

# Leader's Guide

## Cognitive Behavioural & Relapse Prevention Strategies



# Training goals

1. Increase knowledge of cognitive behavioural therapy (CBT) and relapse prevention (RP) strategies and resources.
2. Increase skills using CBT and RP strategies and resources.
3. Increase application of CBT and RP strategies for substance abuse treatment

# Module 3: Workshops

**Workshop 1:** Basic Concepts of CBT and RP

**Workshop 2:** Cognitive Behavioural Strategies

**Workshop 3:** Methods for Using Cognitive Behavioural Strategies

# Workshop 1: Basic Concepts of CBT and RP



# Pre-assessment



Please respond to the pre-assessment questions in your workbook.

(Your responses are strictly confidential.)

# Icebreaker

If you had to move to an uninhabited island, what 3 things would you take with you and why? (food and water are provided)



# Training objectives

At the end of this workshop, you will:

1. Understand that substance use is a learned behaviour that can be modified according to principles of conditioning and learning
2. Understand key principles of classical and operant conditioning and modelling
3. Understand how these principles apply to the treatments delivered in cognitive behavioural therapy and relapse prevention training
4. Understand the basic approaches used in cognitive behavioural therapy and how they apply to reducing drug use and preventing relapse
5. Understand how to conduct a functional analysis and know about the 5 Ws of a client's drug use

# **What are Cognitive Behavioural Therapy (CBT) and Relapse Prevention (RP)?**



## **What is CBT and how is it used in addiction treatment?**

- **CBT is a form of “talk therapy” that is used to teach, encourage, and support individuals about how to reduce / stop their harmful drug use.**
- **CBT provides skills that are valuable in assisting people in gaining initial abstinence from drugs (or in reducing their drug use).**
- **CBT also provides skills to help people sustain abstinence (relapse prevention)**

# What is relapse prevention (RP)?

Broadly conceived, RP is a cognitive-behavioural treatment (CBT) with a focus on the maintenance stage of addictive behaviour change that has two main goals:

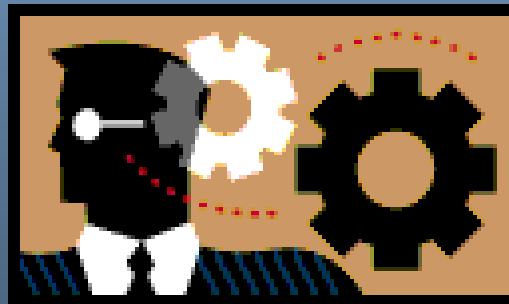
- To prevent the occurrence of initial lapses after a commitment to change has been made and
- To prevent any lapse that does occur from escalating into a full-blow relapse

Because of the common elements of RP and CBT, we will refer to all of the material in this training module as CBT

# Foundation of CBT: Social Learning Theory

## Cognitive behavioural therapy (CBT)

- Provides critical concepts of addiction and how to not use drugs
- Emphasises the development of new skills
- Involves the mastery of skills through practise



# Why is CBT useful? (1)

- CBT is a counseling-teaching approach well-suited to the resource capabilities of most clinical programs
- CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support
- CBT is structured, goal-oriented, and focused on the immediate problems faced by substance abusers entering treatment who are struggling to control their use

## Why is CBT useful? (2)

- CBT is a flexible, individualized approach that can be adapted to a wide range of clients as well as a variety of settings (inpatient, outpatient) and formats (group, individual)
- CBT is compatible with a range of other treatments the client may receive, such as pharmacotherapy

# Important concepts in CBT (1)

In the early stages of CBT treatment, strategies stress behavioural change. Strategies include:

- planning time to engage in non-drug related behaviour
- avoiding or leaving a drug-use situation.



# Important concepts in CBT (2)

## CBT attempts to help clients:

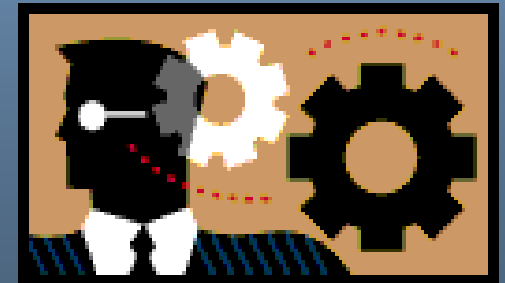
- Follow a planned schedule of low-risk activities
- Recognise drug use (high-risk) situations and avoid these situations
- Cope more effectively with a range of problems and problematic behaviours associated with using



## Important concepts in CBT (3)

As CBT treatment continues into later phases of recovery, more emphasis is given to the “cognitive” part of CBT. This includes:

- Teaching clients knowledge about addiction
- Teaching clients about conditioning, triggers, and craving
- Teaching clients cognitive skills (“thought stopping” and “urge surfing”)
- Focusing on relapse prevention





# Foundations of CBT

The learning and conditioning principles involved in CBT are:

- **Classical conditioning**
- **Operant conditioning**
- **Modelling**

# Classical conditioning: Concepts

**Conditioned Stimulus (CS)** does not produce a physiological response, but once we have strongly associated it with an **Unconditioned Stimulus (UCS)** (e.g., food) it ends up producing the same physiological response (i.e., salivation).



# Classical conditioning: Addiction

- Repeated pairings of particular events, emotional states, or cues with substance use can produce **craving** for that substance
- Over time, drug or alcohol use is paired with **cues** such as money, paraphernalia, particular places, people, time of day, emotions
- Eventually, exposure to cues alone produces drug or alcohol cravings or urges that are often followed by substance abuse

# Classical conditioning: Application to CBT techniques (1)

- Understand and identify “triggers” (conditioned cues)
- Understand how and why “drug craving” occurs



# Classical conditioning: Application to CBT techniques (2)

- Learn strategies to avoid exposure to triggers
- Cope with craving to reduce / eliminate conditioned craving over time



# Operant conditioning: Addiction (1)

Drug use is a behaviour that is reinforced by the positive reinforcement that occurs from the pharmacologic properties of the drug.



## Operant conditioning: Addiction (2)

Once a person is addicted, drug use is reinforced by the negative reinforcement of removing or avoiding painful withdrawal symptoms.



# Operant conditions (1)

**Positive reinforcement** strengthens a particular behaviour (e.g., pleasurable effects from the pharmacology of the drug; peer acceptance)





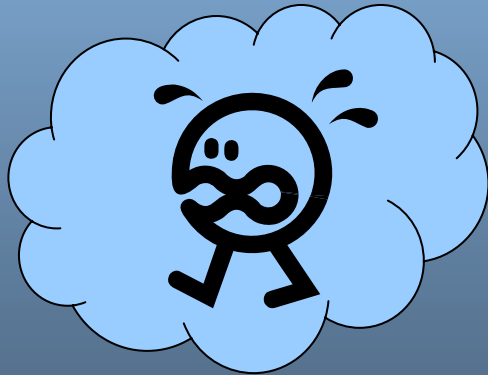
## Operant conditions (2)

**Punishment** is a negative condition that decreases the occurrence of a particular behaviour (e.g., If you sell drugs, you will go to jail. If you take too large a dose of drugs, you can overdose.)



# Operant conditions (3)

**Negative reinforcement** occurs when a particular behaviour gets stronger by avoiding or stopping a negative condition (e.g., If you are having unpleasant withdrawal symptoms, you can reduce them by taking drugs.).



# **Operant conditioning: Application to CBT techniques**

- **Functional Analysis – identify high-risk situations and determine reinforcers**
- **Examine long- and short-term consequences of drug use to reinforce resolve to be abstinent**
- **Schedule time and receive praise**
- **Develop meaningful alternative reinforcers to drug use**

# Modelling: Definition

**Modelling:** To imitate someone or to follow the example of someone. In behavioural psychology terms, modelling is a process in which one person observes the behaviour of another person and subsequently copies the behaviour.



# **Basis of substance use disorders: Modelling**

**When applied to drug addiction, modelling is a major factor in the initiation of drug use. For example, young children experiment with cigarettes almost entirely because they are modelling adult behaviour.**

**During adolescence, modelling is often the major element in how peer drug use can promote initiation into drug experimentation.**

# Modelling: Application to CBT techniques

- Client learns new behaviours through role-plays
- Drug refusal skills
- Watching clinician model new strategies
- Practising those strategies

Observe how  
I say "NO!"

NO thanks, I  
do not smoke



**CBT Techniques for  
Addiction Treatment:  
Functional Analysis / the 5  
Ws**

## **The first step in CBT: How does drug use fit into your life?**

- **One of the first tasks in conducting CBT is to 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 treatment plan.**



# **The 5 Ws (functional analysis)**

**The 5 Ws of a person's drug use (also called a functional analysis)**

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

# The 5 Ws

People addicted to drugs do not use them at random. It is important to know:

- The time periods when the client uses drugs
- The places where the client uses and buys drugs
- The external cues and internal emotional states that can trigger drug craving (why)
- The people with whom the client uses drugs or the people from whom she or he buys drugs
- The effects the client receives from the drugs — the psychological and physical benefits (what happened)

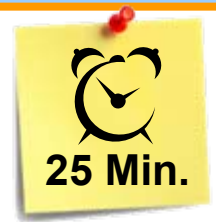
## Questions clinicians can use to learn the 5 Ws

- What was going on before you used?
- How were you feeling before you used?
- How / where did you obtain and use drugs?
- With whom did you use drugs?
- What happened after you used?
- Where were you when you began to think about using?

# Functional Analysis or High-Risk Situations Record

Antecedent Situation	Thoughts	Feelings and Sensations	Behaviour	Consequences
<p>Where was I?</p> <p>Who was with me?</p> <p>What was happening?</p>	<p>What was I thinking?</p>	<p>How was I feeling?</p> <p>What signals did I get from my body?</p>	<p>What did I do?</p> <p>What did I use?</p> <p>How much did I use?</p> <p>What paraphernalia did I use?</p> <p>What did other people around me do at the time?</p>	<p>What happened after?</p> <p>How did I feel right after?</p> <p>How did other people react to my behaviour?</p> <p>Any other consequences?</p>

# Activity 3: Role-play of a functional analysis



## Script 1

Conduct a role-play of a functional analysis:

1. Review 5 Ws with client
2. Provide analysis of how this information will guide treatment planning



**Questions?**



**Comments?**

**Thank you for your time!**

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**End of Workshop 1**

# Workshop 2: Cognitive Behavioural Strategies





# Training objectives

**At the end of this workshop, you will be able to:**

- 1. Identify a minimum of 4 cognitive behavioural techniques**
- 2. Understand how to identify triggers and high- and low-risk situations**
- 3. Understand craving and techniques to cope with craving**
- 4. Present and practise drug refusal skills**
- 5. Understand the abstinence violation syndrome and how to explain it to clients**
- 6. Understand how to promote non-drug-related behavioural alternatives**

# **CBT Techniques for Addiction Treatment: Functional Analysis & Triggers and Craving**

## **“Triggers” (conditioned cues)**

- One of the most important purposes of the 5 Ws exercise is to learn about the people, places, things, times, and emotional states that have become associated with drug use for your client.
- These are referred to as **“triggers”** (conditioned cues).

# **“Triggers” for drug use**

- **A “trigger” is a “thing” or an event or a time period that has been associated with drug use in the past**
- **Triggers can include people, places, things, time periods, emotional states**
- **Triggers can stimulate thoughts of drug use and craving for drugs**

# External triggers

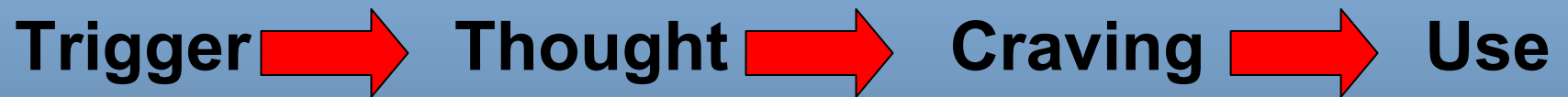
- **People:** drug dealers, drug-using friends
- **Places:** bars, parties, drug user's house, parts of town where drugs are used
- **Things:** drugs, drug paraphernalia, money, alcohol, movies with drug use
- **Time periods:** paydays, holidays, periods of idle time, after work, periods of stress

# Internal triggers

- **Anxiety**
- **Anger**
- **Frustration**
- **Sexual arousal**
- **Excitement**
- **Boredom**
- **Fatigue**
- **Happiness**



# Triggers & Cravings



# Activity 3: Role-playing



## Using the Internal and External Trigger Worksheets:

- Observe the role-play and how the clinician identifies triggers.
- Practise the role-play for 10 minutes





# **CBT Techniques for Addiction Treatment: High-Risk & Low-Risk Situations**

## High- and low-risk situations (1)

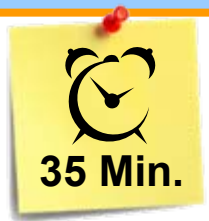
- Situations that involve triggers and have been highly associated with drug use are referred to as **high-risk situations**.
- Other places, people, and situations that have never been associated with drug use are referred to as **low-risk situations**.

## High- and low-risk situations (2)

An important CBT concept is to teach clients to decrease their time in high-risk situations and increase their time in low-risk situations.



## Activity 4: Role-playing



Using the “high-risk vs. low-risk” continuum (see Triggers charts), use information from the functional analysis (5Ws) and the trigger analysis to construct a high-risk vs. low-risk exercise. Role-play the construction of a high- vs. low-risk analysis.



# **CBT Techniques for Addiction Treatment: Strategies to Cope with Craving**

# Understanding craving

## Craving (definition)

- To have an intense desire for
- To need urgently; require

Many people describe craving as similar to a hunger for food or thirst for water. It is a combination of thoughts and feelings. There is a powerful physiological component to craving that makes it a very powerful event and very difficult to resist.

## Craving: Different for different people

Cravings or urges are experienced in a variety of ways by different clients.

For some, the experience is primarily **somatic**. For example, “I just get a feeling in my stomach,” or “My heart races,” or “I start smelling it.”

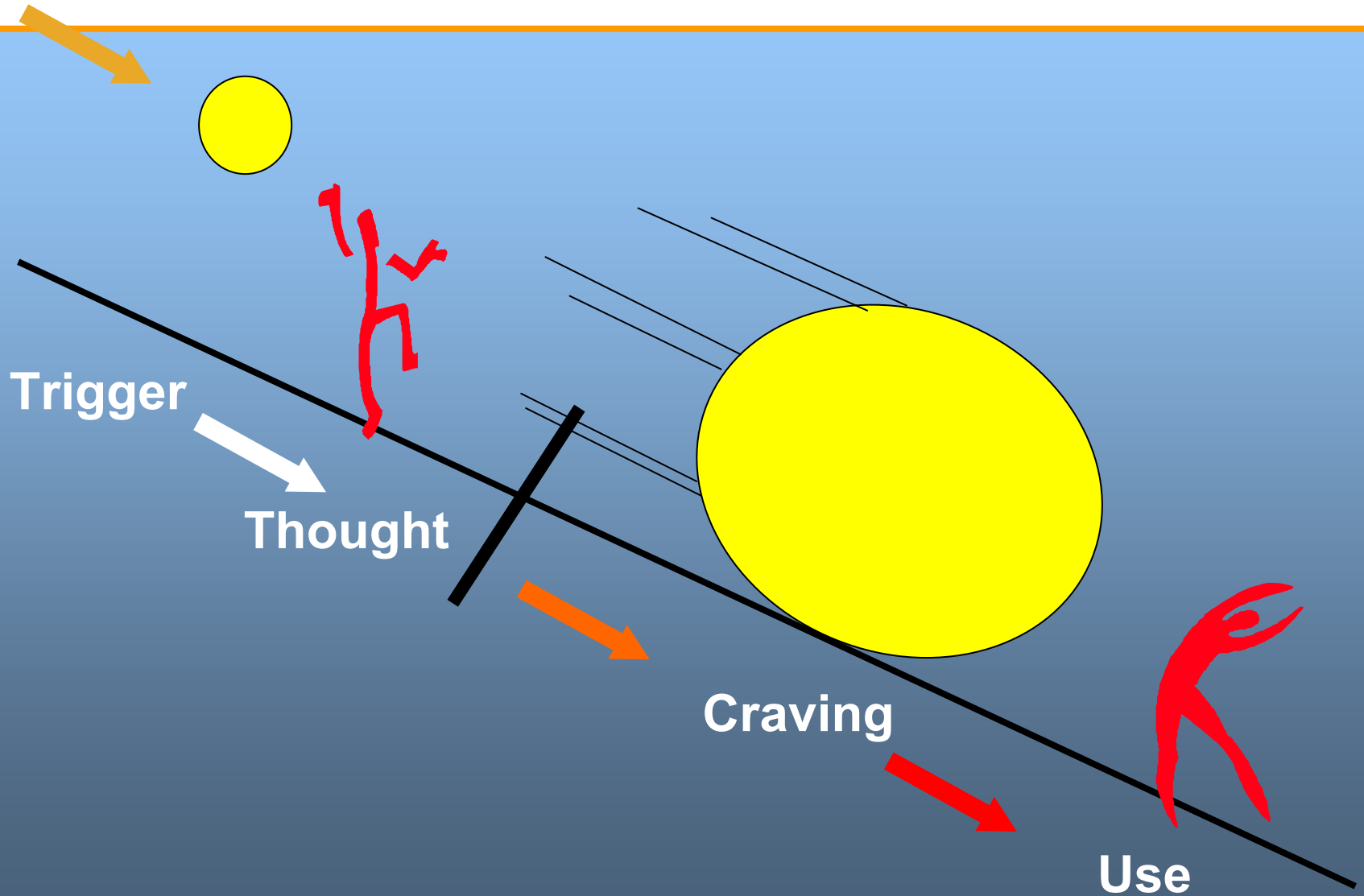
For others, craving is experienced more **cognitively**. For example, “I need it now” or “I can’t get it out of my head” or “It calls me.”

## **Coping with craving**

- **Many clients believe that once they begin to crave drugs, it is inevitable that they will use. In their experience, they always “give in” to the craving as soon as it begins and use drugs.**
- **In CBT, it is important to give clients tools to resist craving**



# Triggers & cravings



# Strategies to cope with craving

## Coping with Craving:

1. Engage in non-drug-related activity
2. Talk about craving
3. “Surf” the craving
4. Thought stopping
5. Contact a drug-free friend or counsellor
6. Pray

# Activity 5: Role-playing



Use the “Trigger-Thought-Craving-Use” sheet to educate clients about craving and discuss methods for coping with craving. Role-play a discussion of techniques to cope with craving.



**CBT Techniques for  
Addiction Treatment:  
Drug Refusal Skills—How  
to Say “No”**

# How to say “No”: Drug refusal skills

- One of the most common relapse situations is when a client is offered drugs by a friend or a dealer.
- Many find that they don't know how to say “No.”
- Frequently, their ineffective manner of dealing with this situation can result in use of drugs.



# Drug refusal skills: Key elements

**Improving refusal skills/assertiveness:  
There are several basic principles in  
effective refusal of drugs:**

- 1. Respond rapidly (not hemming and hawing, not hesitating)**
- 2. Have good eye contact**
- 3. Respond with a clear and firm “No” that does not leave the door open to future offers of drugs**
- 4. Make the conversation brief**
- 5. Leave the situation**

# Drug refusal skills: Teaching methods

After reviewing the basic refusal skills, clients should practise them through role-playing, and problems in assertive refusals should be identified and discussed.

1. Pick an actual situation that occurred recently for the client.
2. Ask client to provide some background on the target person.

## **Role-play: Drug-offer situation**

**Role-play a situation where a drug user friend (or dealer) makes an offer to give or get drugs. Role-play an ineffective response and role-play an effective use of how to say “No.”**



# **CBT Techniques for Addiction Treatment: Preventing the Abstinence Violation Effect**

# Abstinence Violation Syndrome

If a client slips and uses drugs after a period of abstinence, one of two things can happen.

- He or she could think: “I made a mistake and now I need to work harder at getting sober.

**Or**

- He or she could think: “This is hopeless, I will never get sober and I might as well keep using.” This thinking represents the **abstinence violation syndrome**.

# **Abstinence Violation Syndrome: What people say**

- **One lapse means a total failure.**
- **I've blown everything now! I may as well keep using.**
- **I am responsible for all bad things.**
- **I am hopeless.**
- **Once a drunk / junkie, always a drunk / junkie.**
- **I'm busted now, I'll never get back to being straight again.**
- **I have no willpower...I've lost all control.**
- **I'm physically addicted to this stuff. I always will be.**

# Preventing the Abstinence Violation Syndrome

Clients need to know that if they slip and use drugs / alcohol, it does not mean that they will return to full-time addiction. The clinician can help them “reframe” the drug-use event and prevent a lapse in abstinence from turning into a full return to addiction.

## Abstinence violation effect: Examples of “reframing” (1)

I used last night, but I had been sober for 30 days before. So in the past 31 days, I have been sober for 30. That’s better than I have done for 10 years.



## Abstinence violation effect: Examples of “reframing” (2)

Learning to get sober is like riding a bicycle. Mistakes will be made. It is important to get back up and keep trying.



## Abstinence violation effect: Examples of “reframing” (3)

Most people who eventually get sober do have relapses on the way. I am not unique in having suffered a relapse, it's not the end of the world.



# **CBT Techniques for Addiction Treatment: Making Lifestyle Changes**



## **Developing new non-drug-related behaviours: Making lifestyle changes**

- **CBT techniques to stop drug use must be accompanied by instructions and encouragement to begin some new alternative activities.**
- **Many clients have poor or non-existent repertoires of drug-free activities.**
- **Efforts to “shape and reinforce” attempts to try new behaviours or return to previous non-drug-related behaviour is part of CBT.**



**Questions?**



**Comments?**

**Thank you for your time!**

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**End of Workshop 2**

# **Workshop 3: Methods for Using Cognitive Behavioural Strategies**



# Training objectives

**At the end of this workshop, you will be able to:**

- 1. Understand the clinician's role in CBT**
- 2. Structure a session**
- 3. Conduct a role-play establishing a clinician's rapport with the client**
- 4. Schedule and construct a 24-hour behavioural plan**

# **Role of the Clinician in CBT**

# The clinician's role

To teach the client and coach her or him towards learning new skills for behavioural change and self-control.



# The role of the clinician in CBT

- CBT is a very active form of counselling.
- A good CBT clinician is a teacher, a coach, a “guide” to recovery, a source of reinforcement and support, and a source of corrective information.
- Effective CBT requires an empathetic clinician who can truly understand the difficult challenges of addiction recovery.



# The role of the clinician in CBT

The CBT clinician has to strike a balance between:

- Being a good listener and asking good questions in order to understand the client
- Teaching new information and skills
- Providing direction and creating expectations
- Reinforcing small steps of progress and providing support and hope in cases of relapse

# The role of the clinician in CBT

- **The CBT clinician also has to balance:**
  - **The need of the client to discuss issues in his or her life that are important.**
  - **The need of the clinician to teach new material and review homework.**
- **The clinician has to be flexible to discuss crises as they arise, but not allow every session to be a “crisis management session.”**

# The role of the clinician in CBT

- The clinician is one of the most important sources of positive reinforcement for the client during treatment. It is essential for the clinician to maintain a non-judgemental and non-critical stance.
- Motivational interviewing skills are extremely valuable in the delivery of CBT.

# How to Conduct a CBT Session

# CBT sessions

- CBT can be conducted in individual or group sessions.
- Individual sessions allow more detailed analysis and teaching with each client directly.
- Group sessions allow clients to learn from each other about the successful use of CBT techniques.

# How to structure a session

The sessions last around 60 minutes.



## **How to organise a clinical session with CBT: The 20 / 20 / 20 rule**

- **CBT clinical sessions are highly structured, with the clinician assuming an active stance.**
- **60-minute sessions divided into three 20-minute sub-sessions**
- **Empathy and acceptance of client needs must be balanced with the responsibility to teach and coach.**
  - **Avoid being non-directive and passive**
  - **Avoid being rigid and machine-like**

# First 20 minutes

- **Set agenda for session**
- **Focus on understanding client's current concerns (emotional, social, environmental, cognitive, physical)**
- **Focus on getting an understanding of client's level of general functioning**
- **Obtain detailed, day-by-day description of substance use since last session.**
- **Assess substance abuse, craving, and high-risk situations since last session**
- **Review and assess their experience with practise exercise**



## **Second 20 minutes**

- **Introduce and discuss session topic**
- **Relate session topic to current concerns**
- **Make sure you are at the same level as client and that the material and concepts are understood**
- **Practise skills**

## **Final 20 minutes**

- **Explore client's understanding of and reaction to the topic**
- **Assign practise exercise for next week**
- **Review plans for the period ahead and anticipate potential high-risk situations**
- **Use scheduling to create behavioural plan for next time period**

# Challenges for the clinician

- **Difficulty staying focused if client wants to move clinician to other issues**
- **20 / 20 / 20 rule, especially if homework has not been done. The clinician may have to problem-solve why homework has not been done**
- **Refraining from conducting psychotherapy**
- **Managing the sessions in a flexible manner, so the style does not become mechanistic**

# **Principles of Using CBT**

# Match material to client's needs

- CBT is highly individualised
- Match the content, examples, and assignments to the specific needs of the client
- Pace delivery of material to insure that clients understand concepts and are not bored with excessive discussion
- Use specific examples provided by client to illustrate concepts

# Repetition

- Habits around drug use are deeply ingrained
- Learning new approaches to old situations may take several attempts
- Chronic drug use affects cognitive abilities, and clients' memories are frequently poor
- Basic concepts should be repeated in treatment (e.g., client's "triggers")
- Repetition of whole sessions, or parts of sessions, may be needed

# Practise

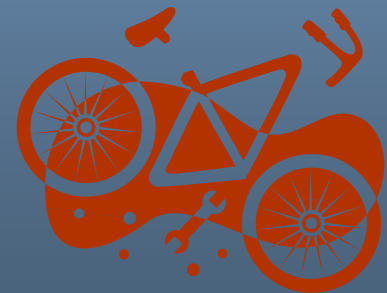
Mastering a new skill requires time and practise. The learning process often requires making mistakes, learning from mistakes, and trying again and again. It is critical that clients have the opportunity to try out new approaches.



## Give a clear rationale

Clinicians should not expect a client to practise a skill or do a homework assignment without understanding **why** it might be helpful.

Clinicians should constantly stress the importance of clients practising what they learn outside of the counselling session and explain the reasons for it.





## Activity 7: Script 1

“It is very important that you give yourself a chance to **try new skills** outside our sessions so we can identify and discuss any problems you might have putting them into **practise**. We’ve found, too, that people who try to practise these things tend to do **better in treatment**. The practise exercises I’ll be giving you at the end of each session will help you try out these skills.”



# Communicate clearly in simple terms

- Use language that is compatible with the client's level of understanding and sophistication
- Check frequently with clients to be sure they understand a concept and that the material feels relevant to them

# Monitoring

**Monitoring:** to follow-up by obtaining information on the client's attempts to practise the assignments and checking on task completion. It also entails discussing the clients' experience with the tasks so that problems can be addressed in session.

## **Praise approximations**

**Clinicians should try to shape the client's behaviour by praising even small attempts at working on assignments, highlighting anything that was helpful or interesting.**

# Example of praising approximations

Well Anna, you could not finish your assignments but you came for a second session. That is a great decision, Anna. I am very proud of your decision! That was a great choice!

I did not work on my assignments...sorry.



Oh, thanks!  
Yes, you are right. I will do my best to get all assignments done by next week.

## **Overcoming obstacles to homework assignments**

**Failure to implement coping skills outside of sessions may have a variety of meanings (e.g., feeling hopeless). By exploring the specific nature of the client's difficulty, clinicians can help them work through it.**

# Example of overcoming obstacles

~~But it was something very easy.~~

I could not do the assignments...I am very busy and, besides, my children are at home now so I do not have time....

I understand, Anna. How can we make the assignments easier to complete tomorrow?

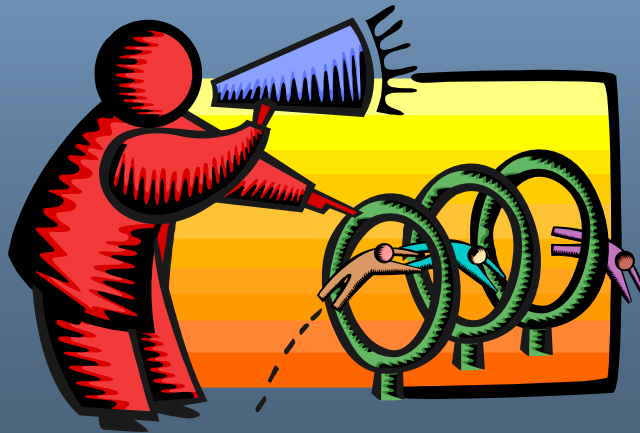


Well, I think that if I just start by doing one or two days of assignments...no more.

# What makes CBT ineffective

Both of the following two extremes of clinician style make CBT ineffective:

- Non-directive, passive therapeutic approach
- Overly directive, mechanical approach





# Activity 6: Observe a role-play



Observe clinician A and clinician B conducting a session with a client:

- How did they do in session?
- What would you do differently and why?



# **Creating a Daily Recovery Plan**

## Develop a plan (1)

Establish a plan for completion of the next session's homework assignment.



## **Develop a plan (2)**

- **Many drug abusers do not plan out their day. They simply do what they “feel like doing.” This lack of a structured plan for their day makes them very vulnerable to encountering high-risk situations and being triggered to use drugs.**
- **To counteract this problem, it can be useful for clients to create an hour-to-hour schedule for their time.**

## **Develop a plan (3)**

- **Planning out a day in advance with a client allows the CBT clinician to work with the client cooperatively to maximise their time in low-risk, non-trigger situations and decrease their time in high-risk situations.**
- **If the client follows the schedule, they typically will not use drugs. If they fail to follow the schedule, they typically will use drugs.**

## **Develop a plan (4)**

**A specific daily schedule:**

- **Enhances your client's self-efficacy**
- **Provides an opportunity to consider potential obstacles**
- **Helps in considering the likely outcomes of each change strategy**

**Nothing is more motivating than being  
well prepared!**

## **Stay on schedule, stay sober**

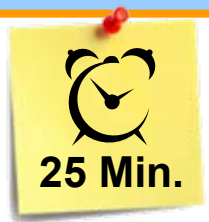
- **Encourage the client to stay on the schedule as the road map for staying drug-free.**
  - **Staying on schedule = Staying sober**
  - **Ignoring the schedule = Using drugs**

## **Develop a plan: Dealing with resistance to scheduling**

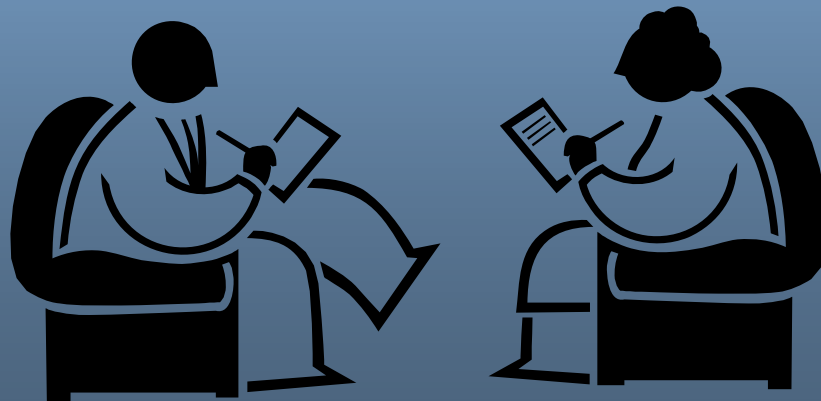
- **Clients might resist scheduling (“I’m not a scheduled person” or “In our culture, we don’t plan our time”).**
- **Use modelling to teach the skill.**
- **Reinforce attempts to follow a schedule, recognizing perfection is not the goal.**
- **Over time, let the client take over responsibility for the schedule.**



## Activity 7: Exercise



Have pairs of participants sit together and practise the creation of a 24-hour behavioural plan using the Daily / Hourly Schedule form.





**Questions?**



**Comments?**

# Post-assessment



Please respond to the post-assessment questions in your workbook.

(Your responses are strictly confidential.)

**Thank you for your time!**

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**End of Workshop 3**