

Cognitive Therapy with Addictions

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CURRENT EXPERIENCE

- Currently in private practice
- 35 years experience in addictions and mental health at many levels, in many environments, with many diverse populations
- Prior –Administrator, Clinical Director, Trainer, Social Service Clinician, Clinical Supervisor, University Faculty, Clinical Coordinator, Therapist, Counselor, Student Assistance Counselor, Mental Health Worker, Orderly
- Bradford Health Services, Kentucky State Reformatory, Kent School of Social Work University of Louisville, Addiction Residency Program, University of Louisville, Jefferson Alcohol and Drug Abuse Center, Spalding University, Baptist Hospital East, Jefferson Hospital, Our Lady of Peace Hospital, The Morton Center
- PAR, KAAP, NAADAC
- Alkermes

Biases and Disclosures

- I do believe in good science, and do not think medication is “bad”
- I have significant personal attachment to the 12 step community
- I believe that the relationship of the pharmaceutical industry with medicine has damaged the integrity of the field medicine and addiction treatment.
- I primarily use cognitive therapy within a transtheoretical framework. I use other therapies as they may be appropriate

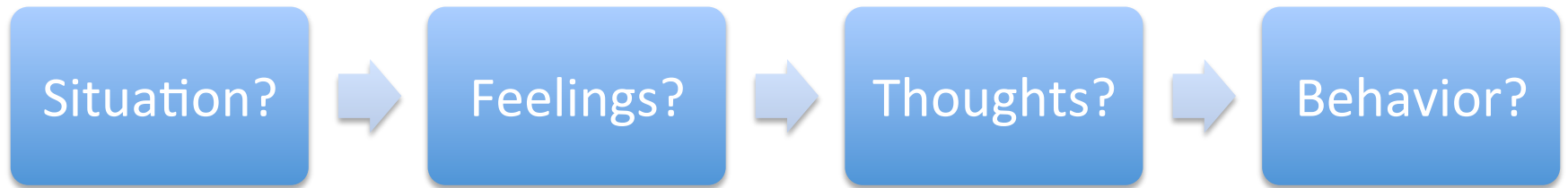
Addiction

- Disease?
- Disorder?
- Choice?
- Behavior?
- Problem?
- Bio-Psycho-Social-Spiritual Issue?
- Something Else?

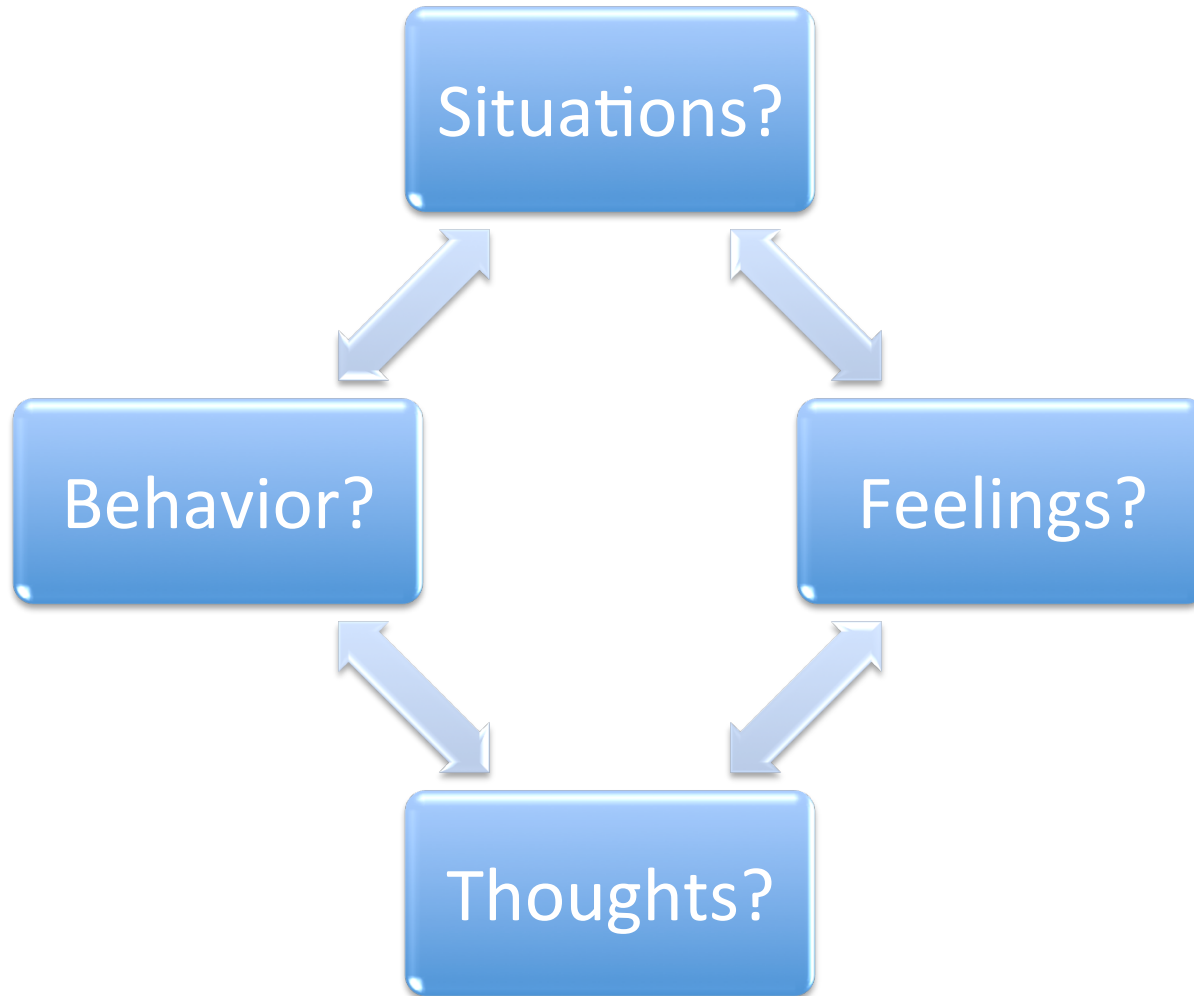
NIDA DEFINITION OF ADDICTION

- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

WHAT DO WE CHANGE?



OR IS IT?



WHAT IS CBT?

- Cognitive Behavioral Therapy or Cognitive Therapy
- Scientifically tested in well over 300 clinical trials for many disorders
- More present focused
- More time limited
- More problem solving oriented

Theory

- Developed by Dr. Aaron Beck
- How we perceive situations influences our mood or feelings
- Not the situation that affects our feelings.
- It is our perceptions or thoughts about the situation that affects our feelings.
- When we are in distress our thoughts frequently become distorted in some way.

Theory

- CBT helps people identify their automatic thoughts and to evaluate how helpful, and/or realistic they are.
- Then CBT helps them learn how to change these automatic negative thoughts
- When people are able to think more realistically, their mood improves.
- Emphasis is on problem solving and behavior change

PRINCIPLES

1. Cognitive Terms
2. Conceptualization is constantly developing
3. Therapeutic Alliance
4. Collaboration
5. Active Participation
6. Goal Oriented
7. Problem Solving
8. Emphasizes The Present

PRINCIPLES

9. Educative

10. Own Therapists

11. Emphasizes Relapse Prevention

12. Time limited

13. Structured

14. Teaches ID, Evaluation, Response to change
thinkig, mood, and behavior

BEGINNING THERAPY

- Set goals for therapy
- What specific changes does your client want or need to make in their lives – work, home, relationships.
- What has been bothering the client?
- What self-destructive behavior do they want to stop? What healthier behavior do they want to start? What skills do they want to gain?
- Get specific.

Length of Therapy

- Decided together
- It could be as short as 6-8 sessions
- It could be months
- Booster sessions recommended quarterly for one year after therapy has ended

STRUCTURING THE SESSION

Initial Session

1. Set the Agenda (provide rationale)
2. Do a Mood Check
3. Briefly Review the Presenting Problem/Update
4. Identify Problems & Set Goals
5. Educating about the Cognitive Model
6. Elicit Expectations for Therapy
7. Educate About the Disorder

STRUCTURING THE SESSION

Initial Session

8. Set Homework

9. Provide a Summary

10. Elicit Feedback

STRUCTURING THE SESSION

Subsequent Sessions

1. Brief Update and Mood Check (Meds/Use)
2. Bridge from Previous Session
3. Setting the agenda
4. Review homework
5. Discussion of Agenda Items
6. Give homework
7. Summarize session
8. Ask for feedback

BRIDGING THE SESSION

1. What did we talk about last session that was important? What did you learn?
2. Was there anything that bothered you about our last session? Anything that you are reluctant to say?
3. What was your week like? What has your mood been like compared to other weeks?
4. Did anything happen this week that is important to discuss?
5. What problems do you want to put on the agenda?
6. What homework did you do/didn't do? What did you learn?

(I use this as a worksheet)

MAKING THE BEST OF THERAPY

- Client takes notes during the session – I give all my clients a spiral notebook
- Client write summary – eventually having the client do the summary
- Clients do supplemental readings, worksheets, pamphlets, etc.
- Homework!!!

CASE CONCEPTUALIZATION

- Relevant Childhood Data
- Core Beliefs
- Conditional Assumptions/Beliefs/Rules
 - Negative Assumptions
 - Positive Assumptions
- Compensatory Strategies

CASE CONCEPTUALIZATION

- SITUATION
- AUTOMATIC THOUGHTS
- MEANING OF AUTOMATIC THOUGHTS
- EMOTION
- BEHAVIOR

(DO FOR AT LEAST 3 SITUATIONS)

CORE BELIEFS

- THERE ARE 2 PREDOMINANT CORE BELIEFS
- 1 HAS TO DO WITH CAPABILITY
- 1 HAS TO DO WITH LOVEABILITY
- MANY PEOPLE HAVE A COMBINATION OF BOTH

TECHNIQUES

- Goal Setting
- Identifying Automatic Thoughts
- Socratic Questioning
- Examine the Evidence
- Problem Solving
- Behavioral Experiments
- Stay Focused and Stick to the Agenda
- Awareness of Stage of Change
- Use of Scales (Beck, Zung, Likert)

AUTOMATIC THOUGHTS

- Automatic thoughts are thoughts that occur into when you are in a situation
- Everybody has them
- You may have them when thinking about past events in your life
- You may have them when thinking about future events that you anticipate occurring
- You may not even be consciously aware of them

AUTOMATIC THOUGHTS

- Most people do not stop to evaluate the accuracy of the thought
- AT's usually trigger feelings; when you have strong feelings, there are AT's running through your mind
- Feelings are the Golden Key to your AT's
- It is important to recognize your AT's
- Utilize a Thought Record

Socratic Questioning

- Disciplined questioning that can be used to pursue thought in many directions
- Uses Feigned Ignorance
- Components
 - Clarify Thinking
 - Challenge Assumptions
 - Evidence as basis for argument
 - Alternative Viewpoints and Perspectives
 - Implications and Consequences
 - Question the Question

Thought Record

Event or
Situation

Automatic
Thoughts

Feelings

Thinking Distortions

- Ignoring the Evidence
- Jumping to Conclusions
- Overgeneralizing
- Magnifying
- Minimizing
- Personalizing
- All or Nothing Thinking
- Exaggerating the Outcome
- Permission Giving Statement

THOUGHT CHANGE RECORD

	EVENT	AUTOMATIC THOUGHTS	EMOTIONS	LOGICAL THOUGHTS	OUTCOME
Date	<ul style="list-style-type: none">a. Actual eventb. Thoughts memories	<ul style="list-style-type: none">a. Write AT'sb. Rate belief in AT 0-100	<ul style="list-style-type: none">a. Specify feelingb. Rate intensity 0-100	<ul style="list-style-type: none">a. ID Thinking Distortionsb. Write realistic, healthier thoughtc. Rate belief 0-100	<ul style="list-style-type: none">a. Rate feeling 0-100b. Describe changes in how could handle situation

DRILL DOWN

- Challenging the Initial Response for greater meaning and information; helping them gain clarity
 - What does that mean to you?
 - Help me understand that?
 - If that statement were true, how would that be significant to you?
 - What are the greater implications about that for you
 - Get all the meaning out
- At bottom – What does that mean about you and who you are? Get all the meaning out
- Also useful in obtaining a permission giving statement

HOW IS CBT SIMILAR TO 12-STEP?

- Educative
- Challenge thinking
- Slogans
- Self Examining
- ??

HOW IS CBT DIFFERENT FROM 12 STEP?

- It is a therapeutic model
- Professionally administered
- No Higher Power
- Much more validated by studies
- Not anecdotal
- ??

TRAUMA

- **Definition**
- **1**
- **a** : an injury (as a wound) to living tissue caused by an extrinsic agent
- **b** : a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury
- **c** : an emotional upset <the personal *trauma* of an executive who is not living up to his own expectations — Karen W. Arenson>
- Merriam Webster Online

TRAUMA

- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions. - APA Website
- Adapted from "[Managing traumatic stress: tips for recovering from disasters and other traumatic events](#)"

Another Look

- Not just looking at the disorder – PTSD
- Specific wound of some type
- Series of smaller wounds that build up over time, especially a pattern
- Threats
- Spells

DIFFICULTIES

- TROUBLE WITH TRUST
- ANXIETY DISORDERS
- MOOD DISORDERS
- HARM SELVES
- TRANCE STATE
- ACTING OUT
- COMPARTMENTALIZE
- DISSOCIATE
- BORDERLINE PERSONALITY DISORDER
- EATING DISORDER

ADDICTION

- SELF MEDICATE SYMPTOMS
- AVOID PAIN
- NUMB OUT
- CHANGE MENTAL/EMOTIONAL STATE
- SUBSTANCES
- EATING DISORDER
- SEX
- PORNOGRAPHY
- CUTTING
- PROCESS ADDICTIONS

SAFETY

- SAFETY IS THE MOST IMPORTANT THERAPEUTIC NECESSITY. WITHOUT SAFETY NO PROGRESS IS MADE
- AUTOMATIC THOUGHTS
 - LIFE IS DANGEROUS, I AM NOT SAFE, OTHERS ARE OUT TO HURT ME, I CAN'T HANDLE IT, THIS IS TOO MUCH, I AM ONLY SAFE IF I AM IN CONTROL, I JUST WANT TO FEEL BETTER
 - OTHERS??

CBT FOR TRAUMA

- COLLABORATIVELY PICK A DISTRESSING SYMPTOM TO WORK ON
- WHAT BROUGHT THEM INTO THE OFFICE?
- WHAT IS CAUSING THE MOST DISTRESS?
- WHAT IS THE EASIEST TO WORK ON?
- IF SUBSTANCE ABUSE IS PRESENT, DO BOTH TOGETHER TO A GREATER OR LESSEER DEGREE
- PROGRESS FROM THAT POINT

TRAUMA AND ADDICTION

- INTERRUPT THE URGE TO NUMBOUT
- REPLACE URGES WITH
 - GROUNDING
 - CONNECTING TO THE HERE AND NOW
 - BREATHING
 - MINDFUL ATTENTION MANAGEMENT TECHNIQUE
 - GRATTITUDE

CASE EXAMPLES

- LET'S PRACTICE

SUGGESTED READING

- COGNITIVE THERAPY: THE BASICS AND BEYOND – JUDITH S. BECK
- COGNITIVE THERAPY OF SUBSTANCE ABUSE – BECK, WRIGHT, NEWMAN, LIESE
- ANYTHING BY DRS. AARON BECK AND JUDITH BECK
- SEEKING SAFETY – LISA M. NAJAVITS

GET MORE TRAINING

- THE BECK INSTITUTE – BECKINSTITUTE.ORG
- SEEKING SAFETY – SEEKINGSAFETY.ORG
- DIALECTICAL BEHAVIORAL TRAINING
- INTEGRATED TREATMENT OF CO-OCCURRING DISORDERS – HAZELDEN
- YOUTUBE

THANK YOU

- I would like to extend to you my great appreciation for your time and energy today. I hope you learned something. I am sure that I have. Bless you on your journey.

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