

# Cognitive Behavioral Therapy & Motivational Interviewing

**Carla Marienfeld, MD, FASAM, DFAPA**

Clinical Professor of Psychiatry

Medical Director Addiction Recovery and Treatment Program

University of California, San Diego

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Carla Marienfeld, MD

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# Learning Objectives

**Identify** the basic principles of common behavioral interventions and applications to addiction treatment.

# Models for Addiction: *Past and ~Present*

## → **Moral:**

- ↑ The addict is weak or bad.
- ↑ The drug itself is evil.

## → **Psychological/Sociological:**

- ↑ “Addictive personality”
- ↑ Learned behavior: Reward theory
- ↑ Family and cultural norms

## → **Medical “brain disease”:**

- ↑ Genetic predisposition
- ↑ Chemical imbalance or neuro-adaptation

# Behavioral Therapies: *Groups*

- Modal format for much SUD therapy:
  - ↑ Cost effective
  - ↑ Increase Access
  - ↑ Peers are a powerful agent of change
  - ↑ Better fidelity to model
- Advantages:
  - ↑ Modeling, varied coping skills
  - ↑ Public affirmations, confession, support
  - ↑ Networks of support

# Behavioral Therapies: *Individual*

- Privacy
- Flexibility to address issues as they arise
- Focus on unique individually relevant issues
- More practical for some providers
- Avoidant patients (e.g., schizophrenia, trauma, socially anxious)

# Selected Evidence-Based Psychosocial Treatments

- Motivational Interviewing (MI)
- Cognitive-Behavioral Treatment (CBT)
- Mutual Help (AA, NA, Smart Recovery, Women for Sobriety)
- Community Reinforcement Approach (CRA)
- Community Reinforcement And Family Therapy (CRAFT)
- Contingency Management (CM)
- Behavioral Couples Treatment
- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavioral Therapy (DBT)
- Supportive Therapy

# What is Motivational Interviewing About?

“MI is about arranging conversations so that people talk themselves into change based on their values and interests.”



# A Range of Styles

Directing



Guiding



Following



- ◆ Teach
- ◆ Assess
- ◆ Prescribe
- ◆ Lead



- ◆ Draw out
- ◆ Encourage
- ◆ Motivate



- ◆ Listen
- ◆ Understand
- ◆ Go along with

# Spirit (PACE)

Emphasis on spirit rather than techniques.

- ◆ Partnership
- ◆ Acceptance
- ◆ Compassion
- ◆ Evocation

# The Spirit of MI: Wrestling vs. Dancing



# Four Foundational Processes of MI

**Planning** (how will we get there?)

**Evoking** (why are we going there?)

**Focusing** (where shall we go?)

**Engaging** (shall we walk together?)

# Core Skills (OARS + I&A)

- ◆ **O**pen Ended Questions
- ◆ **A**ffirming
- ◆ **R**eflecting (simple and complex)
- ◆ **S**ummarizing
- ◆ **I**nforming & **A**dvising (with permission, elicit-provide-elicite)

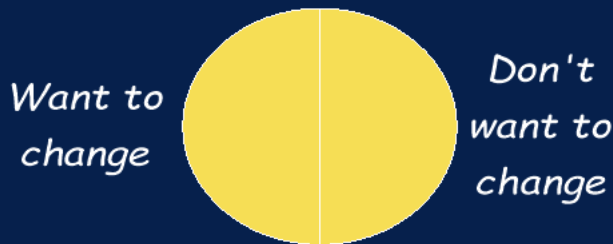
# Reflective Listening

“Right now, drinking doesn’t help me feel better the way it used to. In fact, I feel worse now.”

- Echo: Drinking makes you feel worse now.
- Rephrase: So, you find that drinking is no longer helping you to feel better, the way it used to.
- Double-sided: In the past, drinking helped you to feel better. Now it makes matters worse.
- Continuation: ... and you want to find some way to feel better instead of drinking.

# Facilitating Change

- Change talk: as a person argues on behalf of one position, he or she becomes more committed to it; we talk ourselves into (or out of) things.
- Sustain talk: the more of it is evoked during a counseling session, the more likely that the person will continue the status quo.



# Encourage & Reinforce Change Talk

## DARN CAT

- **D**: desire -- Want, wish, like
- **A**: ability -- Can, could, able
- **R**: reason -- Specific reason for change
- **N**: need -- Need to, have to, must, important

## COMMITMENT LANGUAGE PREDICTS CHANGE

- **C**: commitment — Will, intend to, going to
- **A**: activation — Ready to, willing to (w/o specific commitment)
- **T**: taking steps — Report recent specific action toward change





# Motivational Enhancement Therapy (MET)

- From the founders: “[MET] is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client’s own change resources.”

– Miller et al., 1999

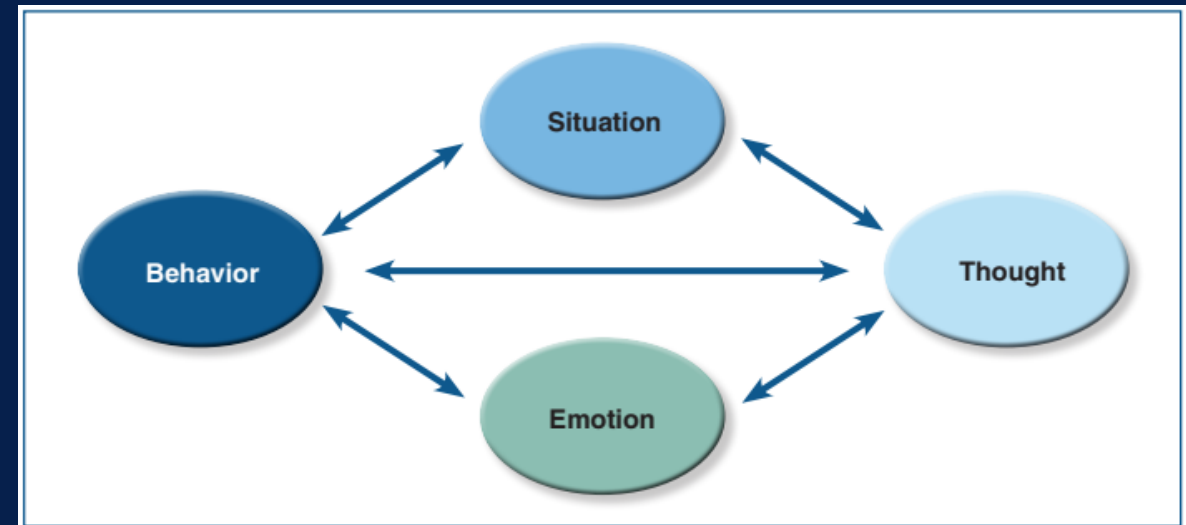
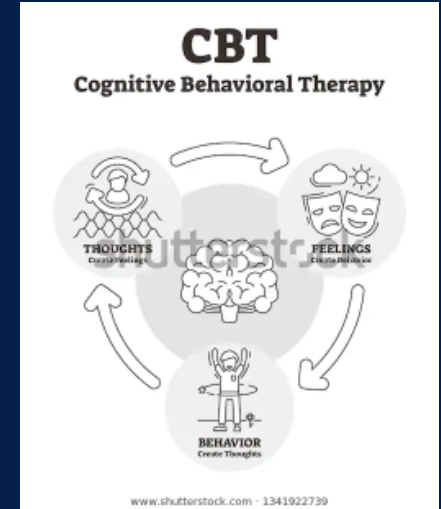
- Adapted from Motivational Interviewing
- 4 session protocol – great for short-term therapeutic relationships
- Used as a tailored approach for substance misusers
- Three phases
- Manual available here: <https://casaa.unm.edu/download/MET.pdf>

# Cognitive Behavioral Therapy (CBT) Efficacy

- CBT models
  - ↑ among the most extensively evaluated interventions for SUDs
- Based primarily on Marlatt and Gordon's 1985 model of relapse prevention
  - ↑ target cognitive, affective, and situational triggers for substance use
  - ↑ provide skills training specific to coping alternatives

# Cognitive Behavioral Therapy

- CBT says: Substance use is reinforcing; this interacts with psychological or behavioral coping deficits to produce increase in substance use
- SUD develops when pattern is repeated
- Solution: more effective coping
- Also deals with expectancies (cognitions)
- Stages of treatment:
  - ↑ Building rapport and alliance
  - ↑ Preparing for Change
  - ↑ CBT Strategies
  - ↑ Maintaining Change/Termination



# Core Elements of Cognitive Behavioral Therapy:

1. **Recognize:** triggers and cues, external and internal
2. **Anticipate/Avoid:** high risk situations-people-places
3. **Cope:** skills for relaxing, dealing with stress, tolerating dysphoria
4. **Connect:** options for support, socializing, fun, and meaning

# Cognitive Behavior Therapy: Basic Treatment Components (1):

- Identification of high-risk situations
  - ↑ “people, places, and things”
- Development of coping skills
  - ↑ To manage risks and triggers, as well as negative emotional states
- Development of new lifestyle behaviors
  - ↑ To decrease the need for and the role of substance use
- Development of sense of self-efficacy
  - ↑ Build on small successes in coping and positive choices

# Cognitive Behavior Therapy: Basic Treatment Components (2):

- Communication skills
  - ↑ Refusal skills
  - ↑ Asking for help
- Preparation for lapses
  - ↑ Process to be learned from “lapses”
  - ↑ Prevent lapse from becoming relapse
  - ↑ Identify and manage patterns of thinking that increase risk
- Dealing with relapse
  - ↑ Relapse is not a catastrophe
  - ↑ Minimize consequences

# Twelve-Step Facilitation (TSF)

→ From the founders: “This therapy is grounded in the concept of alcoholism as a spiritual and medical disease. The content of this intervention is consistent with the 12 Steps of Alcoholics Anonymous (AA), with primary emphasis given to Steps 1 through 5. In addition to abstinence from alcohol, a major goal of the treatment is to foster the patient’s commitment to participation in AA.”

- Nowinski, Baker, & Carroll, 1999

- Emphasizes concepts like acceptance, surrender, the moral inventory
- Covers strategies like HALT
- Includes sessions for family members covering enabling and detaching
- Available here: <https://pubs.niaaa.nih.gov/publications/projectmatch/match01.pdf>

# CRA vs CRAFT

- Both are evidence supported behavioral treatments for SUD
- Community Reinforcement Approach (CRA)
  - ↑ Intended for the person
    - ↑ Based on the belief that a drinker's "community" (e.g., family, social and job environment) plays a critical role in supporting or discouraging use
    - ↑ Consequently, the environment needs to be restructured such that a sober lifestyle is more rewarding than a using lifestyle
- Community Reinforcement and Family Therapy (CRAFT)
  - ↑ An outgrowth of CRA
  - ↑ Helps the family
    - ↑ Method for working with concerned family members in order to get a treatment-refusing person to enter treatment



# Community Reinforcement Approach (CRA)

- Based on operant conditioning: substance use as learned behavior
- Naturalistic: uses contingencies already operating in the individual's natural environment to support change and abstinence (e.g., giving or withholding praise for behaviors)
- Functional analysis of both healthy and substance use behaviors in terms of ability to reward or be aversive
- Refining problem-solving and goal-setting efforts for individual and/or family (teaching positive communication, contracting skills)

# CRAFT

→ From the founder: “The Community Reinforcement Approach and Family Training (CRAFT) intervention is a scientifically based intervention designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment.”

- Robert J. Meyers, 2019

- Goal: treatment engagement for the substance user
- “Positive approach” that avoids confrontation
- Culturally sensitive: works with cultural mores/beliefs to develop treatment plan
- Teaches CSOs to use positive reinforcers (rewards)
- Encourages CSOs to allow the substance user to suffer natural consequences of using behavior
- Includes: functional analysis, sobriety sampling, CRA treatment plan, behavioral skills training, job skills, social/rec counseling, relapse prevention, and relationship counseling

# Contingency Management

- Uses therapeutically applied incentives and other reinforcements to increase one or more target behaviors
- Variety of reinforcement schedules, contingency types, and variations
- Standard treatment includes twelve weeks of CM
- Adjunct to on-going therapy or stand-alone
- Can be implemented by case managers to trained specialists
- Clinical trials indicate:
  - ↑ Increase attendance in programming
  - ↑ Medication adherence
  - ↑ Drug abstinence
  - ↑ Helps stimulant use disorder

# Contingency Management (CM)

- Based on operant conditioning: substance use as learned behavior
- Uses contingencies set in place explicitly and exclusively for therapeutic purposes
- Examples:
  - ↑ Earning vouchers exchangeable for retail products contingent on negative urine toxicology results
  - ↑ Earning methadone take-home privileges for negative urine drug screens

# Behavioral Couples Therapy

- From the founders: “BCT tries to increase and reward behaviors that support abstinence and long-term recovery.”
  - Fals-Stewart, O’Farrell, Birchler, & Gorman, C. (2006)
- Stand alone or in concert with another treatment
- 12 sessions
  - ↑ Support for Recovery
  - ↑ Relationship Enhancement
  - ↑ Communication Skills
  - ↑ Continuing Recovery
- Skills include establishing shared goals, catching partner(s) doing something nice, share rewarding activities, employing problem-solving, generating an action plan for moving forward

# Acceptance and Commitment Therapy (ACT)

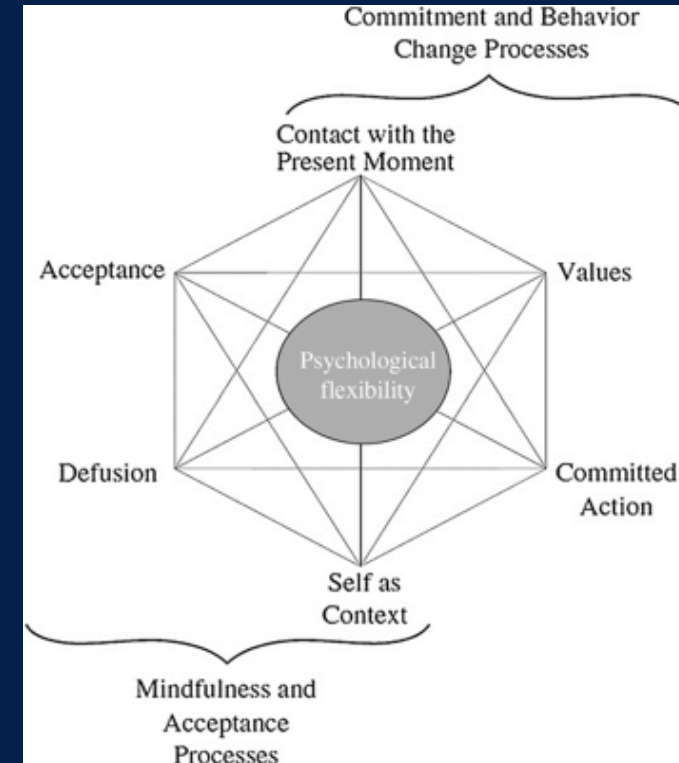
→ Has some studies for use with SUDs

→ Six Core Processes

- ↑ Acceptance
- ↑ Cognitive Diffusion
- ↑ Being Present
- ↑ Self As Context
- ↑ Values
- ↑ Committed Action

→ Useful in helping pts consider how their substance use disconnects them from their values.

→ Comparing “sober values” to “using values” or reconnecting to values



# Dialectical Behavior Therapy (DBT)

- Manual driven behavioral treatment utilizing validation and motivational enhancement techniques
- Often combination of group and individual elements
- Addresses enhancement of four basic capabilities:
  - ↑ Interpersonal effectiveness
  - ↑ Emotional and self regulation capacities
  - ↑ Ability to tolerate distress
  - ↑ Mindfulness

# Dialectical Behavioral Therapy (DBT)

→ From the founder: “When DBT is successful, the patient learns to envision, articulate, pursue, and sustain goals that are independent of his or her history of out-of-control behavior, including substance abuse, and is better able to grapple with life’s ordinary problems.”

- Linehan, 2008

→ Core processes: Change & acceptance

→ Emphasis on abstinence

↑ Change: pushing for immediate and permanent cessation of drug abuse

↑ Acceptance: a relapse, should it occur, does not mean that the patient or the therapy cannot achieve the desired result

→ Key skills: Cope ahead, Failing well

→ Addict Mind → Clean Mind



# Psychotherapy in Everyday Practice

## Basic Elements of Psychotherapy:

- Expectation of receiving help
- Therapeutic relationship
- Obtaining external perspective/support
- Encouraging positive choices
- Frame of understanding

*All available in the medical encounter.*

## Supportive Psychotherapy

Uses direct measures to ameliorate symptoms  
- to maintain, restore, or improve self-esteem, ego functions, and adaptive skills.

Focuses on developing adaptive capacities

Take into account the patient's limitations:

- ◆ Deficits in character structure
- ◆ Defense mechanisms
- ◆ Native ability
- ◆ Life circumstances

# Monitor for Effectiveness and Outcome

- Monitor not just in terms of sobriety/abstinence
- Monitor in terms of functional improvement:
  - ↑ Emotional
  - ↑ Interpersonal
  - ↑ Medical (*Don't rely entirely on self-report*)
  - ↑ Occupational
  - ↑ Legal
- Is there progress toward patient's identified goals?
- Is there active participation in treatment?

# Case Management: Adapt Treatment Based on Ongoing Assessment of Outcome

- Increase level of care
- Improve recovery environment
  - ↑ Joblessness / Homelessness
  - ↑ Substance users in living environment
- Assess and access treatment for co-morbid psych problems
- Increase skills for tolerating negative affects
- Is there now a need for medication treatment?

# Co-Occurring Psychiatric Disorders

## → General guidelines

- ↑ Concurrent treatment post-stabilization is best!

## → PTSD

- ↑ Cognitive Processing Therapy (CPT)
- ↑ Eye Movement Desensitization and Reprocessing (EMDR)
- ↑ Prolonged Exposure (PE)
  - ↑ Concurrent Treatment of PTSD and SUDs using Prolonged Exposure

# In Summary

Many effective,  
evidence-based  
psychotherapy  
techniques

Can be done in many  
settings

Form the core of  
treatment for  
addictions

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