Cognitive Therapy with Addictions

Todd Reynolds, LCADC, CADC, ICADC, MSSW

CURRENT EXPERIENCE

- Currently in private practice
- Over 30 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
- Private Practice, 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

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 of 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.

ADDICTION IS A DISEASE THAT EFFECTS
THE BRAIN

IT BEGINS IN ADOLESCENSE

AVERAGE AGE OF FIRST USE

- ALCOHOL – Use of first full drink – Age 11
- ILLICIT DRUGS – First Use – Age 12.8

- 1985 – Either – Age 14.2

The Adolescent Brain - 1st was the terrible twos, now the traumatic teens!

- The brain undergoes a growth spurt in the same way as the body does. There are changes in the structure and layout of the teenage brain.
- There are significant growth and development events that occur between 13-23

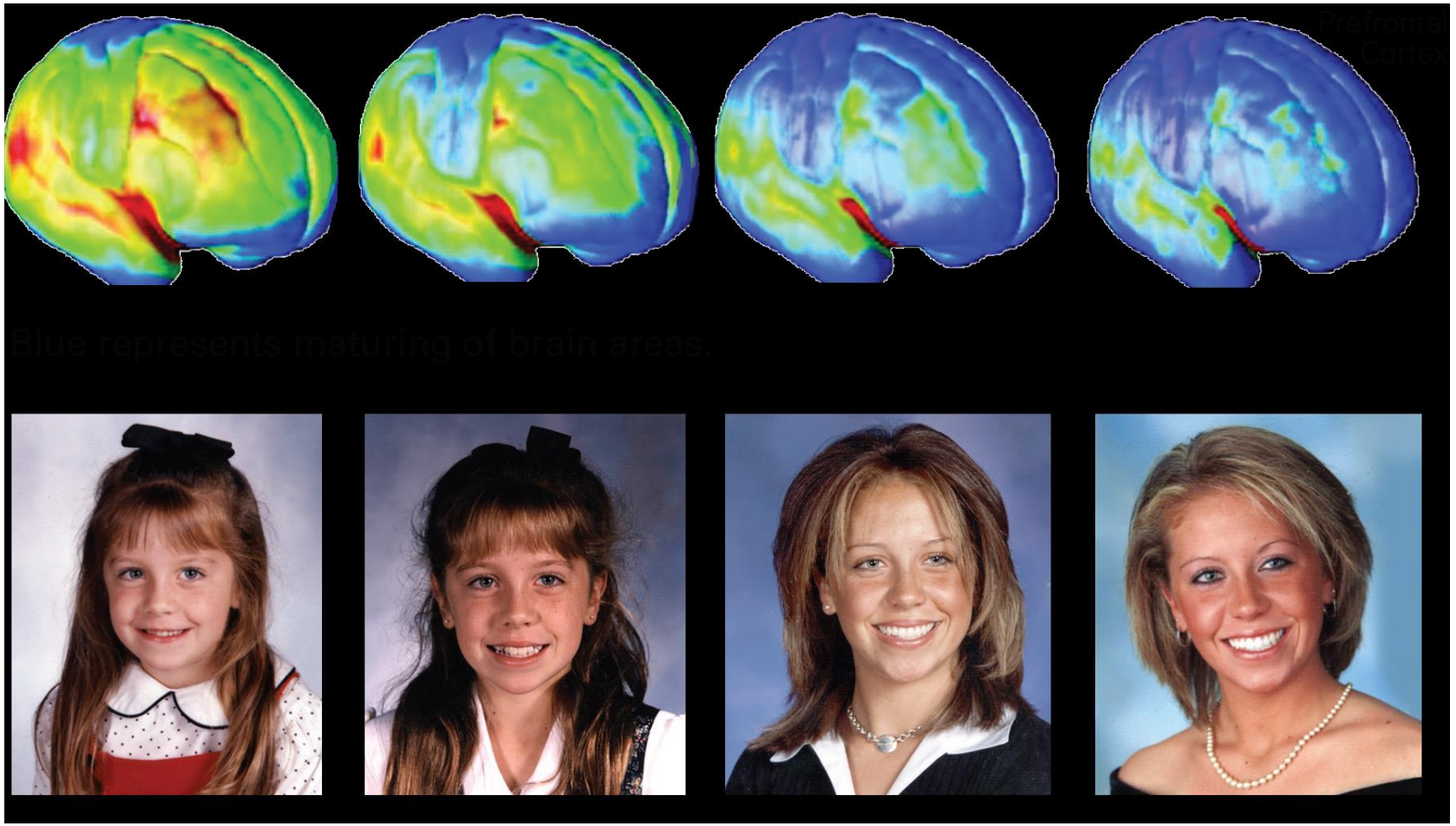
TWO SIGNIFIICANT CHANGES

1. Growth of fatty insulation around the brain connections. This increases the speed of brain messages a hundred-fold.

1. Pruning process in the front of the brain, the part responsible for decision making, planning, emotion control, and empathy. This process re-shapes the teenage brain.

AGES

5 10 15 20



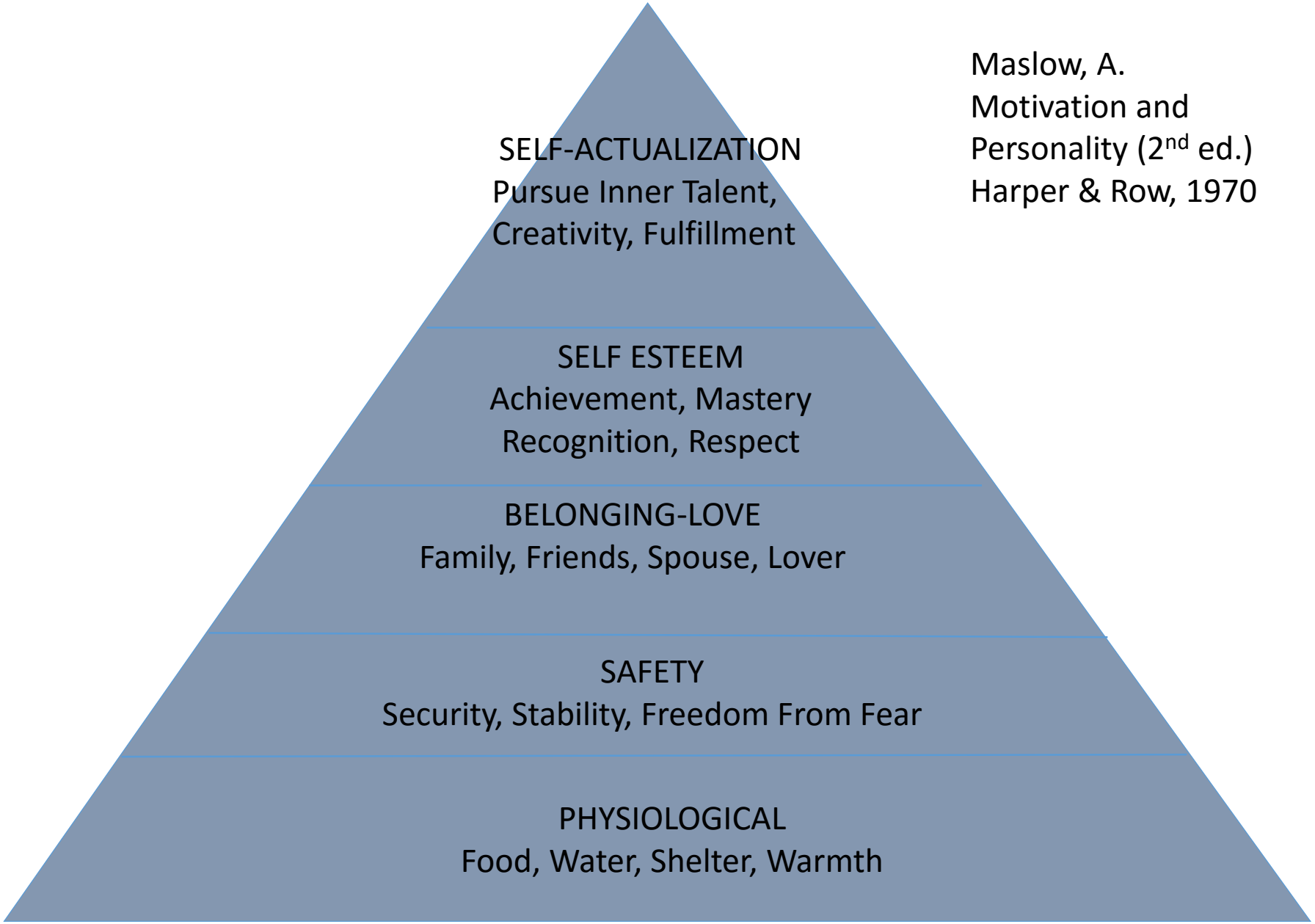
Age of Onset of Drinking (NIAAA)

	Before Age 15	Age 17	Age 21-22
Alcohol Dependency	40.1%	24.5%	10%

- ❑ Similarly, the prevalence of alcohol abuse declined as the drinking age rose. Of those who began drinking at age 14, 13.8 percent subsequently were classified with alcohol abuse, compared with 2.5 percent of those who began drinking at age 25 and older.
- ❑ Overall, the risk for lifetime alcohol abuse decreased by 8 percent with each increasing year of age of drinking onset.

SO WHAT?

- Fewer coping skills
- Increased Impulsivity
- Immaturity
- Habilitation vs. Rehabilitation
- They may have addiction; they may not be addicts.

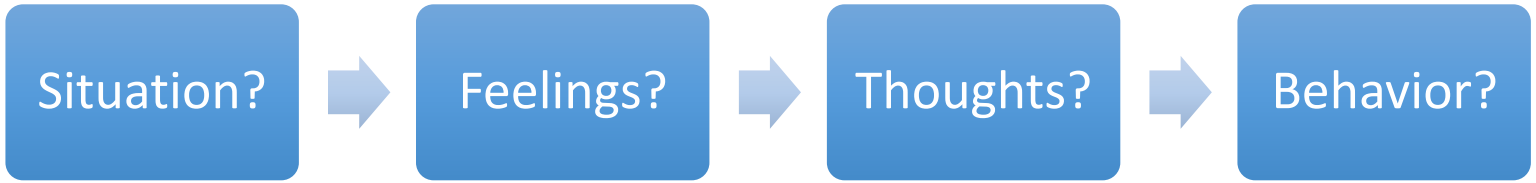


Maslow, A.
Motivation and
Personality (2nd ed.)
Harper & Row, 1970

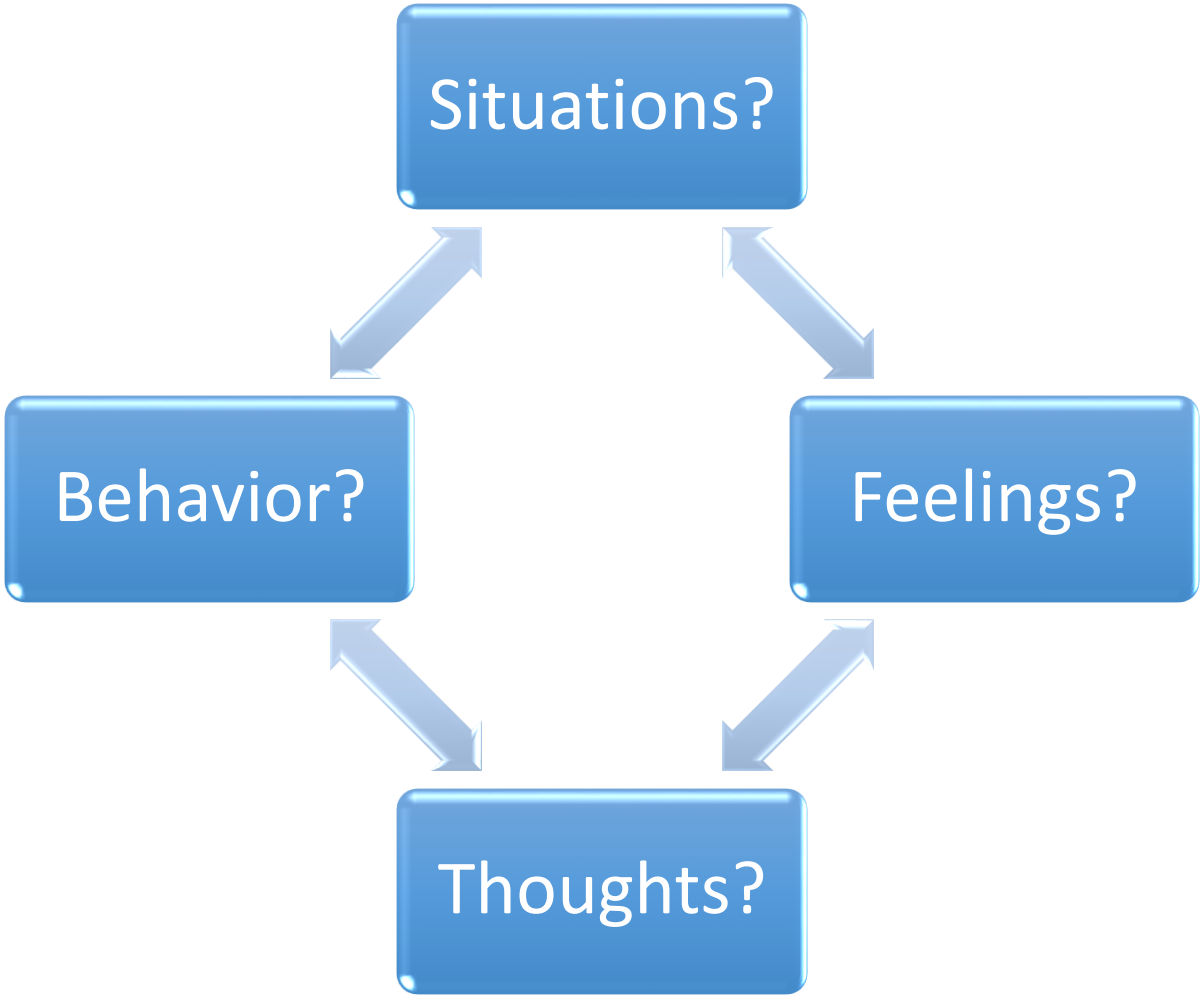
ABRAHAM MASLOW HIERARCHY OF NEEDS

What is the Problem?

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 oriented to problem solving

Theory

- Developed by Dr. Aaron Beck
- 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. For most of us in patterns or ways of being.

Theory

- CBT helps people identify their automatic thoughts and to evaluate how helpful, healthy, valid, true and/or realistic they are.
- Then CBT helps them learn how to change these Automatic Negative Thoughts (ANTS).
- 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. Teaches How to Become Their Own Therapists
11. Emphasizes Relapse Prevention
12. Time Limited
13. Structured
14. Teaches ID, Evaluation, Response to change thinking, 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. Then get more 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

STRUCTURINGTHE 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. Elicit 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)

GROUP THERAPY

STRUCTURING THE SESSION

CHECK IN-
Name, Emotion, Differing Topics (You choose in regard to where the group is or where you want to take them.)
VERY BRIEF

GO ‘ROUND-
What do you need to work on to improve your recovery? LIMIT STORY. You are just finding out the agenda.

OPEN IT UP-
This is working on the agenda. The group chooses and you choose.

GROUP THERAPY

STRUCTURING THE SESSION

DO THE WORK-
Use the techniques. Find the ANT's. Challenge the core beliefs. Co-create the healthier alternative thoughts. Make the connections to the work and to each other.

HOMEWORK-
Have client create their own. Assign what may be appropriate.

Wrap-up
Summarize, Elicit Feedback, Gratitudes, Blessings

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

- Functional Analysis
- Goal Setting
- Identifying Automatic Thoughts
- Identify Thinking Distortions
- Socratic Questioning
- Drill Down
- Examine the Evidence
- Problem Solving

TECHNIQUES

- Behavioral Experiments
- Stay Focused and Stick to the Agenda
- Awareness of Stage of Change
- Use of Scales (Beck, Zung, Likert)
- Recovery Plan
- Scheduling

How does using fit into your life?

- First learn the details of a client's drug use. 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. Those details are critical to creating a useful plan.

Functional Analysis
The Five W's

The 5 W"s of Using

- When?
- Where?
- Why?
- With / from whom?
- What happened?

The 5 W's

Addicts don't use randomly. You need to know:

- The times **when** they use.
- The places **where** they buy and use.
- The internal physical and emotional states and external cues that trigger craving **(why)**
- The people with **whom** they use and the people from **whom** they buy from
- The effects the client receives from the drugs – the psychological and physical benefits (**what happened – advantages and disadvantages**)

Questions clinicians can use to learn the 5 Ws

- Where were you when you decided to use?
- What was going on before you used?
- How were you feeling before you used?
- How, from whom, where did you obtain and use drugs?
- With whom did you use?
- What happened after you used?

Functional Analysis or High-Risk Situations Record

Antecedent Situation	**Thoughts**	**Feelings and Sensations**	**Behavior**	**Consequences**
Where was I? Who was with me? What was happening?	What was I thinking?	How was I feeling? What signals did I get from my body?	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?	What happened after? How did I feel right after? How did other people react to my behavior? Any other consequences?

GOAL SETTING

- Specific
- Measurable
- Achievable
- Realistic
- Time Oriented

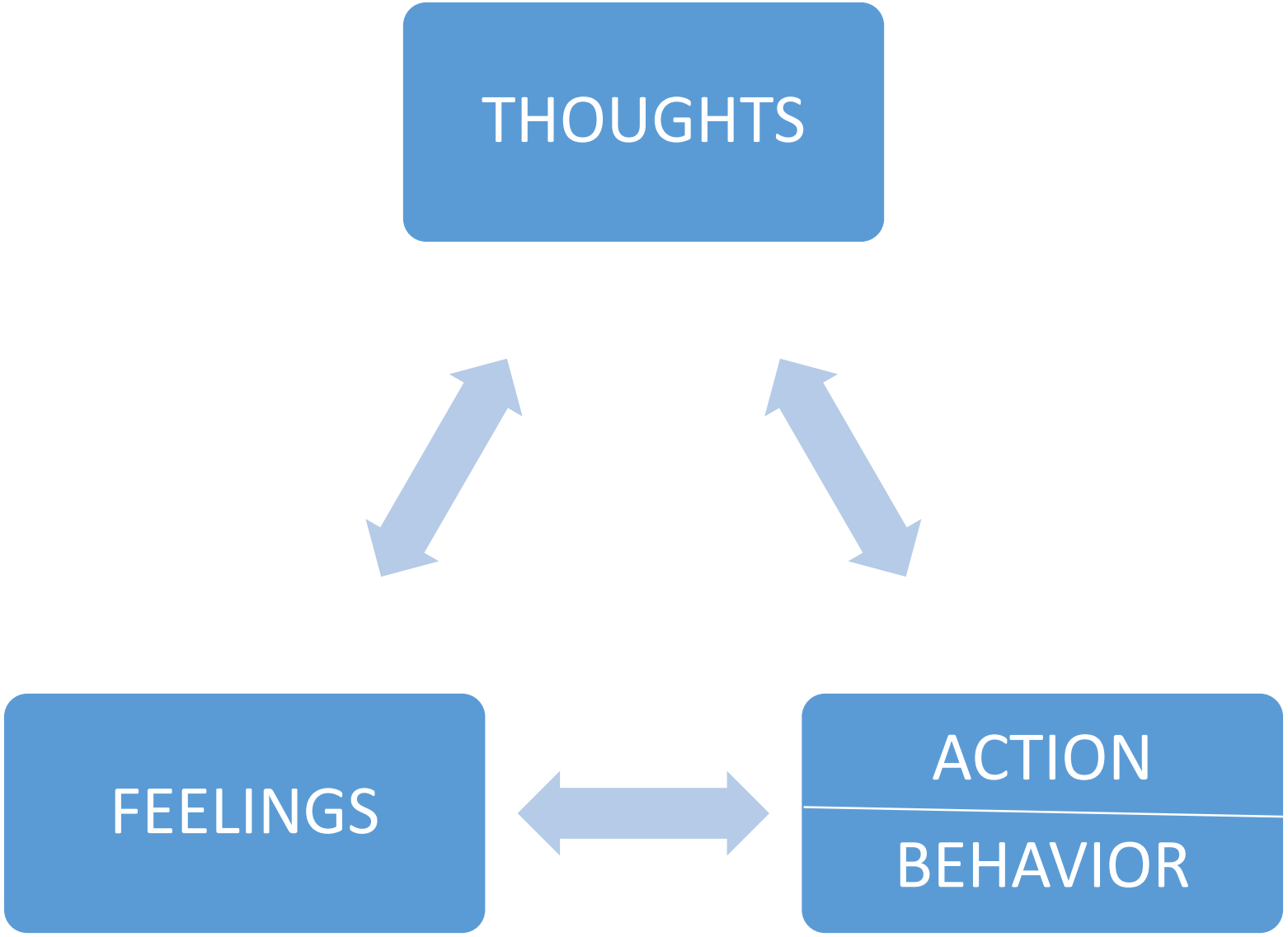
SMART

AUTOMATIC THOUGHTS

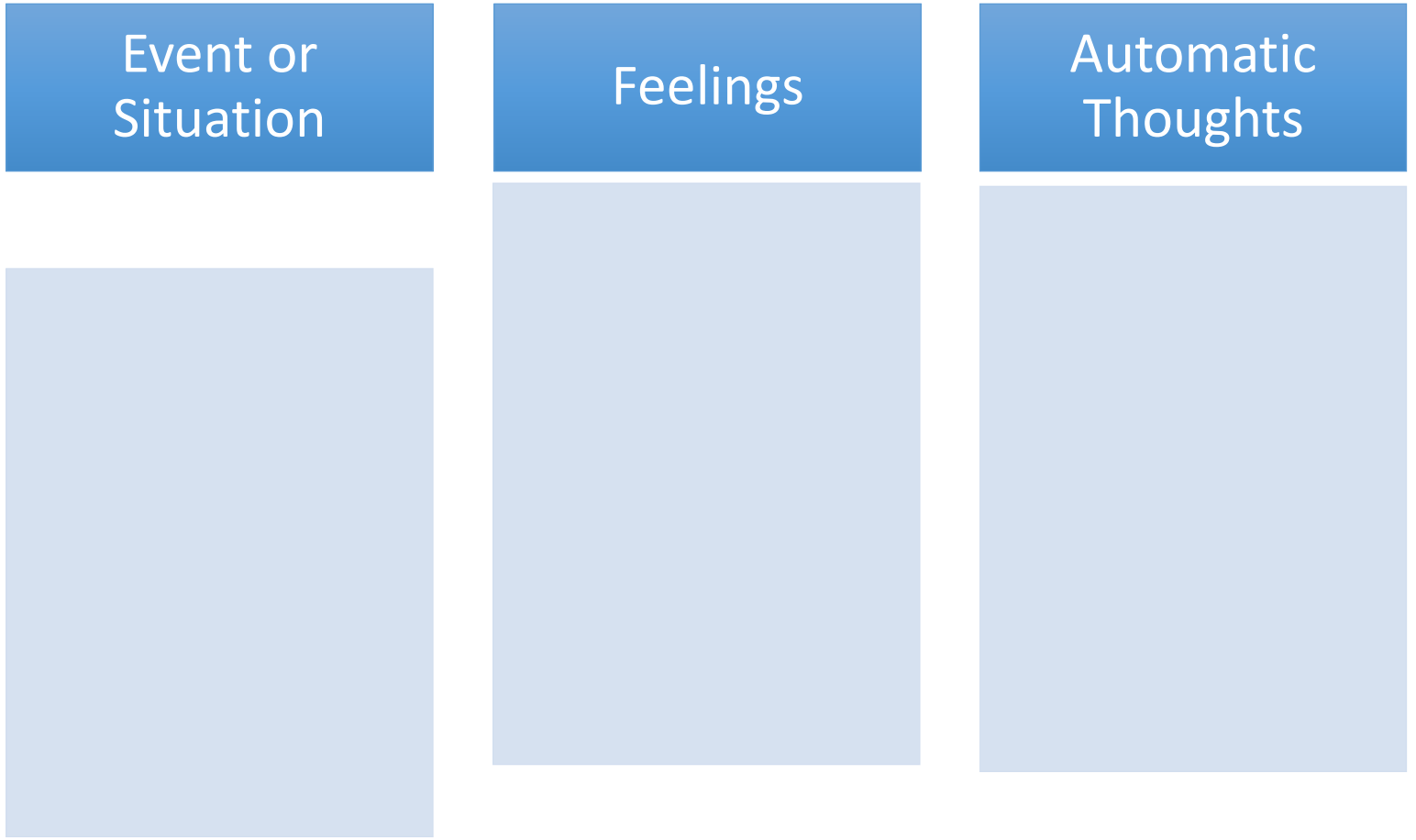
- Automatic thoughts are thoughts that occur when you are in a situation
- Everybody has them; we couldn’t function otherwise
- You may have them when thinking about past events in your life
- You may have them when thinking about future events that you anticipate occurring
- You may not even be consciously 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


THOUGHTS
FEELINGS
ACTION
BEHAVIOR

Thought Record



Thinking Distortions

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

Thinking Distortions

All or Nothing Thinking:

Over Generalizing:

Ignoring the Evidence:

Disqualifying the Positive:

Mind Reading:

Fortune Telling:

Catastrophizing:

Magnifying or Minimizing:

“Shoulds”:

Labeling/Mislabeling:

Personalization:

Maladaptive Thought:

Compensatory

Misconceptions:

Permission Giving

Statement:

Thinking Distortions

- **All or Nothing Thinking:**
  Thinking of things in “black-or-white” or rigid categories. If something is less than perfect, it is seen as a total failure.
  e.g. You get nine A’s and one B on your report card. You believe this a terrible report card.

Thinking Distortions

- **Over Generalizing:**
  Thinking of a single negative event as a never-ending pattern.
  e.g. You stumble on your way into work and believe you are a clumsy, stupid loser.

Thinking Distortions

- **IGNORING THE EVIDENCE:**
  Dwelling on a single negative detail, and ignore moderate or positive things that may occur.
  e.g. You mispronounce one word in a speech, yet you receive many unsolicited praises from your colleagues for the same speech. You ignore the praise and view it as a total failure.

Thinking Distortions

- **Disqualifying the Positive:**
  Rejecting positive experiences, …“they don’t count”. Maintaining a negative view in spite of contradictory evidence.
  e.g. Several colleagues ask you for tips on delivering good speeches, telling you they want to emulate your excellent public speaking ability. You still believe that your shortcomings outweigh your abilities, and distrust your colleagues’ motives for asking you for help.

Thinking Distortions

- **Mind Reading:**
  Arbitrarily concluding that someone is reacting negatively to you, and don’t bother to check this out with them.
  e.g. A party guest is looking elsewhere as you are talking to her. You assume she is bored and wants to get away from you, so you leave. (Another friend later tells you that the party guest was hoping to exchange phone numbers with you, liked you very much and wonders why you left so abruptly).

Thinking Distortions

- **Fortune Telling (Jumping to Conclusions):**
  Anticipating that things will turn out badly, and feeling convinced that a prediction is a fact.
  e.g. You turn down a party invitation, convinced that no one would be interested in talking to you anyway.

Thinking Distortions

- **Catastrophizing:**
  Believing the worst-case scenario will happen.
  e.g. Someone turns you down for a date. You are convinced you will lead a life of loneliness

Thinking Distortions

- **Magnifying or Minimizing:**
  Exaggerating the importance of certain things (such as your mistakes or other's successes) and minimize other things (such as your own desirable qualities or other's imperfections).

Thinking Distortions

- **Emotional Reasoning:**
  Assuming that the way you feel reflects the way things are.
  e.g. You feel inadequate and fatigued, and assume that things are useless and require too much effort.

Thinking Distortions

- **“Shoulds”:**
  Believing you must live up to certain perfectionist expectations. May possibly have perfectionist expectations of others.
  e.g. I must do this, or I am inadequate. (“Shoulds” directed at yourself may result in guilt feelings.)
  e.g. They must do this, or they are inadequate. (“Shoulds” directed at others may result in anger or resentment.)

Thinking Distortions

- **Labeling/Mislabeling:**
  "Over-Generalizing". Instead of describing an error, attaching a negative, generalized label to yourself/others.
  e.g. Instead of recognizing that you made a small error, you label yourself a "Loser".

Thinking Distortions

- **Personalization:**
  Seeing yourself as responsible for events around you that you had little/no responsibility for.
  e.g. A woman behind you at a store knocks over a display, and you apologize for possibly contributing to the incident.

Thinking Distortions

- **Maladaptive Thought:**
  Any belief that is not useful to you in a given situation. (Maladaptive thoughts are excessive in nature and are not substantiated by external evidence).

Thinking Distortions

- **Compensatory Misconceptions:**
  The belief that you need to inflate your achievements to be socially successful.
  e.g. Telling people you graduated from Harvard, when you did not.
  Believing that you are inadequate as you are.

Thinking Distortions

- **Permission Giving Statement:**
  The thing that you tell yourself that gives you permission to use.
  There are many on the way, there is always a final though or thoughts that give the OK to go ahead and drink and drug.

THOUGHT CHANGE RECORD

	EVENT SITUATION	AUTOMATIC THOUGHTS	EMOTIONS	LOGICAL THOUGHTS	OUTCOME
Date	a. Actual event b. Thoughts memories	a. Write AT's b. Rate belief in AT 0-100	a. Specify feeling b. Rate intensity 0-100	a. ID Thinking Distortions b. Write realistic, healthier thought c. Rate belief 0-100	a. Rate feeling 0-100 a. Describe changes in how could handle situation

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

DRILL DOWN

(Dig Deeper)

- 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?
  - What is your deeper truth?
  - How is that important?
  - Get all the meaning out – What else? Anything else?
- At bottom – What does that mean about you and who you are? Get all the meaning, judgments, beliefs out
- Also useful in obtaining a permission giving statement

Examine the Evidence

- Looking at the Evidence to support or refute Automatic Thoughts, Behaviors, Courses of action, and Core Beliefs.
- A structured form of this is identifying the Advantages and Disadvantages of an action and the converse of the same action. For example: what are the Advantages & Disadvantages of smoking and what are the Advantages & Disadvantages of quitting smoking?

Problem Solving

- Three Step Problem solving Method
  - What is the Problem?
    - This must be a collaborative process. How the problem is identified is essential to the solution.
  - What is the Solution?
    - Driven by how the problem is identified, there may be several possible solutions
  - What is the Plan of Action?
    - Without a plan of action, nothing happens.

Behavioral Experiments

Set-up a behavioral experiment for your patient to do. You are collaboratively setting up an experiment to see if his/her automatic thoughts, core belief’s etc. are accurate or inaccurate.

Plan experiments thoroughly don't just say "why don't you try it out"?

Find out what beliefs are being tested, and how much the client believes them now.

Be specific about what the client will do, where and when

Think about what problems are likely to be encountered and how to deal with them.

Behavioral Experiments

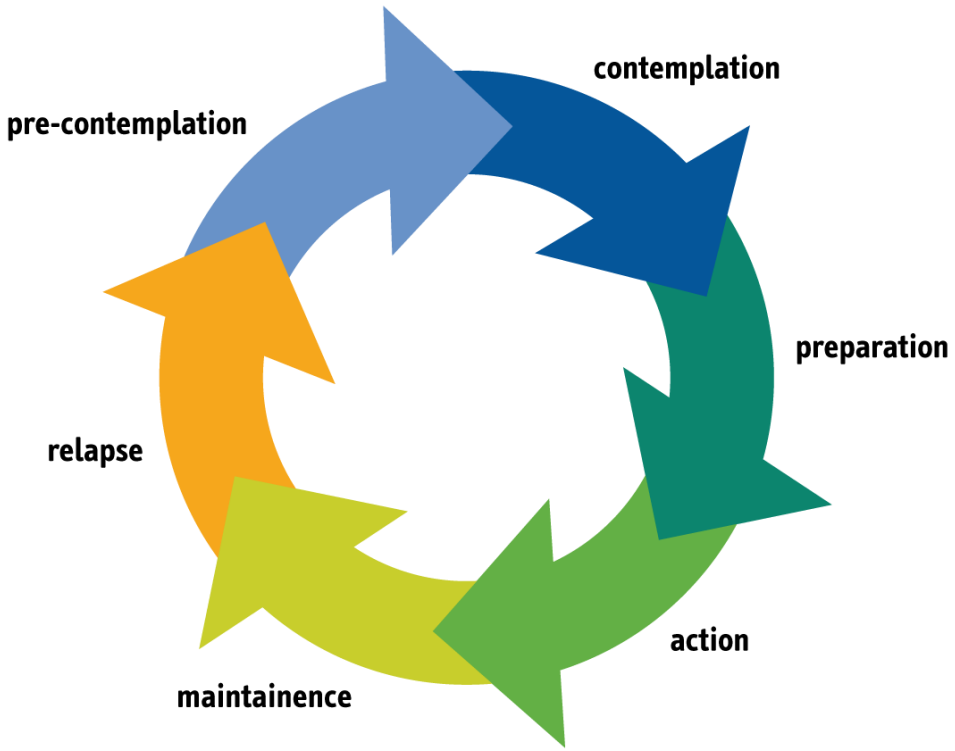
Set up experiments to be “no-lose” – we learn whatever happens

After the experiment, explore the outcome – what happened, which beliefs were vindicated, what the client has learnt – how much their beliefs have changed

Be enthusiastic and positive about the clients efforts and stay curious

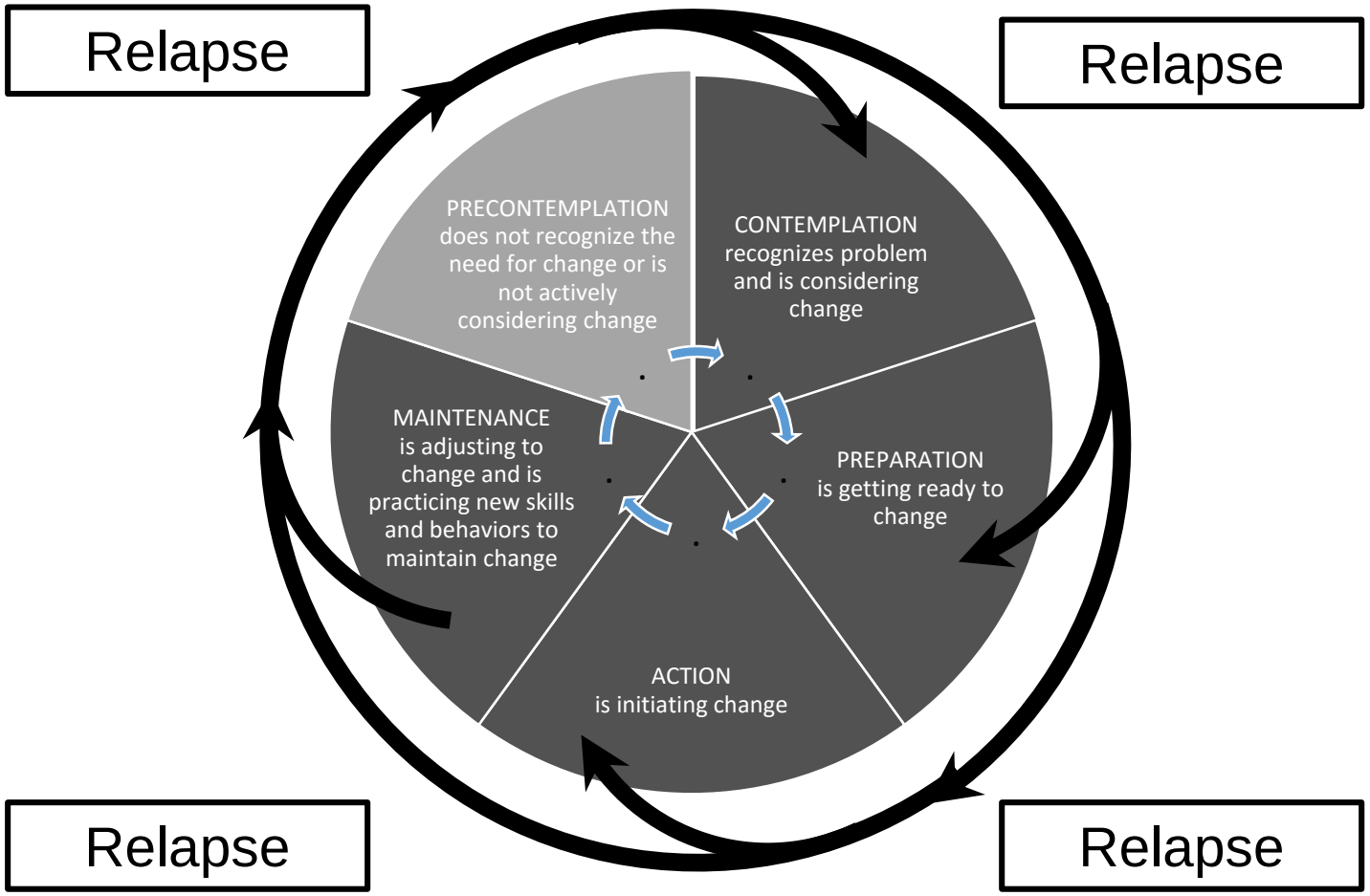
Finish by asking "what's the next step?"

Stages of Change



Transtheoretical Model of Change
Prochaska & DiClemente

Not a Straight Line



Recovery Planning Therapy

Terms

- Not Using or Abstinence- simply not using mood or mind altering drugs (yes, including marijuana)
- Recovery, Sobriety or Clean Time – a period of time that I am not using and I am working a plan or program of recovery.
- Slip- a brief period of time where I use. I quickly get back on the plan. I have a new clean date.
- Relapse- a sustained return to use. I have no plan of recovery. I am back in the madness.

Recovery Plan

- I have a written action plan of recovery.
  - Addresses all life areas – Biological, Psychological, Social, Spiritual, Therapy, Medical, Educational, Financial, Employment, Meetings, Exercise, Medications,
- I have a daily written schedule. This provides the structure that I need to be able to succeed.
- I commit to the plan. I have accountability to other people (therapist, family, sponsor, support group, faith leader, etc.) about my plan.

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
- ??

KEY PEOPLE

- Aaron Beck
- David Burns
- Terrence Gorski
- Stanton Samenow

SUGGESTED READING

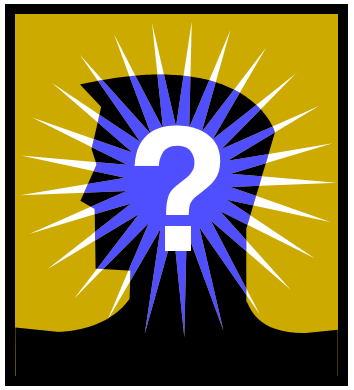
- COGNITIVE THERAPY: THE BASICS AND BEYOND – JUDITH S. BECK
- COGNITIVE THERAPY OF SUBSTANCE ABUSE – BECK, WRIGHT, NEWMAN, LIESE
- ANYTHING BY DRS. AARON BECK AND JUDITH BECK
- SEEKING SAFETY – LISA M. NAJAVITS
- FEELING GOOD – DAVID BURNS
- CHANGING FOR GOOD – JAMES O. PROCHASKA, JOHN C. NORCROSS, CARLO C. DICLEMENTE

GET MORE TRAINING

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

GET GOOD SUPERVISION

Questions?



Comments?

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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