



# OVERVIEW OF COGNITIVE BEHAVIORAL THERAPY FOR SUBSTANCE USE

ALLY DIR, PHD, HSPP

ASSISTANT PROFESSOR, DEPARTMENT OF PSYCHIATRY, INDIANA UNIVERSITY SCHOOL OF MEDICINE

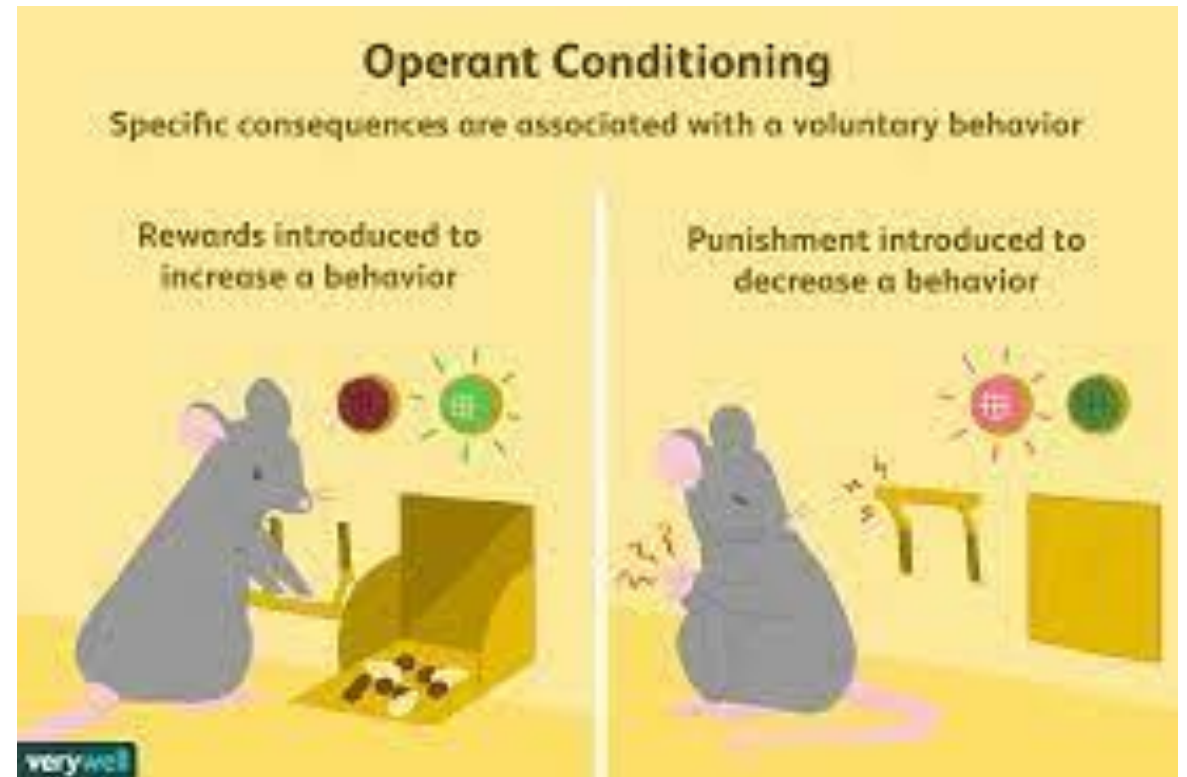


# COGNITIVE BEHAVIORAL THERAPY (CBT)

- CBT is a structured, short-term, present-focused psychotherapy directed toward solving current problems and modifying dysfunctional thinking (inaccurate and/or unhelpful) and behavior.
- Developed to treat depression but has been translated to treat other issues, including substance use
- Theoretical basis is that behaviors and thought patterns are **LEARNED**

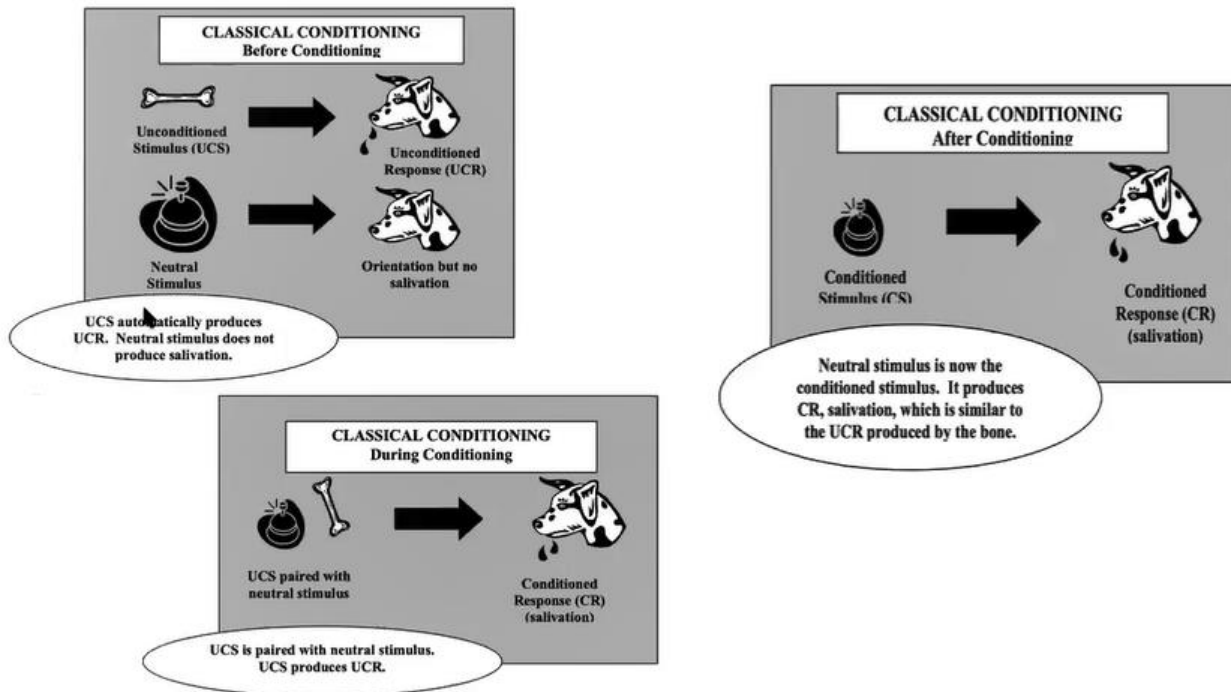
# OPERANT CONDITIONING

- Explains how potentially undesirable behaviors or thoughts are strengthened & maintained (become a habit) due to reward
  - Anxious, shy teenager goes to party, tries alcohol, & learns that alcohol makes him feel more sociable
- In therapy, this means reinforcing positive behaviors is powerful!



# CLASSICAL CONDITIONING

- Can be used to explain drug cravings – cravings are activated by conditioned stimuli (triggers)
- Good news: these things can become unpaired!
- Therapy teaching point: cravings don't come out of the blue – need to identify internal & external triggers



# CBT MODEL OF SUBSTANCE USE

Activating Stimulus  
(internal/external)

Automatic  
Thought /  
Addictive Belief

Craving / Urge

Facilitating /  
Permissive thoughts

Use

External:  
at a party

Internal:  
anxious, self-  
conscious

“Alcohol is the  
only thing that  
relaxes me.”

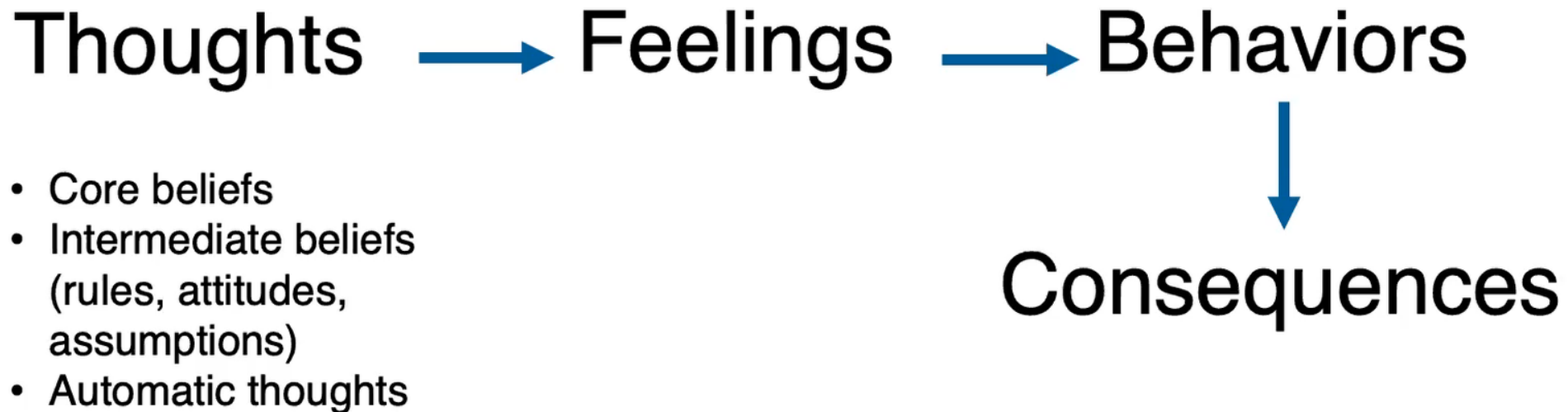
“I can just have  
one.”

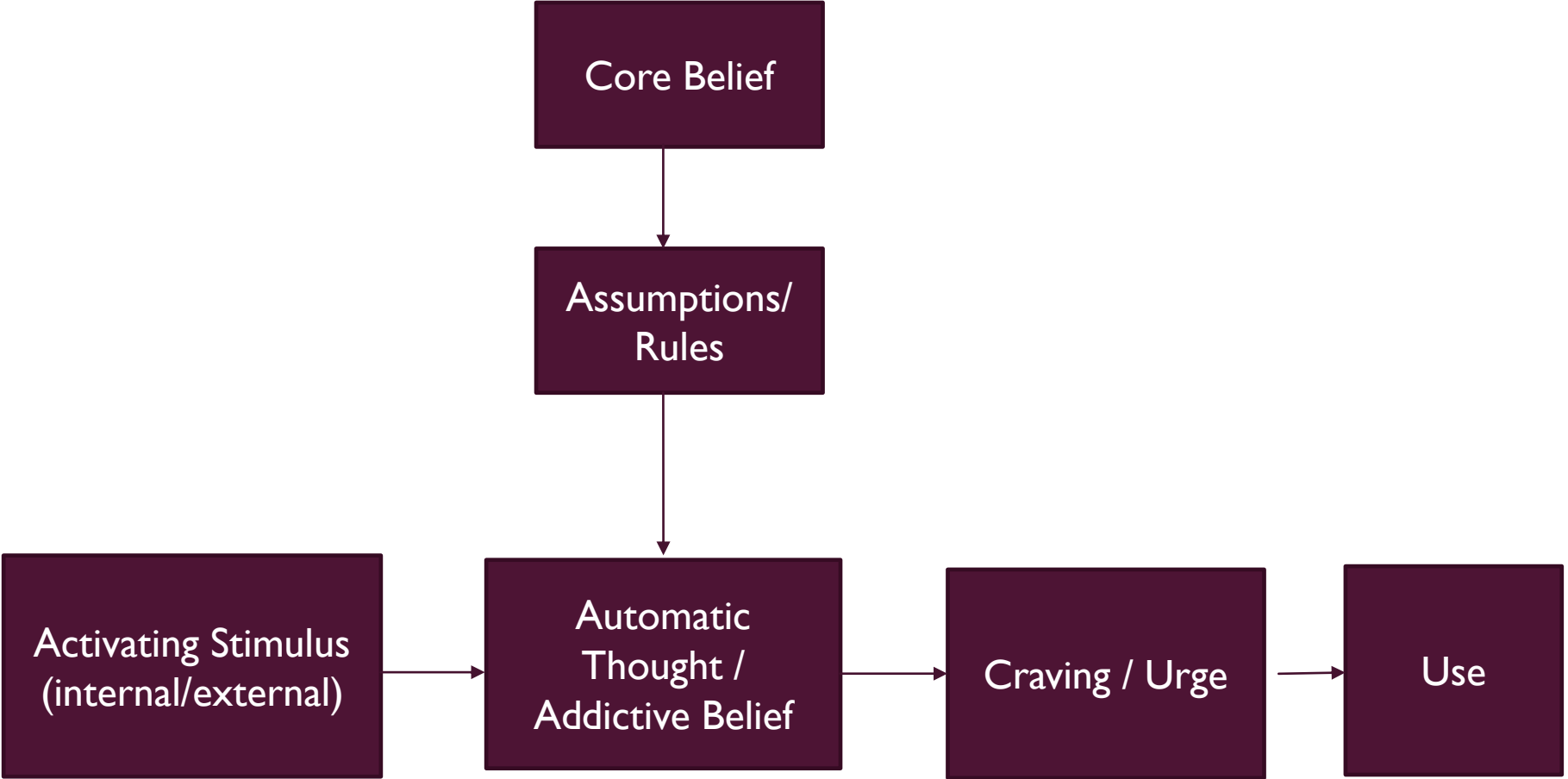
# CBT PRINCIPLE I

- CBT is based on an ever-evolving formulation of the client's problems & an individual conceptualization of their thinking & behavior patterns

# THERAPY PRINCIPLE: FUNCTIONAL ANALYSIS

- Early on important to identify their patterns of use – thinking patterns, emotions, & other behaviors that are involved & conceptualization will be revisited throughout treatment



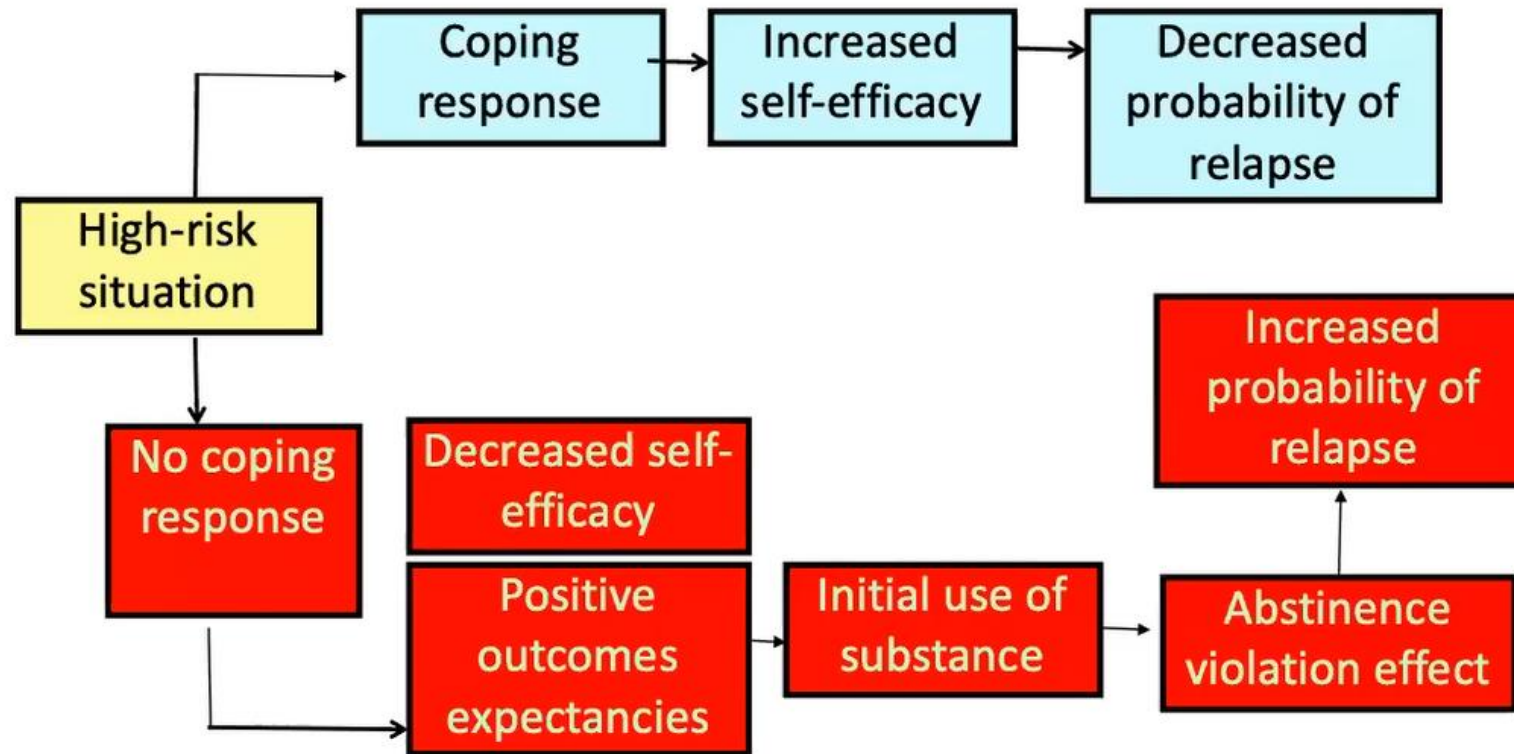




# CBT PRINCIPLE

- CBT is educative, aims to teach the patient to be their own therapist, & emphasizes relapse prevention
- In therapy, walk along side patient, teach them skills,

# MARLATT MODEL OF RELAPSE



Abstinence violation effect: when individual feels sense of failure or despair following “slip-up” which then increases chances of full relapse

# CBT PRINCIPLES

- CBT is present-focused
- CBT is time-limited (goal-oriented)
- CBT sessions are structured
- CBT teaches individuals to identify, evaluate, & respond to their own dysfunctional thoughts & beliefs (cognitive strategies)

# OVERVIEW OF THERAPY GOALS

1. Identifying triggers for substance use & learning to manage triggers
2. Develop skills to cope with cravings & negative emotions
3. Identifying “addictive” or “red flag” thoughts & beliefs regarding substance use & learning to address those thoughts
4. Identifying core beliefs that might impact substance use
5. Developing relapse prevention plan (including above skills)

# SMART RECOVERY



- <https://www.smartrecovery.org/>
- Mutual support groups (and self-guided tools) based in CBT