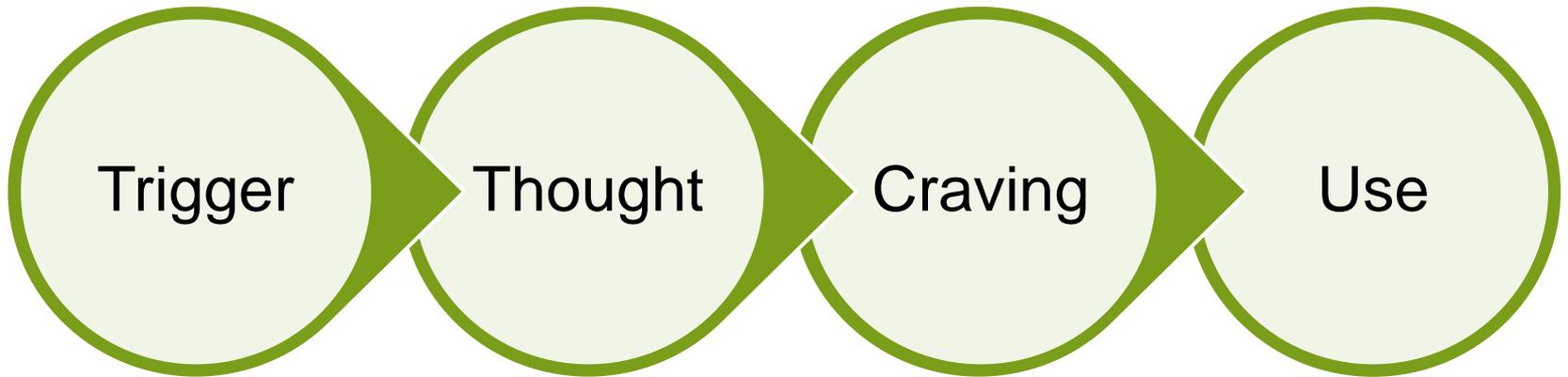
- ▶ **People:** drug dealers, drug-using friends
- ▶ **Places:** bars, parties, drug user's house, parts of town where drugs are used
- ▶ **Things:** drugs, drug paraphernalia, money, alcohol, movies with drug use
- ▶ **Time periods:** paydays, holidays, periods of idle time, after work, periods of stress

Internal triggers



- ▶ Anxiety
- ▶ Anger
- ▶ Frustration
- ▶ Sexual arousal
- ▶ Excitement
- ▶ Boredom
- ▶ Fatigue
- ▶ Happiness

Triggers & cravings



Let's practice!



Identifying triggers

- ▶ Observe how the clinician identifies triggers
- ▶ Practice identifying triggers with your partner

A black and white photograph of a grey suede sneaker with white laces and a white sole. The shoe is positioned as if it has just stepped on a banana peel. The banana peel is broken into several pieces, with some white pulp and dark spots visible. The background is a plain, light-colored surface.

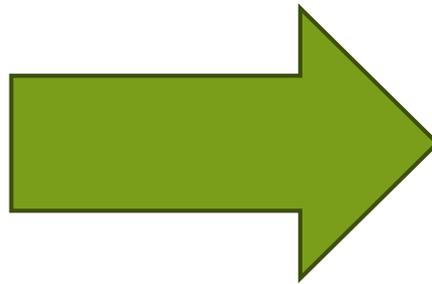
**CBT techniques:
High-risk & low-risk
situations**

High- and low-risk situations

- ▶ Situations that involve triggers and have been highly associated with drug use are referred to as high-risk situations
- ▶ Other places, people, and situations that have never been associated with drug use are referred to as low-risk situations

High- and low-risk situations

An important CBT concept is to teach clients/patients to decrease their time in high-risk situations and increase their time in low-risk situations.



Let's practice!



Construct high- low-risk continuum

Practice the construction of a high- vs. low-risk analysis

- ▶ Use information from the Functional Analysis (5Ws) and the Trigger Analysis to construct a “high-risk vs. low-risk” continuum (see Triggers charts).



**CBT techniques:
Strategies to cope
with craving**

Understanding craving

Craving

- ▶ To have an intense desire for
- ▶ To need urgently; require

Many people describe craving as similar to a hunger for food or thirst for water. It is a combination of thoughts and feelings. There is a powerful physiological component to craving that makes it a very powerful event and very difficult to resist.

Craving: different for different people

- ▶ Cravings or urges are experienced in a variety of ways by different clients/patients
- ▶ For some, the experience is primarily somatic:
 - “I just get a feeling in my stomach”
 - “My heart races”
 - “I start smelling it”
- ▶ For others, craving is experienced more cognitively:
 - “I need it now”
 - “I can’t get it out of my head”
 - “It calls me”

Coping with craving

- ▶ Many clients/patients believe that once they begin to crave drugs, it is inevitable that they will use. In their experience, they always “give in” to the craving as soon as it begins and use drugs.
- ▶ In CBT, it is important to give clients/patients tools to resist drug cravings



Triggers & cravings



Trigger → **Thought** → **Craving** → **Use**

Additional strategies to cope with craving

Engaging in non-drug-related activities that serve as a distraction from craving, particularly under high-risk situations (e.g. weekends, celebrations, etc.), such as the following:

- ▶ Have a walk/hiking
- ▶ Go to the movies
- ▶ Practice a sport
- ▶ Cooking
- ▶ Play a musical instrument/listen at music
- ▶ Practice photography
- ▶ Reading/writing
- ▶ Drawing/painting
- ▶ Camping, etc.
- ▶ Contact a drug-free friend or counsellor and talk about difficulties

Additional strategies to cope with craving

Thought management techniques such as:

- ▶ Thought stopping
- ▶ Distraction through visualization
- ▶ Praying
- ▶ Focusing on the negative consequences of drug abuse by making a list of potential harms

Let's practice!



Educate clients/patients about cravings

Use the “Trigger-Thought-Craving-Use” sheet to educate clients/patients about craving and discuss methods for coping with craving.



**CBT techniques:
Drug refusal skills –
how to say “no”**

NO
GAY

NO

How to say “no”: Drug refusal skills

- ▶ One of the most common relapse situations is when a client is offered drugs by a friend or a dealer
- ▶ Many find that they don't know how to say “No”
- ▶ Frequently, their ineffective manner of dealing with this situation can result in use of drugs



Drug refusal skills: key elements

Improving refusal skills/assertiveness

There are several basic principles in effective refusal of drugs:

- ▶ Respond rapidly (not hemming and hawing, not hesitating)
- ▶ Have good eye contact
- ▶ Respond with a clear and firm “No” that does not leave the door open to future offers of drugs
- ▶ Make the conversation brief
- ▶ Leave the situation

Drug refusal skills: teaching methods

After reviewing the basic refusal skills, clients/patients should practise them through role-playing and problems in assertive refusals should be identified and discussed.

- ▶ Pick an actual situation that occurred recently for the client
- ▶ Ask client/patient to provide some background on the target person

Let's practice!



Drug-offer situation

Practice a situation where a drug user friend (or dealer) makes you an offer to give or get drugs. Try two types of responses:

- ▶ An ineffective response
- ▶ An effective use of how to say “No”

**CBT techniques:
Preventing the
abstinence violation
effect**



Abstinence violation syndrome

If a client/patient slips and uses drugs after a period of abstinence, one of two things can happen.

- ▶ He/she could think: “I made a mistake and now I need to work harder at getting sober”

Or

- ▶ He/she could think: “This is hopeless, I will never get sober and I might as well keep using”

This thinking represents the abstinence violation syndrome.

Abstinence violation syndrome:

What people say

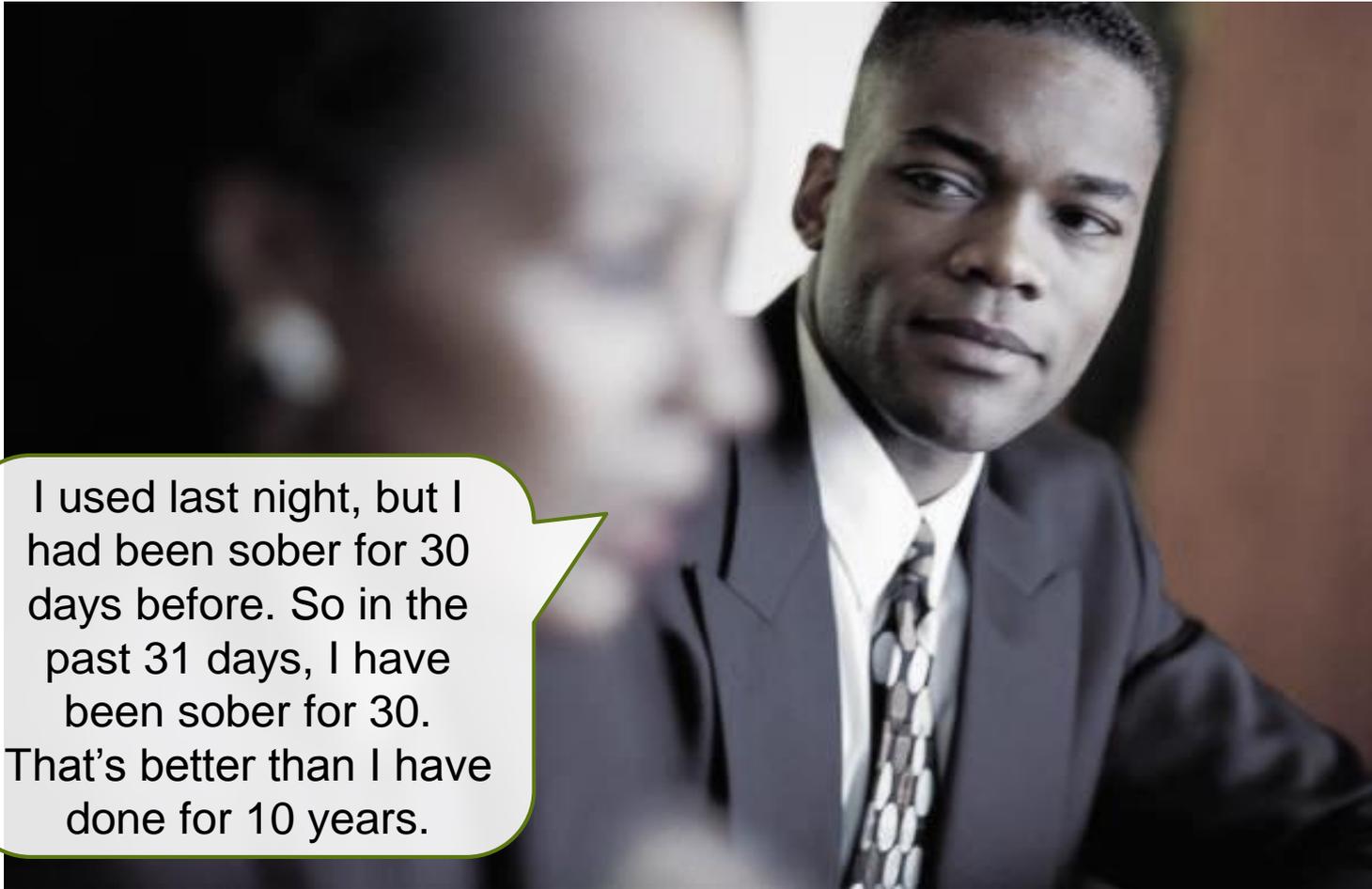
- ▶ One lapse means a total failure.
- ▶ I've blown everything now! I may as well keep using.
- ▶ I am responsible for all bad things.
- ▶ I am hopeless.
- ▶ Once a drunk/junkie, always a drunk/junkie
- ▶ I'm busted now, I'll never get back to being straight again.
- ▶ I have no willpower...I've lost all control.
- ▶ I'm physically addicted to this stuff. I always will be.

Preventing the abstinence violation syndrome

Clients/patients need to know that if they slip and use drugs/alcohol, it does not mean that they will return to full-time addiction. The clinician can help them “reframe” the drug-use event and prevent a lapse in abstinence from turning into a full return to addiction.



Abstinence violation effect: Examples of “reframing”



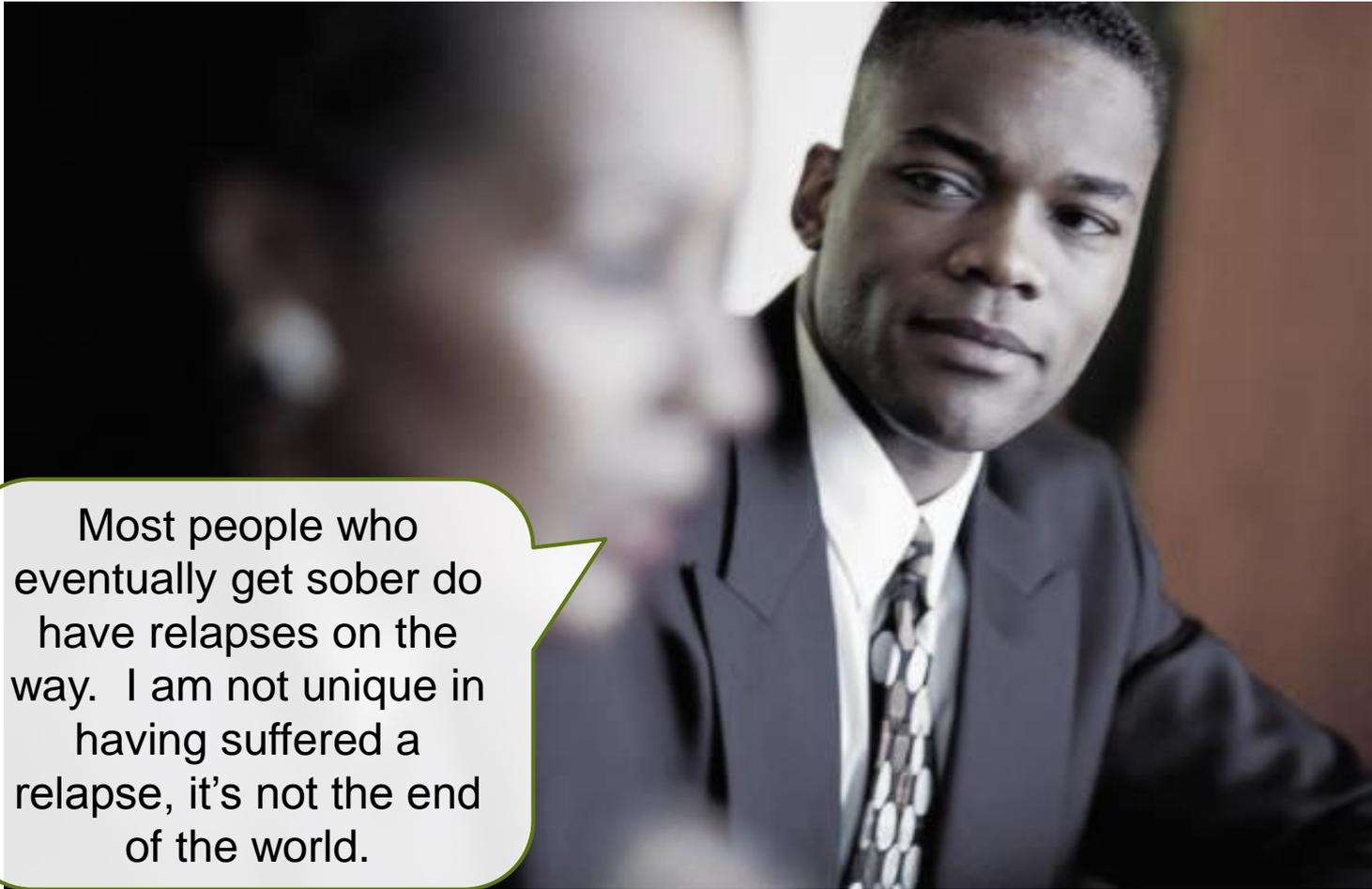
I used last night, but I had been sober for 30 days before. So in the past 31 days, I have been sober for 30. That's better than I have done for 10 years.

Abstinence violation effect: Examples of “reframing”



Learning to get sober is like riding a bicycle. Mistakes will be made. It is important to get back up and keep trying.

Abstinence violation effect: Examples of “reframing”



Most people who eventually get sober do have relapses on the way. I am not unique in having suffered a relapse, it's not the end of the world.



**CBT techniques
for addiction
treatment: Making
lifestyle changes**

Developing new non-drug-related behaviours: Making lifestyle changes

- ▶ CBT techniques to stop drug use must be accompanied by instructions and encouragement to begin some new alternative activities
- ▶ Many clients/patients have poor or non-existent repertoires of drug-free activities
- ▶ Efforts to “shape and reinforce” attempts to try new behaviours or return to previous non-drug-related behaviour is part of CBT

A black and white photograph of a cracked egg on a surface with a polka-dot pattern. The egg has a grumpy face drawn on it with black marker, featuring slanted eyes, a small nose, and a wavy, downturned mouth. Several pieces of the eggshell are broken and scattered around the main egg. A green rectangular box is overlaid on the left side of the image, containing the text 'Anger management' in white.

Anger management

Anger management: goals

Goals:

1. Understanding anger as an emotion that can be identified and controlled
2. Understanding the nature of anger (with internal and external triggers)
3. Being able to identify anger (e.g. physiological sensations, behaviours, thoughts)
4. Controlling anger by displaying anger management strategies (emotional/physiological, cognitive and behavioural skills)

Anger management: strategies

- ▶ Relaxation techniques (e.g. diaphragmatic breathing, yoga, etc.)
- ▶ Self-instructions (“I am relaxed/calmed”)
- ▶ Visualization of nice images
- ▶ Moderate exercise
- ▶ Cognitive re-structuring (avoiding words as “always”, “never”; re-assessing thoughts)
- ▶ Problem solving strategies
- ▶ Improving communication
- ▶ Changing the environment (avoiding high risk scenarios)

A hand is shown writing in a notebook on the right side of the image. The background is a light-colored surface with several white sticky notes scattered around. Each sticky note has the word 'ideas' written on it in a different style: some in all caps, some in lowercase, some in a cursive script, and one in a stylized, outlined font. A green rectangular box is overlaid on the left side of the image, containing white text.

**Third wave of CBT
interventions for
addiction
treatment**

Third wave of CBT interventions

- ▶ A third wave of CBT interventions has been identified to treat drug use disorders. Some of these interventions such as Mindfulness Based Treatment (MBT) and Acceptance and Commitment Therapy (ACT) are showing promising results.
- ▶ MBT and ACT may be effective for a variety of problems related to drug use disorders/craving, anxiety, depression, pain and other disorders.
- ▶ However, most studies acknowledge the need to conduct more research with stronger methodological approaches to be considered as “Empirically supported treatment.”

Mindfulness based therapy

Definition

“The awareness that arises out of intentionally attending in an open and discerning way to whatever is arising in the present moment.”

(Shapiro, 2009)

This control of attention can be learned through meditation: observation, being fully present to current experience and acceptance (not judging, not being preoccupied by it). Also, this capacity of attention control can be learned through MI and CBT in individual or group therapy scenarios.

Mindfulness based therapy (MBT)



- ▶ Mindfulness may help drug users to accept physical sensations, discomfort and pain such as craving and withdrawal symptoms
- ▶ MBT may help people to decentre from urges and therefore to control impulsivity when exposed to a drug cue

Acceptance and commitment therapy (ACT)

- ▶ While traditional CBT techniques might attempt to reduce the frequency of certain thoughts or testing its validity; ACT use exposition to that thought by using mindfulness and attentional control strategies to promote voluntary contact with the present moment.
- ▶ ACT pursue to link behaviour to clients' values.
- ▶ Attitudes as acceptance and strategies such as cognitive diffusion (a thought is just a thought; its not me), being present, being aware and using committed action towards values.
- ▶ Also include strategies such as the use of metaphors, visualization/exposure, experiential activities and inner exploration among other strategies.

Wrap-up



- ▶ Can you give an example of 4 cognitive behavioural techniques?
- ▶ How to identify triggers and high- and low-risk situations?
- ▶ Can you give few examples of techniques to cope with craving?
- ▶ How do you explain to a client abstinence violation syndrome?
- ▶ What behavioral alternatives to drug-related behavior can you suggest a client/patient?

Any
Questions

Thank you for your time!

End of workshop 2

Treat  net