Cognitive-Behavioral Therapy (CBT) - Part 2

CBT for Cocaine Addiction

“This is not that some people have willpower and some don’t. It’s that some people are ready to change and others are not.”
~ James Gordon, M.D. ~

The previous issue of the Addiction Messenger (AM) presented Cognitive-Behavioral Therapy (CBT) as a short-term treatment approach based on the concept that learning processes play an important role in the development and continuation of chemical dependence.

Several key characteristics of CBT make it a valuable treatment tool:

- CBT is a short-term, brief approach which is suited to the resources available to most agencies.
- CBT has been evaluated in clinical trials and has strong support as treatment for cocaine abuse, with evidence pointing towards long-lasting effects.
- CBT is structured and goal-oriented, which can focus clients on their immediate problems quickly.
- CBT is flexible and can be used in a variety of settings (inpatient, outpatient) and formats (group, individual).
- CBT is compatible with pharmacotherapy.

CBT and Cocaine Addiction
The National Institute on Drug Abuse (NIDA) has produced a manual, A Cognitive-Behavioral Approach: Treating Cocaine Addiction, which describes a CBT approach to treating cocaine abuse. The manual covers a variety of topics, including: Introduction to Treatment and CBT, Coping With Craving, Shoring Up Motivation and Commitment to Stop, Refusal Skills/Assertiveness, Seemingly Irrelevant Decisions, An All-Purpose Coping Plan, Problem Solving, Case Management, HIV Risk Reduction, Significant Other Session, and Termination.

Critical Components
The manual begins with a description of two critical foundations of CBT—Functional Analysis and Skills Training, brief excerpts of which follow:

Functional Analysis
Functional analysis means identifying the client’s thoughts, feelings, and environment before and after the cocaine use. Early in treatment this helps the client and counselor identify high-risk situations, and provides insights as to why the client may be using cocaine. Later in treatment it can be used to identify situations they still have difficulty coping with.

Skills Training
CBT helps cocaine abusers unlearn old habits and learn or relearn healthier skills and habits. CBT focuses on helping clients reduce substance use while in treatment, and on teaching skills that can benefit them long...
after treatment. The manual provides practical exercises for counselors to use with their clients in the following areas:

• **Fostering the motivation for abstinence.** CBT techniques such as decisional analysis, which clarifies what the client stands to lose or gain by using cocaine, enhances the client’s motivation to stop cocaine use.

• **Teaching coping skills.** This is the core of CBT - to help clients recognize the high-risk situations in which they are most likely to use substances and to develop other, more effective means of coping with them.

• **Changing reinforcers.** CBT focuses on identifying and reducing habits associated with drug use by substituting positive activities and rewards.

• **Fostering management of painful feelings.** CBT skills focus on recognizing and coping with urges to use cocaine and on learning to tolerate other strong feelings such as depression and anger.

• **Improving interpersonal relationships and social supports.** CBT includes training in interpersonal skills and strategies to help clients increase their support networks and build healthy relationships.

**Limitations**

CBT has been evaluated and found effective with a broad range of cocaine abusers; however, the following are generally not appropriate for CBT delivered on an outpatient basis:

• those who have psychotic or bipolar disorders and are not stabilized on medication;
• those who have no stable living arrangements;
• those who are not medically stable (as assessed by a pretreatment physician exam);
• those who have other concurrent substance dependence disorders, with the exception of alcohol or marijuana dependence (assess the need for alcohol detoxification in the former).

**An Example from the Manual**

Each session described in the manual includes sections on goals, key interventions and practice exercises. Below is an excerpt from the session called “Shoring Up Motivation and Commitment to Stop” which illustrates the manual’s content and structure.

**Session Goals (provides counselor with the overall purpose of the session)**

• Revisit and clarify treatment goals.
• Acknowledge/address ambivalence about abstinence.

• Learn to identify and cope with thoughts about cocaine.

**Key Interventions (directs counselors to use specific techniques to help clients make progress)**

**Clarifying Goals**

Explore the client’s commitment to abstinence and treatment goals to get a clear idea of the following:

• the client’s current readiness for change;
• their current stance toward abstinence;
• a sense of other target goals and problems.

You can help strengthen their commitment through:

• Communicating free choice (e.g., “It’s up to you what you want to do about this”).
• Emphasizing the benefits of abstinence as a goal (e.g., “Your goal of abstinence can have a beneficial effect on your relationships”).
• Providing information and advice around the kinds of problems and issues that should be addressed if the client is to remain abstinent (e.g., “Exploring how to build a new healthy social network will give you valuable tools for the future”).

**Addressing Ambivalence About Abstinence Using A Decision Matrix**

A Decision Matrix can be used to address ambivalence in your client. Use an index card to record your client’s descriptions of possible “benefits” of continued cocaine use (e.g. “It’s the most exciting thing in my life” or “I’m calmer around people” or “I get money from selling cocaine”). Using open-ended questions, you can encourage them to explore each of those benefits (e.g., “Having excitement in your life sounds important; what else does it do for you?”). Often this line of questions helps clients realize that many of these so-called “benefits” are ultimately negative.

Then have the client list possible reasons to stop cocaine abuse and write these on the other side of the card, such as “I want to keep my job” or “More money for things I want.” Suggest that the client read the card when in high-risk situations as a reminder of the negative consequences of cocaine, instead of the euphoria associated with the high.

**Identifying and Coping With Thoughts About Cocaine**

You and your clients can work together on thoughts about cocaine that are difficult to manage by “recognizing, avoiding, and coping”.

**Recognize:** Help your client identify their own cogni-
Distortions and rationalizations, such as:

- **Testing control**: “I can go to parties (see friends who are users, drink or smoke marijuana) without using.”
- **Life will never be the same**: “I love being high.”
- **Failure**: “Previous treatments haven’t worked; there’s no hope for me.”
- **Diminished pleasure**: “The world is boring without cocaine.”
- **Entitlement**: “I deserve a reward.”
- **Feeling uncomfortable**: “I don’t know how to be with people if I’m not high.”
- **What the hell**: “I screwed up again, I might as well get high.”
- **Escape**: “My life is so bad, I just need a break for a few hours.”

**Avoid**: Clients who are focused on positive goals may be less troubled by thoughts of cocaine and better able to avoid such thoughts. Clients can be asked to articulate and record their short- and long-term goals to help them see beyond immediate temptations.

**Cope**: There are a number of strategies for coping with thoughts about cocaine.

- **Think through the high**: Imagine the end of a particularly unpleasant cocaine use, powerful enough to counter any nostalgic thoughts about it.
- **Challenge the thoughts**: Use humor and reframing as an effective way of countering thoughts about cocaine.
- **Review negative consequences**: Review a list of the negative consequences of cocaine.

**Distractions**: Have a list of activities that are pleasant, available, and realistic to help cope with cocaine thoughts.

**Talk**: Talk through cocaine thoughts to dispel them. Expressing thoughts to others can help them lose their power.

**Practice Exercises (activities counselors can assign to help their clients apply what they have learned)**

Clients are asked to practice by recording positive and negative consequences of using, completing a goal worksheet, monitoring their thoughts, and recording coping skills. Forms and instructions are included in the manual.

**Counselor Skills and Training**

Counselors can implement CBT with cocaine abusing clients effectively with appropriate training and supervision. Since this manual focuses on specific cognitive-behavioral techniques and does not cover basic clinical skills, certain prerequisites are recommended. If you wish further information consult Appendix A: Therapist Selection, Training and Supervision in *Manual #1 - A Cognitive-Behavioral Approach: Treating Cocaine Addiction* published by NIDA. You can download it free of charge at: [http://www.drugabuse.gov/TXManuals/CBT/CBT1.html](http://www.drugabuse.gov/TXManuals/CBT/CBT1.html)

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**Sources:**


21st Annual Idaho Conference on Alcohol and Drug Dependency
“Professional Tools for Evidence-Based Practice”
May 16th-May 19th - Boise State University - Boise, ID
For information call: (800) 624-1120 or visit website at www.nta-yes.com

4th Annual Washington State Institute on Addictions Treatment
“Focus on Women and Children”
June 20th-June 24th - Seattle Pacific University - Seattle, WA
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The 2005 Northwest Institute of Addictions Studies
“The Leading Edge: Shaping the Future of Recovery”
July 28th-July 30th - Kingstad Conference Center - Beaverton, OR
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Thursday  July 28  Plenary: Transforming Addiction Treatment: From Episodic Treatment to Chronic Care Management  Tom McLellan, PhD

Special Lunchtime Speaker:  Gov. John Kitzhaber, M.D.

♦  Introduction to the Matrix Model for Treating Stimulant Abuse  Chris Farentinos, MD
♦  Evidence Based Practice in Women’s Treatment  Bonnie Malek, MS
♦  Panel: Implementing Evidence-Based Practices in the Real World: Reality or Fantasy?  Michael Levy, PhD
♦  Practical Approaches for Creating a Continuum of Care for Co-Occurring Disorders  Cathy Moonshine, PhD, MAC, CADC III and Rick Treleaven, MSW
♦  Common Strength: Building Grassroots Leadership for an Emerging Recovery Movement  Tom Hill, MSW
♦  Pain Management: Hard Questions, Troubling Behaviors  Teresa Keane, RN, MSN
♦  Counseling Strategies for Client Financial Issues  Brian Farr, MA

Friday July 29 Plenary: Treating Women in the Criminal Justice System  Susan Crimmins, PhD, LCSW

♦  Forgiveness  Gordon Lindbloom, Ph.D
♦  Community Reinforcement and Family Training (CRAFT): Treatment Works, But First You Have to Get Them In  Gregory Brigham, Ph.D
♦  Strength-Based Practice to Raise Motivation in Adolescents  Michael Clark, MSW
♦  Improving Client Access and Retention in Community Addiction Treatment  Steve Gallon, PhD; Elizabeth Strauss, M.S.I.E; Traci Varner, Rachel Spigal, Jeanine Bassett
♦  Cultivating Your Leadership  Valerie Hunter, MA, OTR, MFT
♦  Panel: Medication-Assisted Recovery
♦  Recovery Support: A Bridge from Treatment Back to the Community  Kathy Brazell, Executive Director, and members of the Recovery Association Project
♦  Seeing Through the Silence: Girls Unique Pathways to Addiction  Annette Klinefelter, MEd

Saturday July 30 Plenary: Leadership, the Future and Diversity  James Mason, PhD

♦  Inner Substance: A Psycho-Spiritual, Cross-Cultural Intervention  Michele Eliason, R.N., Ph.D., Diana Amodia, M.D., Carol Cano, CMT
♦  Problem Gambling Treatment for Persons with Co-Occurring Disorders  Jeffrey Marotta, PhD
♦  Using Group Cognitive Behavioral Therapy in Anger Management for Substance Abuse and Mental Health Clients  Torri A. Campbell, PhD
♦  Behavioral Health Recovery Management  Michael G. Boyle, MA
♦  Methamphetamines 101  Eric Martin, MA, CADCIII, NCACII

Registration form is on the other side of this insert
For workshop descriptions and other conference information:

WWW.NWIAS.ORG
Workshops are organized by Clinical, Leadership, Recovery and General Interest Tracks. Please select the workshops you will attend. Go to www.nwias.org to see Tracks and workshop descriptions.

Thursday, July 28

Plenary: Transforming Treatment: McLellan

Option I  Select One All Day Workshop
10AM-4:30PM

- Matrix Model/Stimulant  Farentinos
- EBP in Women’s Treatment  Malek
- Grassroots Leadership  Hill

Option 2  Select One AM and PM Workshop

Morning  10AM-12PM
- Chronic Versus Episodic Tx  McLellan
- Pain Management  Keane

Afternoon  1:15PM-4:30PM
- EBP: Fantasy or Reality?  Panel/Levy
- Co-Occurring Disorders  Moonshine
- Strategies for Financial  Farr

Friday, July 30

Plenary: Women in Crim. Justice  Crimmins

Option 1  Select One All Day Workshop
10AM-4:30PM

- Tx of Women in Crim. Justice  Crimmins
- Motivation in Adolescents  Clark
- Improving Access  Gallon

Option 2  Select One AM and PM Workshop

Morning  10AM-12PM
- Forgiveness  Lindbloom
- Medication in Recovery  Brazell
- Girls Path to Addiction  Kleinfelter

Afternoon  1:15PM-4:30PM
- Recovery Support  Brazell
- CRAFT  Brigham
- Pride in Recovery  Eliason
- Leadership Potential  Hunter

Saturday, July 30

Plenary: Are You Ready  Mason

Select One All Day Workshop
10AM-4:30PM

- Inner Substance  Eliason
- Gamblers with COD  Marotta
- Group CBT and Anger  Campbell
- Leadership and Diversity  Mason
- Behavioral Health Recovery  Boyle

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Conference attendees are responsible for housing arrangements throughout the conference. NWIAS has arranged a group hotel rate of $49 and $59 per night at the Homestead Studio Suites Hotel 875 SW 185th Avenue Beaverton, OR. Call 503-690-3600 for reservations.