



Treating Substance Abuse in the Primary Care Setting

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NEED CASH
FOR ALCOHOL
RESEARCH





Objectives

Starting where we are.....

- What about substance abuse?
 - The Neuro-bio-behavioral Story
 - Substances of abuse
 - Characteristics of Substance users: DSM criteria
- What is expected?
 - Realities of substance abuse in Primary Care
 - ACA
 - Substance Abuse Treatment Principles



Objectives con't

- What do I bring to the room?
 - Screening: SBIRT
 - Therapeutics: medications
- New tools:
 - Behavioral Therapies Practicum:
 - Motivational Interviewing
 - Cognitive Behavioral Therapy
 - Relapse Prevention
- Practicum



Starting where we are.....!

As a society

As a provider

As a mother, father, sister, brother or friend



What about Substance Abuse?

- “Drug abuse and addiction are major burdens to society: economic costs alone are estimated to exceed half a trillion dollars annually in the US.. , staggering as these numbers are, they provide a limited perspective of the devastating consequences of this disease.”

Dr. Nora Volkow

Director of NIDA



Definition

Addiction describes a **recurring compulsion** by an individual to engage in some specific activity, **despite** knowing the activity causes **harmful consequences** to that individual's health, mental state or social functioning in life.



Addiction in the United States

- Addiction affects about 22 million Americans
 - over age 12 :23.9% use illicit drugs
 - 9.2% of the population
- 3rd leading cause of death in the U.S.
- \$1 of every \$4 spent by Medicare is associated w/ substance abuse
- Only 9% of Americans who need treatment receive it

The Neuro-bio-behavioral Story

Natural Rewards

- Food
- Drink
- Warmth
- Sex

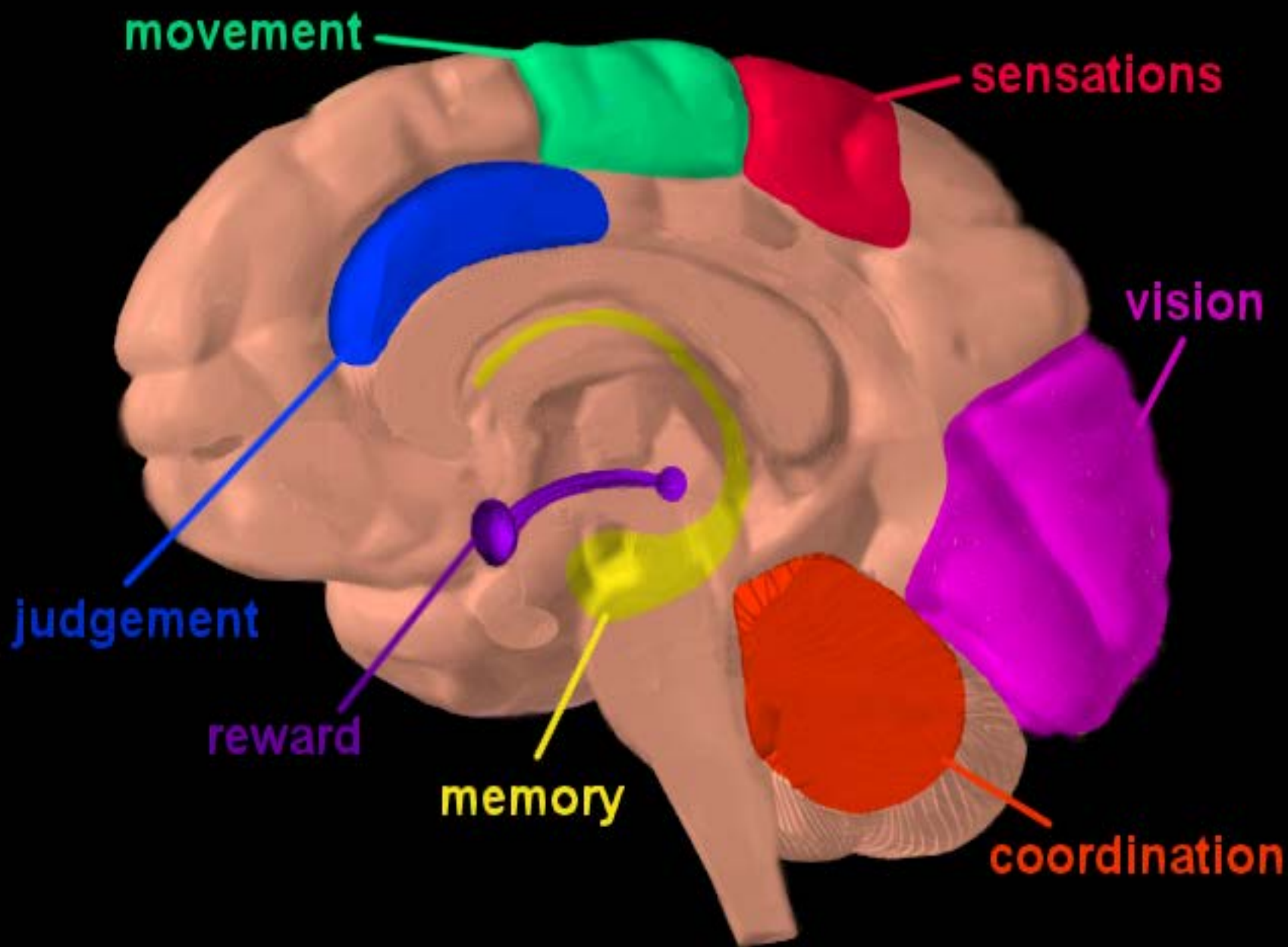


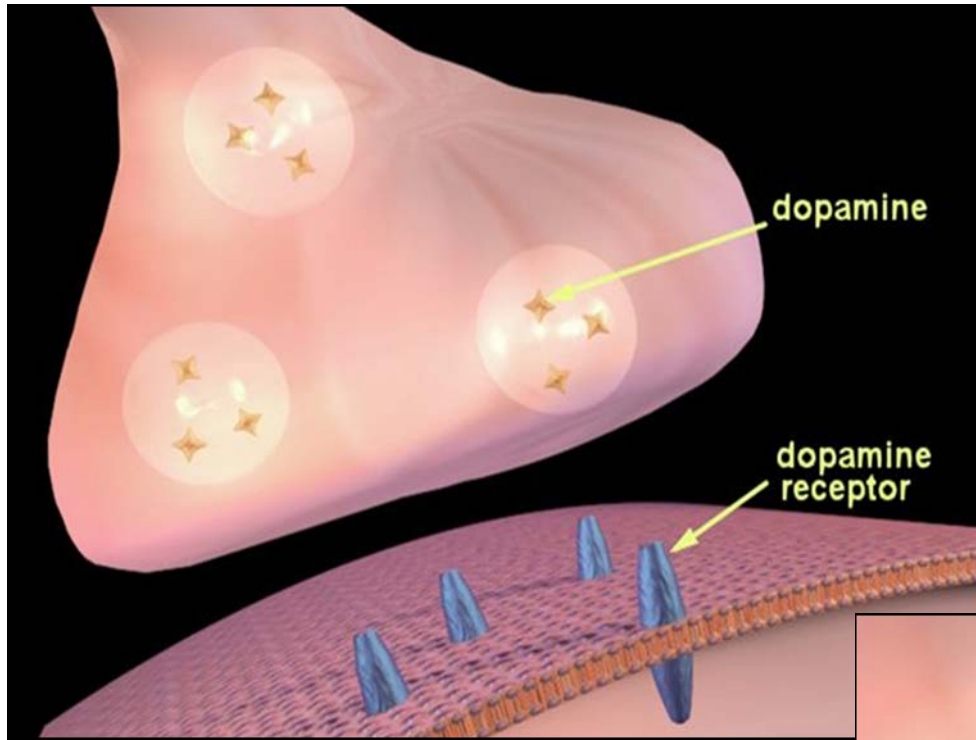
In doing these things, the body feels pleasure.

We learn.

We remember!

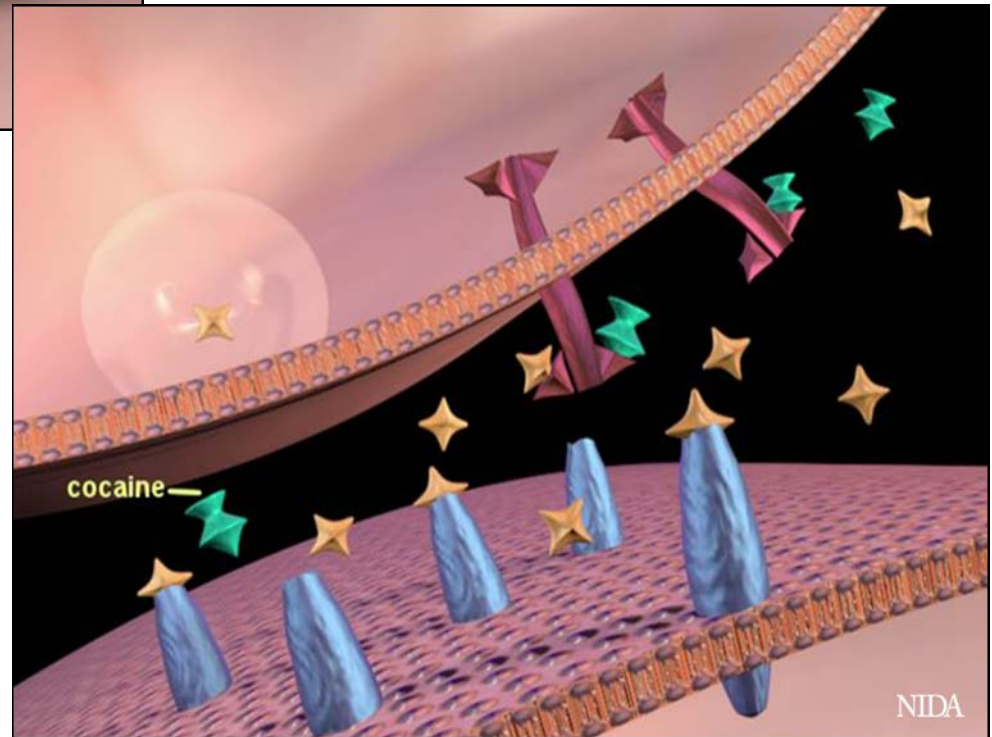
We want to do it again!!!





Experimentation
Abuse
Dependence
Withdrawal
Abstinence
Lapse, Relapse

Conditioning
and
Remodeling





Primary Neurotransmitters

Dopamine - amphetamines, cocaine, ETOH

Serotonin - LSD, ETOH

Beta-Endorphins – opioids, ETOH

Cannabinoids (THC) - MJ

GABA - benzodiazepines, sedatives, ETOH

Glutamate - ETOH

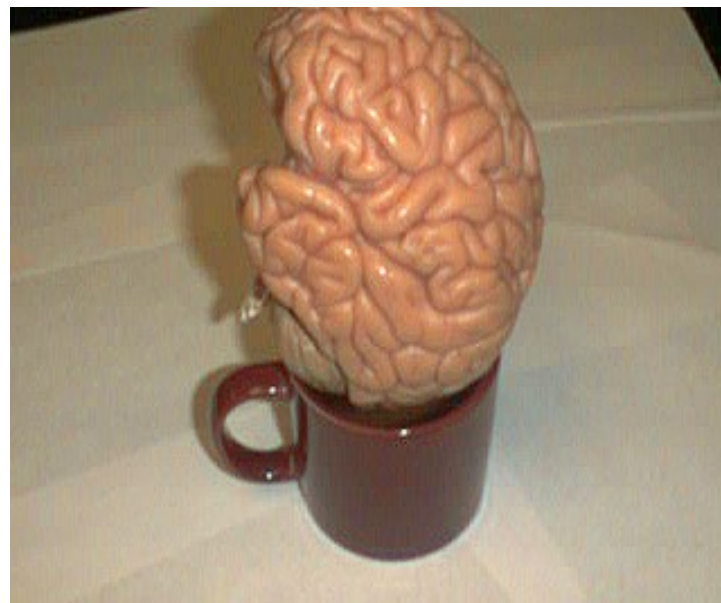
Acetylcholine - nicotine, ETOH

Drug Delivery Routes



Vulnerability: Context for Addiction

- Multi-dimensional Disorder
 - Neurologic developmental
 - Age, learning and memory
 - Genetic susceptibility
 - Psychological susceptibility
 - Environmental susceptibility
 - Availability of the substance or behavior
 - Frequency and/or amount of use
 - Intensity of pleasure



Risk for Substance Use by Age

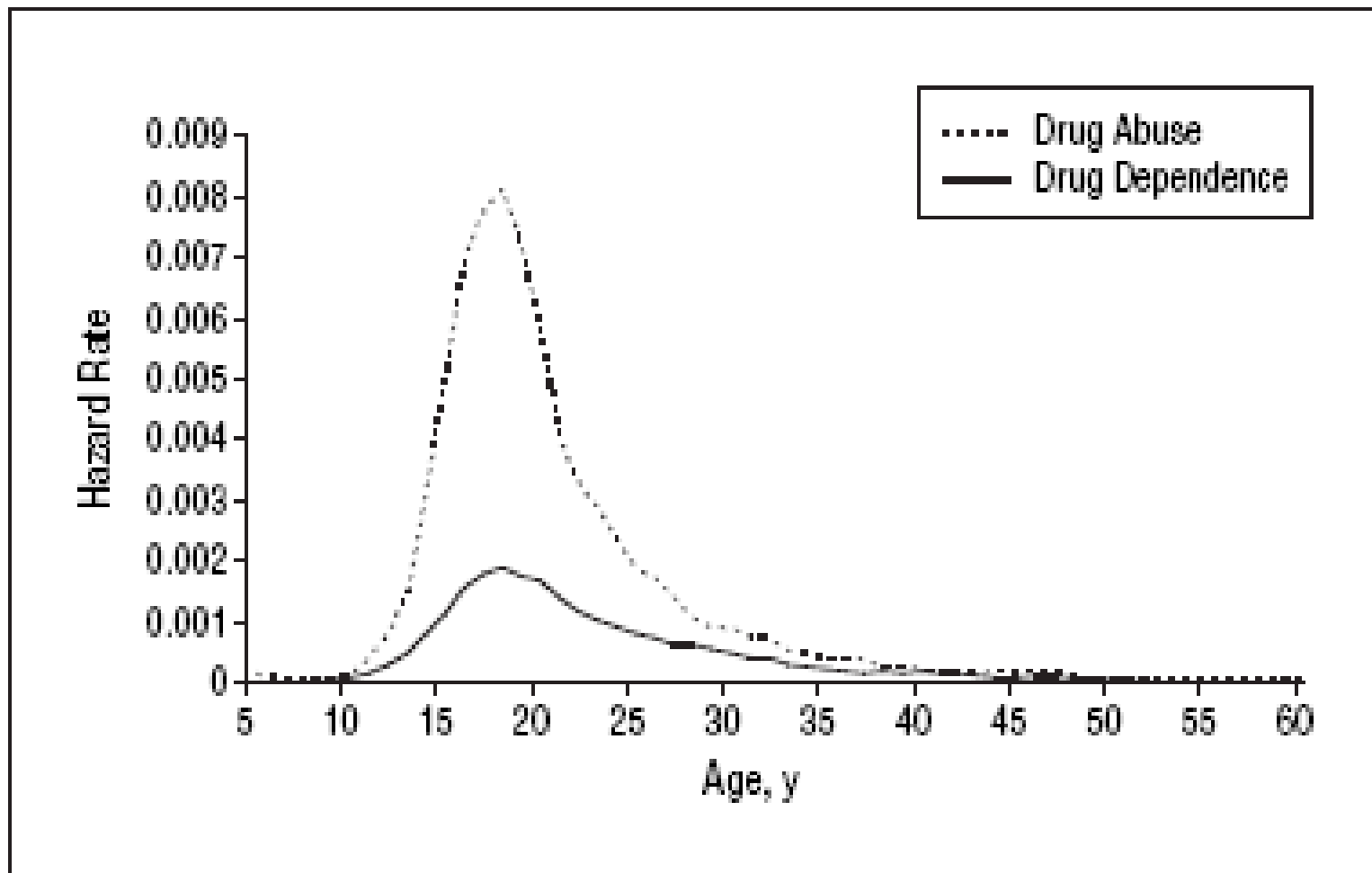


Figure 1. Hazard rates for age at onset of *DSM-IV* drug abuse and dependence.



Chronic Pain → Risk for Addiction

- Affects about 10% of Americans of all ages, races, and occupations
 - Chronic pain disables more people than cancer or heart disease
- It costs the U.S. economy more than \$90 billion per year in medical costs, disability payments, and productivity.
- Chronic pain affects the patient and his/her networks
- Chronic pain usually brings depression, anxiety, frustration, fatigue, isolation, and lowered self-esteem.
- Pain meds are effective for pain relief; ineffective for relieving suffering



Categories of Addiction

Drug Addiction

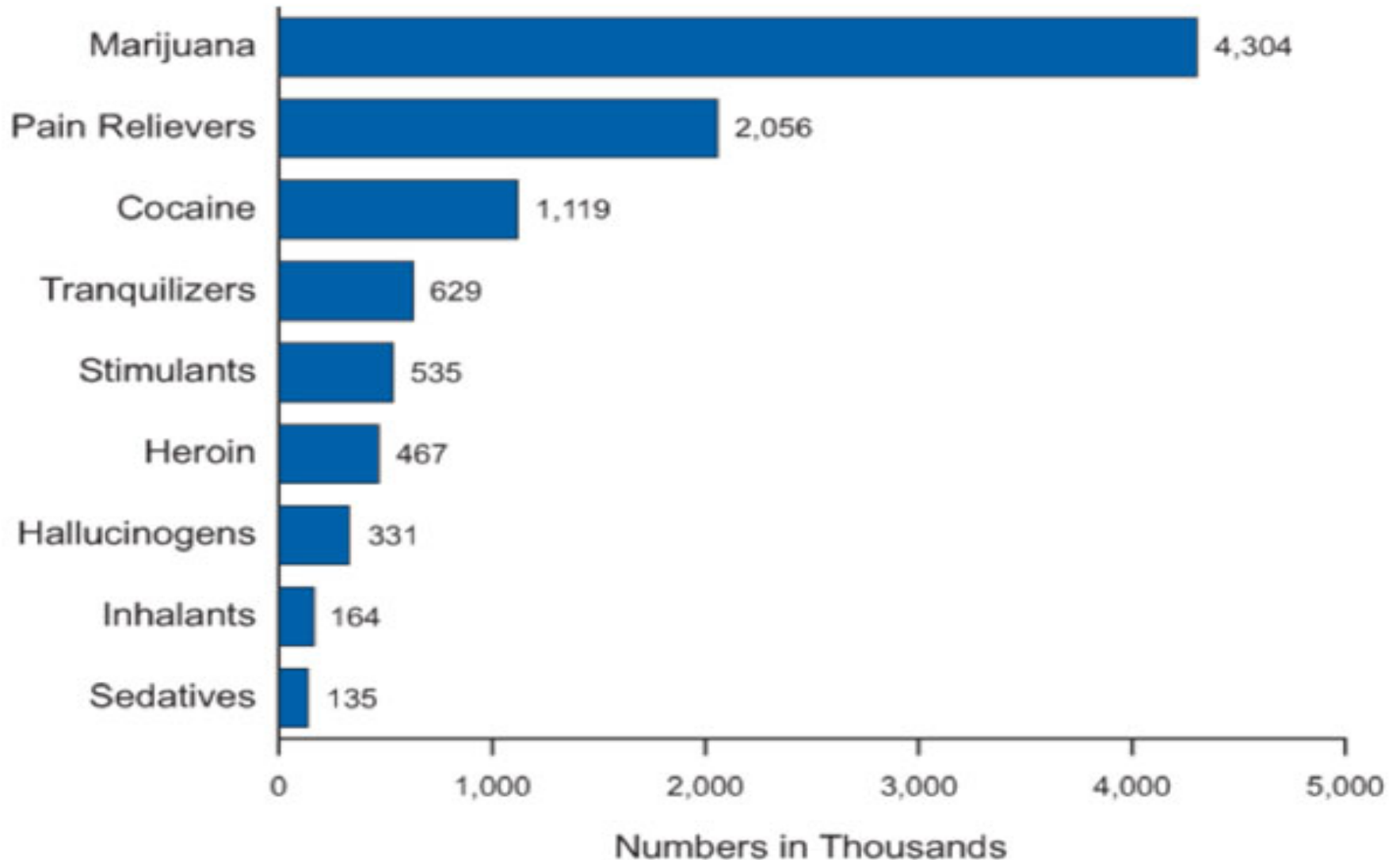
- *CNS depressants*
- *CNS stimulants*
- *Hallucinogens*
- *Inhalants*
- *Synthetic*
- *Over the Counter*
- *Club Drugs*

Behavioral Addictions

- Computer
- Internet
- Eating
- Gambling
- Pornography
- Sexual
- Shopping-Spending
- Self-harm-cutting
- Work

“Drugs of Choice” and Co-morbidities

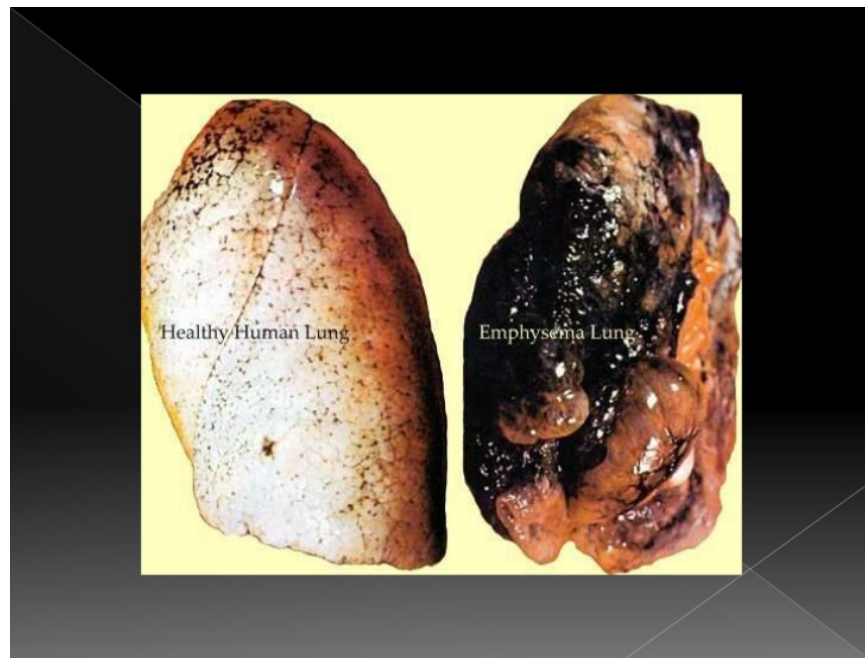
US Drug of Abuse 2014





Tobacco: Nicotine

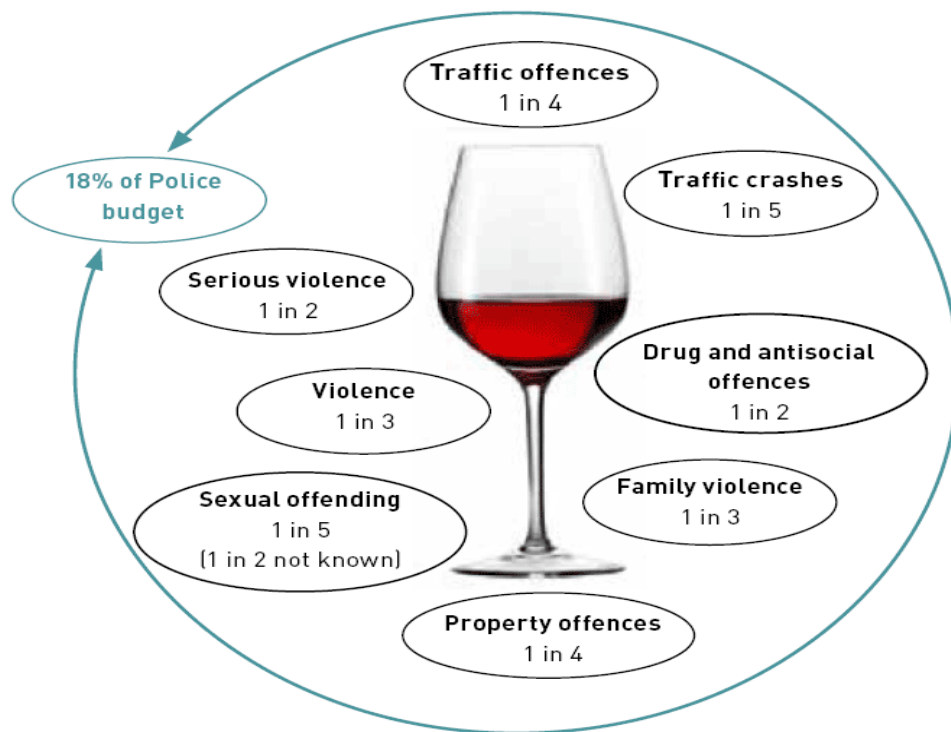
- Preventable :
 - Morbidity and mortality
 - \$196 billion annual burden
- 23% of the U.S. population smokes cigarettes
- Nicotine: highly addictive: a stimulant in small doses, depressant in large doses; >7,000 toxins





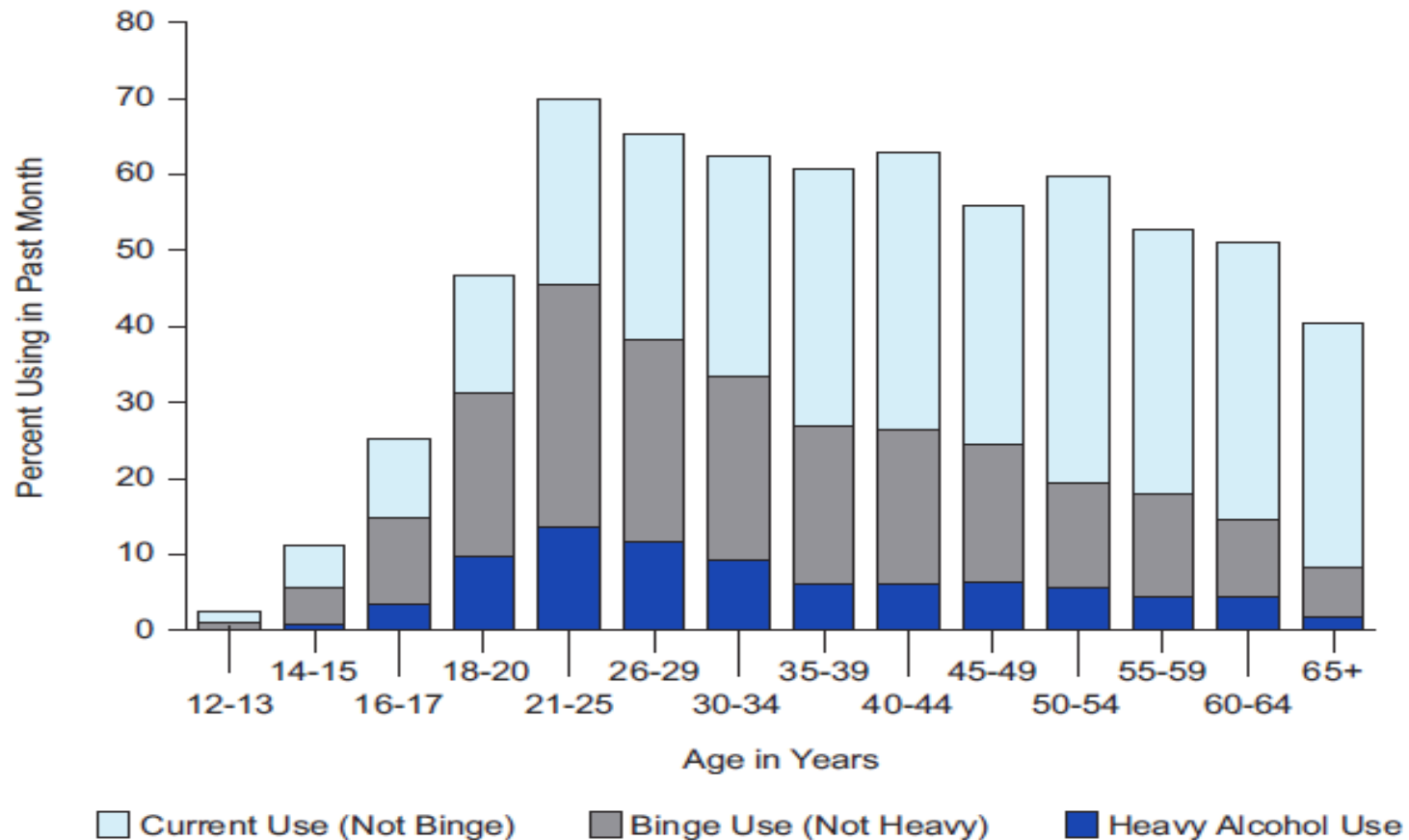
Alcohol: GABA + Glutamate

- 17 M abuse ETOH
- Signals: Dopamine
 - Opioid peptides
 - GABA is inhibitory
 - Serotonin
 - Glutamate
- Decreases motivation, arousal, and stress
- Neurodegenerative changes occur w/ long-term exposure



Alcohol Use

Figure 3.1 Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2011





Marijuana - THC



- Cannabis sativa:
 - Hashish or hash oil
- Increasing use: most common illicit drug used in the U.S.
- Low perception of drug risks;
 - 9% - 17% addiction rate, higher if onset is younger;
 - 25-50% when used daily
- Affects pleasure, memory, concentration, motor sensory and time perception



Stimulants-Dopamine

- Amphetamines & Cocaine
 - Methamphetamine, MDMA
 - Methylphenidate
- Affects wellbeing, motivation, alertness, anorexia, inhibition, libido
- Growing usage despite efforts to limit manufacture and distribution in certain geographical areas.





Opiates: β -Endorphins > Dopamine

- Heroin
 - Prescription opioids
- Recent new initiates- Rate doubled since 2006
- Increasing use in 18-26 y/o
- Meet DSM criteria for abuse- doubled
 - (2002) - 214,000 to (2012) - 467,000
- Overdose deaths



Current Trends in Los Angeles

Drug Tx admissions + other data 2013:

- **Marijuana** 27% ↑ (59% are teens <18 y/o)
- Alcohol 22% ↔
- Heroin 20% ↓↑
- **Meth** 19% ↑
- Cocaine 6.8% ↓
- MDMA 0.2 % ↓
- Opioids 0.2% ↔
- Stimulants 0.1% ↓
- Sedatives 0.5% ↔
- Synthetics 0.5% ↑



DSM-V: Definition Substance Use Disorder

Maladaptive pattern of use, ***clinically significant impairment or distress*** and 2+ of the following in the same 12-month period:

1. Tolerance
2. Withdrawal
3. Used for longer periods than intended
4. Can't cut down or quit
5. Time spent getting, using or recovering
6. Give up social, work or fun activities
7. Craving or a strong desire or urge to use a substance
8. Continued use despite knowledge of negative consequences
9. Failure to fulfill major role obligations
10. Use in physically hazardous situations
11. Continued use despite social and interpersonal problems



Behavioral Characteristics

Life

Liver

Lover

Livelihood

Law



Addiction is a disorder of impulse inhibition: Cognitive and behavioral “brakes” are shot. Ambivalence is the key. The issue is never resolved.

Lots of comorbidities!



What is Expected?

- Realities of working with SA in primary care
- Affordable Care Act
 - Mental Health and Substance Abuse Integration
- Treatment Principles



Realities of SA Treatment

- 2.3 million Americans receive a type of substance abuse treatment!
 - This is **less than one percent** of the total population of people who are affected by the most serious of the substance use disorders



Affordable Care Act: SA TX in Primary Care

- The Patient Protection and Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act (MHPAEA)
- Covered Visits:
 - Screening, brief intervention
 - Assessment, evaluation and medication
 - Clinic visits
 - Home health visits,
 - Family counseling
 - Alcohol and drug testing
 - Maintenance and anti-craving medications (4)
 - Monitoring tests
 - Smoking cessation

Treating a Biobehavioral Disorder Must Go Beyond Just Fixing the Chemistry

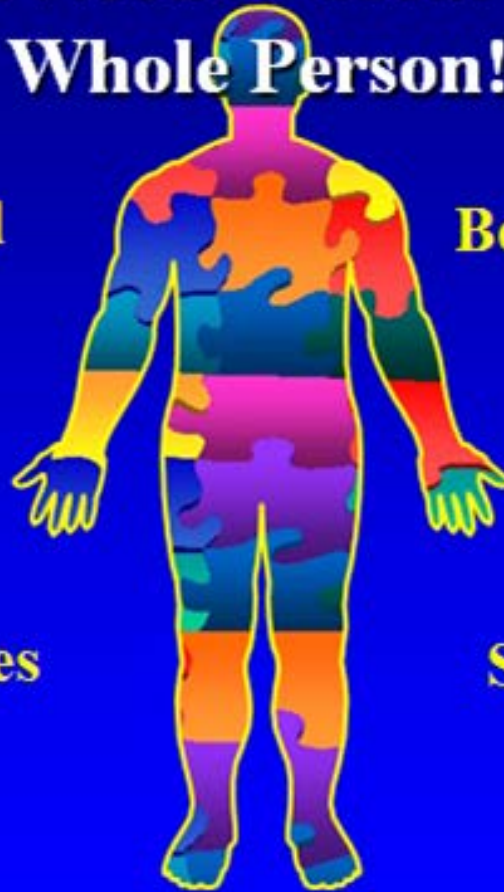
We Need to Treat the Whole Person!

**Pharmacological
Treatments
(Medications)**

Behavioral Therapies

Medical Services

Social Services



In Social Context



What do I bring to the room?

You are the tool!



***Therapeutic
relationship***

SBIRT

Prescriptive Authority



Therapeutic Relationship

- Listening/Understanding – “I am not alone”
- Trust – “I trust her”
- Empathy - “She values what I feel”
- Safety – “I feel safe talking about this”
- Instill hope – “Maybe I will get better!”



Potential Pitfalls

- Provoking resistance
- Focusing on negatives
 - Limit to substance use
- Labeling: junkie, druggie, or tweaker
- Blaming them for their addiction
- Not shelving personal opinions on addiction, drug treatment





SBIRT-What?

Screening

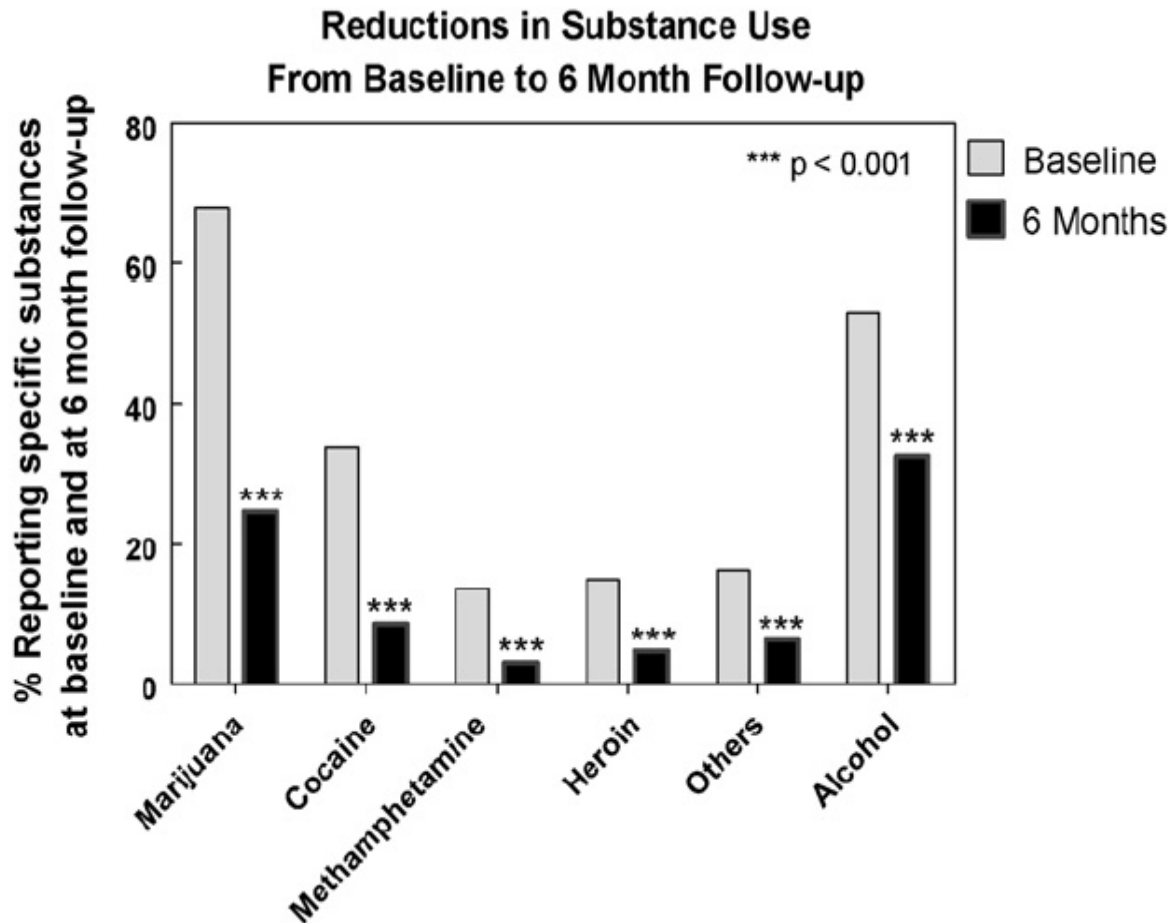
Brief Intervention

Referral to treatment

- An **evidence-based** public health approach to:
 - Deliver early intervention for persons at AOD risk
 - Timely referral when more intensive SA treatment when substance abuse disorder is present.

SBIRT Training: 4 hrs for \$50 @ <http://www.sbirtraining.com/>

Evidence for SBIRT



**NIDA Med
Assist:**
<http://www.drugabuse.gov/nmassist>



Screening

Brief (5-10 min) and universal

- Indicated for non-substance abuse setting
- Written pre-screen reduces time!
- Screen for Alcohol and Drugs only
- Suggested Screening Tests:
 - NIAAA AUDIT or AUDIT-C (pre-screen)
 - Drug Abuse Screening Test- DAST
 - Alcohol, Smoking, Substance Involvement Screening Test - ASSIST
 - Cut down, Annoyed, Guilty, Eye-opener- CAGE



Substance Use Evaluation

- History
 - Begin with licit drugs
- Family History of Alcohol and Drugs
- Lifetime history
- Physical Examination
 - Findings depend on substance abused, duration of use, interval since last use

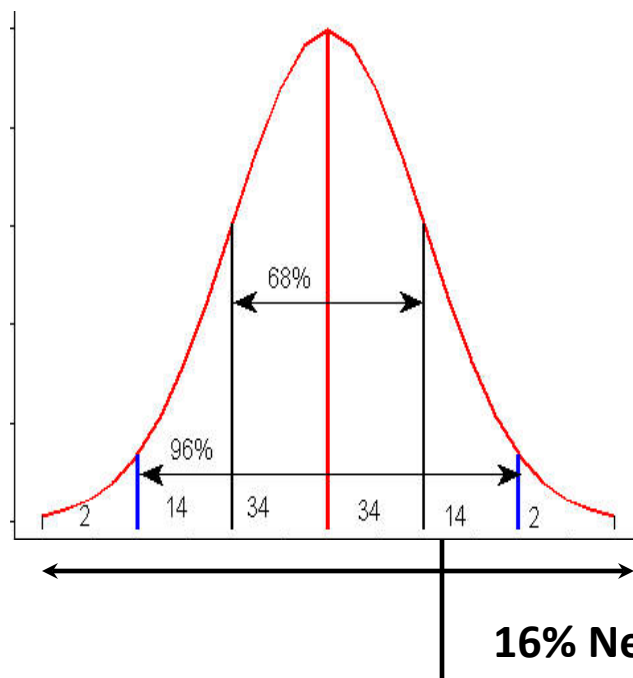


Laboratory: Urine Toxicology

- Importance of consent
- Type of test
 - Radioimmunoassay (RIA)
 - Enzymatic immunoassay (EIA)
 - Fluorescence polarization immunoassay (FPI)
 - Thin-layer chromatography (TLC)
- Positives require confirmatory test
 - Gas chromatography-mass spectroscopy (GC-MS)



“Knock it Off!” Works...



Babor (2005)



Brief Intervention

- Recognize the problem
- Caring confrontation, non-judgmental
- Communicate trust and respect
- Let them know what is normal
- Confidentiality-keep their secrets



Referral to Treatment: Options

- **Traditional TX:** 12 step programs (abstinence)
- **Talk TX:** inpatient/outpatient/aftercare
 - **Other:** harm reduction, moderation management
 - **Evidence Based TX:** MI, CBT, CM
- **Pharmaceutical TX:**
 - Sustain abstinence
 - Reduction of craving and
 - Alleviate withdrawal

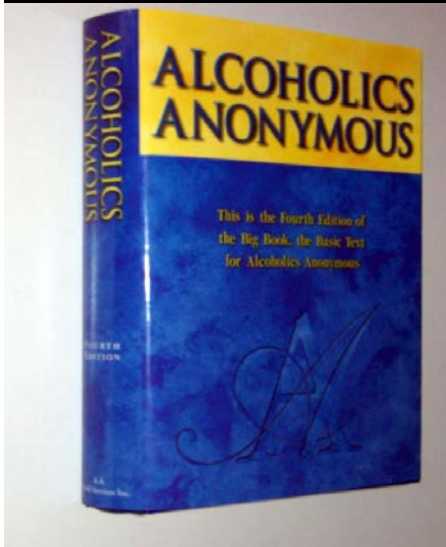
(MI – motivational interviewing; CBT= cognitive behavioral therapy, CM= contingency management)



Evidence-Based Medication Treatment Targets

- Pharmacotherapy
 - Substitution (agonists)
 - Relieve withdrawal symptoms (craving)
 - Block relapse (antagonists)
 - Mixed approaches (partial agonists)
- Behavioral Therapy
 - Instilling abstinence
 - Prevention of relapse
 - Improve mood and cognition
 - Reduce craving

Behavioral Therapies



- 12-Steps is the most common talk therapy
 - Highest effectiveness with saturation in every community
- Motivational Interviewing – 4 brief sessions over 2 months
- Cognitive Behavioral Therapy – weekly meetings with therapist over several weeks/months
- Treatments help 25%-40% to achieve sustained abstinence
- NO PSYCHOTHERAPY!!!!

Tobacco – Promiscuous Nicotine

- Nicotine **replacements**: gum, inhaler, nasal spray, lozenges, patch
 - Reduces craving
- Bupropion SR 150 bid (Zyban, Wellbutrin)
 - Indirect dopamine agonist, sustain abstinence
 - RCTs (+) for nicotine, cocaine, & meth
 - Inhibits presynaptic reuptake of norepinephrine and dopamine
- Varenicline (Chantix) (2) functional potency
 - Dopamine/norepinephrine re-uptake inhibitor, and Nchr blocker, partial agonist,
 - Reduces cravings and helps nicotine withdrawal





*“Quitting smoking is easy.
I’ve done it a thousand times”*

Mark Twain

Alcohol

- *Disulfiram* (Antabuse) – antagonist, inhibits alcohol dehydrogenase, causing toxic reaction

- *Naltrexone* (ReVia) – opioid antagonist thought to block alcohol highs

- *Naltrexone* (Vivitrol) – depot opioid antagonist

- *Acamprosate* (Campral) – calcium channel blocker, glutamate antagonist, unknown mechanism



Opioids



- Methadone – Opioid, substitution agonist on mu-receptor inhibits pleasure, can develop tolerance



- Buprenorphine (Subutex)-opioid partial agonist-antagonist ; can prevent withdrawal syndrome when opiate administration is stopped.



- Naltrexone- opioid antagonist used to reverse narcotic CNS depressant symptoms in OD , long-acting , blocks opioid effects, for relapse prevention



- Buprenorphine and naloxone (Suboxone)-combination,

*“They speak of my drinking,
but never of my thirst.”*

-Scottish Proverb



Person-Tailored Therapeutic Tools

- Motivational Interviewing
- Cognitive Therapies
- Relapse Prevention

Reasons to use MI

- It's much more interesting exploring ambivalence about change than being frustrated by denial and lack of insight
- I'm too exhausted trying to *make* change happen
- My “good ideas”, suggestions and advice do not appear to promote change in others

Why use MI?

- **Using a Motivational Interviewing approach is an effective tool for managing fear related to change.**
- **Conversations about change should feel like waltzing, not wrestling.**
- **People have strengths, motivations, and resources that are vital to activate in order for change to occur.**
- **Discussing behavior change requires a partnership. It's too hard trying to catch people that run faster than me when I don't use Motivational Interviewing**

Motivational Interviewing Elements



**MI Principles
R.U.L.E. !**

**MI
Principles
R.U.L.E. !**

The Four Processes and Core Skills of Motivational Interviewing



Open-Ended Questions (Asking)

Affirming

Reflecting

Summarizing

Providing Information and Advice (with permission)

MI - Key Points

- MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change
- The overall style of MI is one of guiding, which lies between and incorporates elements of directing and following styles.
- Ambivalence is a normal part of preparing for change and a place where a person can remain stuck for some time.
- When a helper uses a directing style and argues for change with a person who is ambivalent, it naturally brings out the person's opposite arguments.
- People are more likely to be persuaded by what they hear themselves say.

Stages of Change: Primary Tasks

1. Precontemplation

Definition:

Not yet considering change or is unwilling or unable to change.

Primary Task:

Raising Awareness

2. Contemplation

Definition:

Sees the possibility of change but is ambivalent and uncertain.

Primary Task:

Resolving ambivalence/
Helping to choose change

3. Determination

Definition:

Committed to changing.
Still considering what to do.

Primary Task:

Help identify appropriate
change strategies

4. Action

Definition:

Taking steps toward change but hasn't stabilized in the process.

Primary Task:

Help implement change strategies
and learn to eliminate
potential relapses

6. Recurrence

Definition:

Experienced a recurrence
of the symptoms.

Primary Task:

Cope with consequences and
determine what to do next

5. Maintenance

Definition:

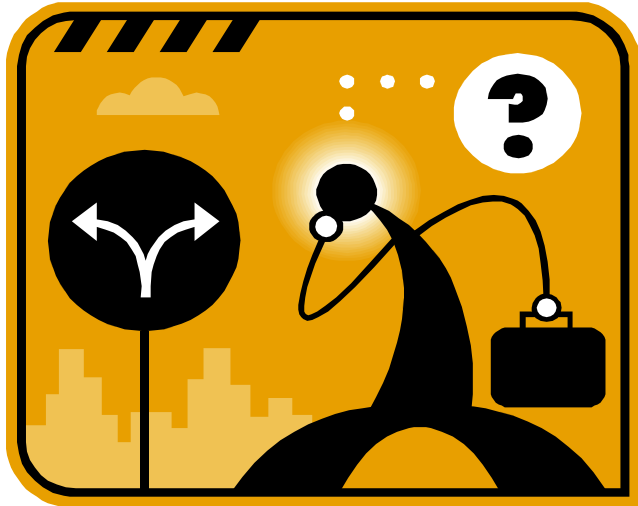
Has achieved the goals and is
working to maintain change.

Primary Task:

Develop new skills for
maintaining recovery

The Spirit of MI

P.A.C.E yourself



- Partnership
- Acceptance
- Compassion
- Evocation

MI
Principles
R.U.L.E. !

The Righting Reflex

Never underestimate
the power of
the dark side



Reflective Listening

- The primary skill on which MI is built
- Creates momentum
- Looks deceptively easy but takes hard work & skill to do
- Often the area where practitioners need the most work....

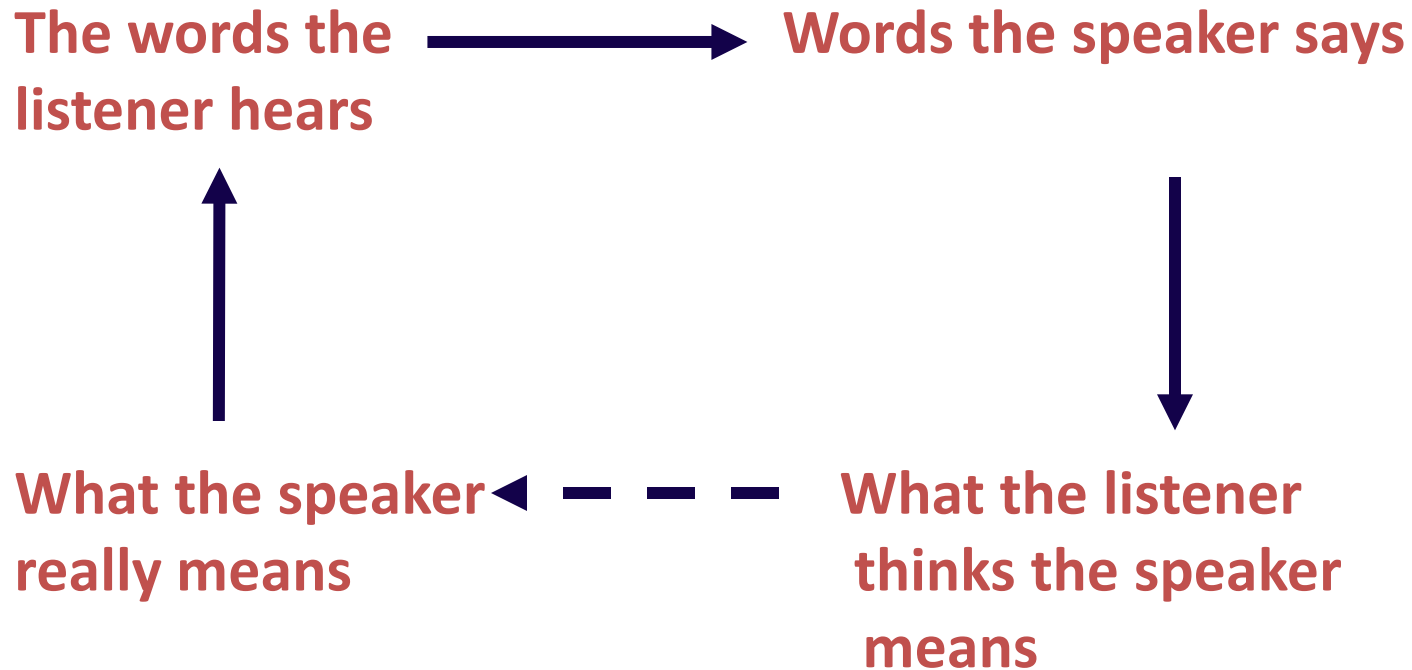
Watching for Roadblocks



What Reflective Listening IS NOT!

MI
Principles
R.U.L.E. !

Thomas Gordon Communication Model



Hypothesis Testing and the Formation of Reflections

For the following statements generate at least five alternate hypotheses for each client statement below. Use the sentence stem “You mean that . . .” to begin each sentence. This phrasing is a beginning form of reflective listening

I don't like conflict.

You mean that . . . it makes you uncomfortable when people disagree.

You mean that . . . you work hard to resolve differences.

You mean that . . . you avoid confrontations.

You mean that . . . you look for ways to work together.

You mean that...anger scares you.

I have a sense of humor.

You mean that . . . You mean that . . . you like to laugh.

You mean that . . . you find humor in daily life.

You mean that . . . humor helps you lighten the load.

You mean that . . . laughing is something you do easily.

You mean that . . . you don't take yourself too seriously.

I let things bother me more than I should.

You mean that . . . you're somebody who takes pride in the details.

You mean that . . . you waste energy at times.

You mean that . . . you're sensitive.

You mean that . . . you're too sensitive.

You mean that . . . you wish you didn't worry about what others think.

I am loyal.

You mean that . . . you stand by people.

You mean that . . . you'll stand by people when maybe you shouldn't.

You mean that . . . if someone makes a mistake, you're forgiving.

You mean that . . . you value loyalty in others.

You mean that . . . it makes you angry when others switch allegiances.

Directive Reflecting

Read the sentence stem and write down three different responses to each item. Each should emphasize a different aspect of the statement. Here is an example.

It's been fun, but something has got to give. I just can't go on like this anymore.

1. You've enjoyed yourself.
2. You're worried about what might happen.
3. It's time for a change.

I know I could do some things differently, but if she would just back off, then the situation would be a whole lot less tense; then these things wouldn't happen.

You wish she would give you some space.

You'd like things to be less tense.

You could do some things differently.

I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.

You've been feeling down.

Drinking works in the short-term.

You might like if something other than drinking worked.

So, I'm not too worried, but it's been over a year since I've had an HIV test.

It's been awhile.

You're wondering about your HIV status.

You've a little worried.

I know I'm not perfect, but why do they have to always tell me what to do. I'm not 3!

Sometimes you make mistakes.

It bugs you when they tell you what to do.

You feel like you're being treated as a child.

My daughter thinks it's her body and therefore she should be able to do what she wants with it. Hooking up is no big deal to her. She just doesn't get why I won't back off.

She's been arguing with you.

Her sexual behavior is a concern.

She doesn't see how much you care.

Importance and Confidence Rulers

Demonstration & Practice

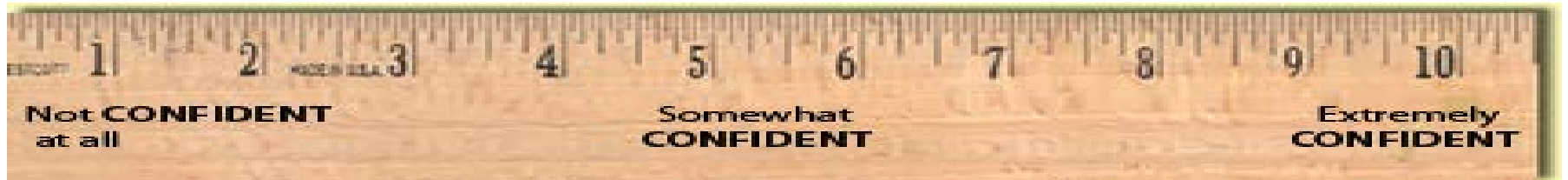
Importance Ruler



On a scale of 1 to 10 with 1 being “Not Important” and 10 being “Extremely Important” - How important is it for you to change (target behavior) ...?

Why did you pick a ___ and not a (lower number)?

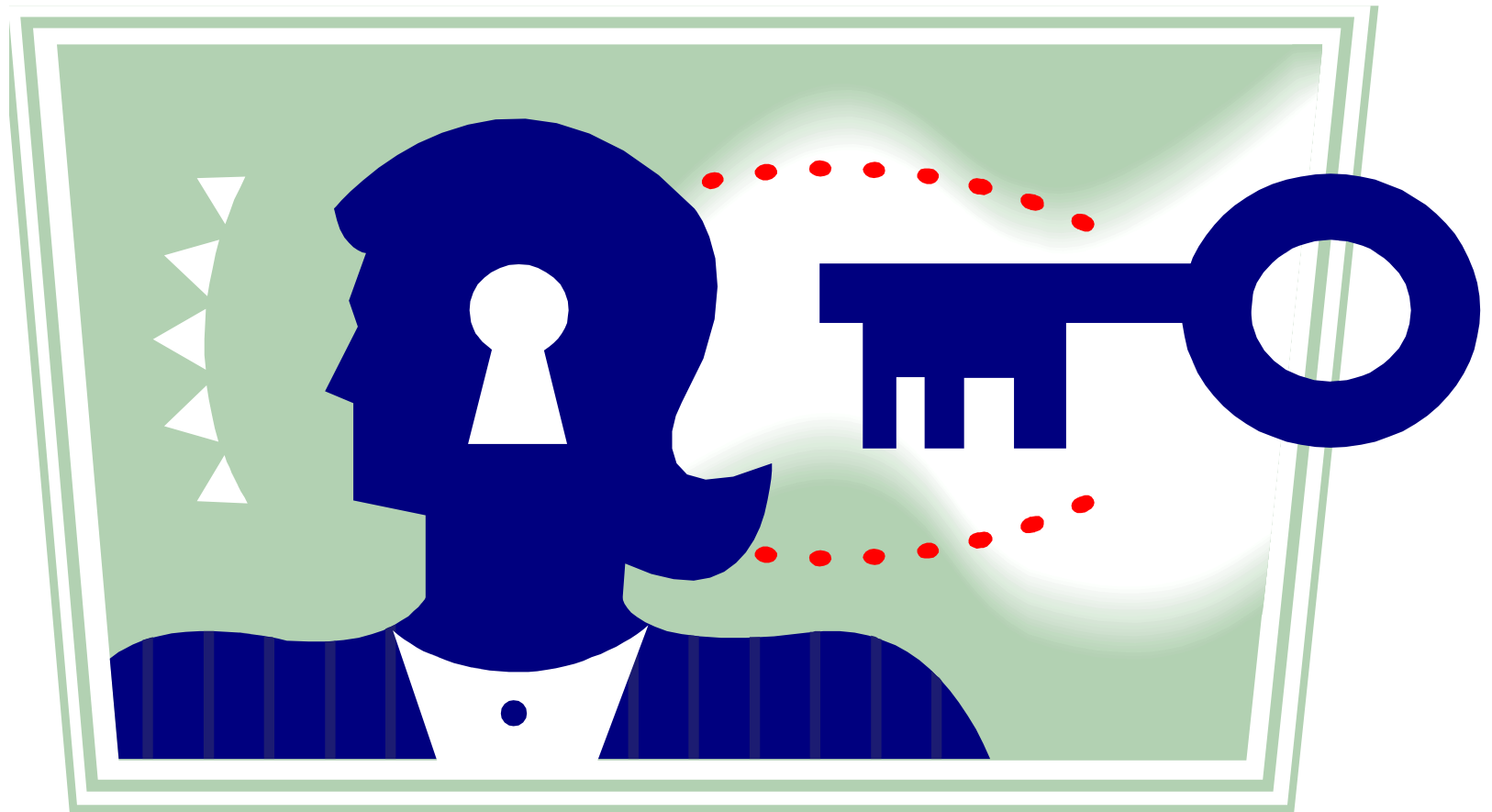
Confidence Ruler



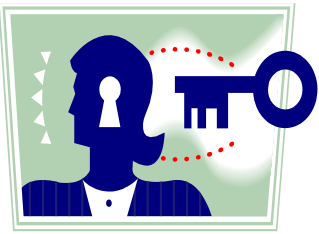
On a scale of 1 to 10 with 1 being “Not confident” and 10 being “Extremely Confident”- If you decided to stop (target behavior), How confident are you in your ability to change ...?

Why did you pick a ___ and not a (lower number)?

Cognitive Behavioral Therapy Techniques (CBT)

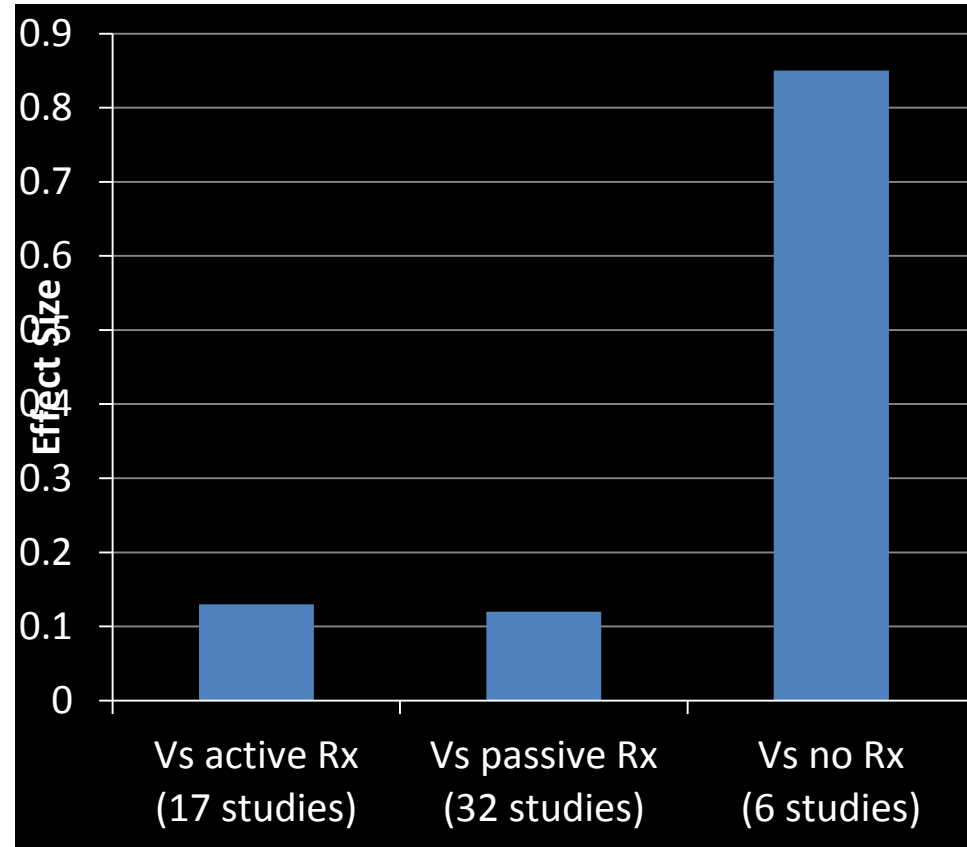


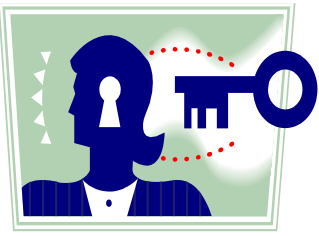
Adapted from Beck and Greenberg
The Beck Institute for Cognitive Therapy & Research



CBT Meta Analysis

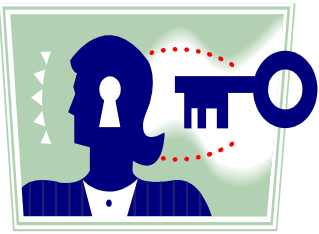
- CBT produces a small, but significant improvement over comparison conditions
- 58% of patients treated with CBT showed improvement over comparisons





CBT: Key Concepts

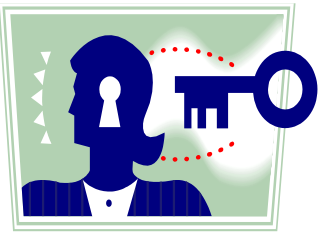
- Encourage and reinforce behavior change
- Recognize and avoid high risk settings
- Behavioral planning (scheduling)
- Skills for coping with conditioned “triggers”
- Understand and deal with craving
- Abstinence violation effect – “getting back on the wagon”
- Understanding basic psychopharmacology principles
- Self-efficacy



The Cognitive Model: Assumptions

Thinking=Cognitive Feeling=Affective

- Central to feelings and behavior
- Active thoughts
 - Influence how we make decisions for action
- Automatic thoughts
 - Influence how we feel and behavior



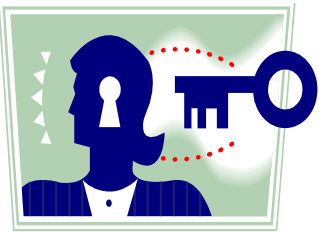
Cognition = Possibility of Change

❖ *Change how you think*

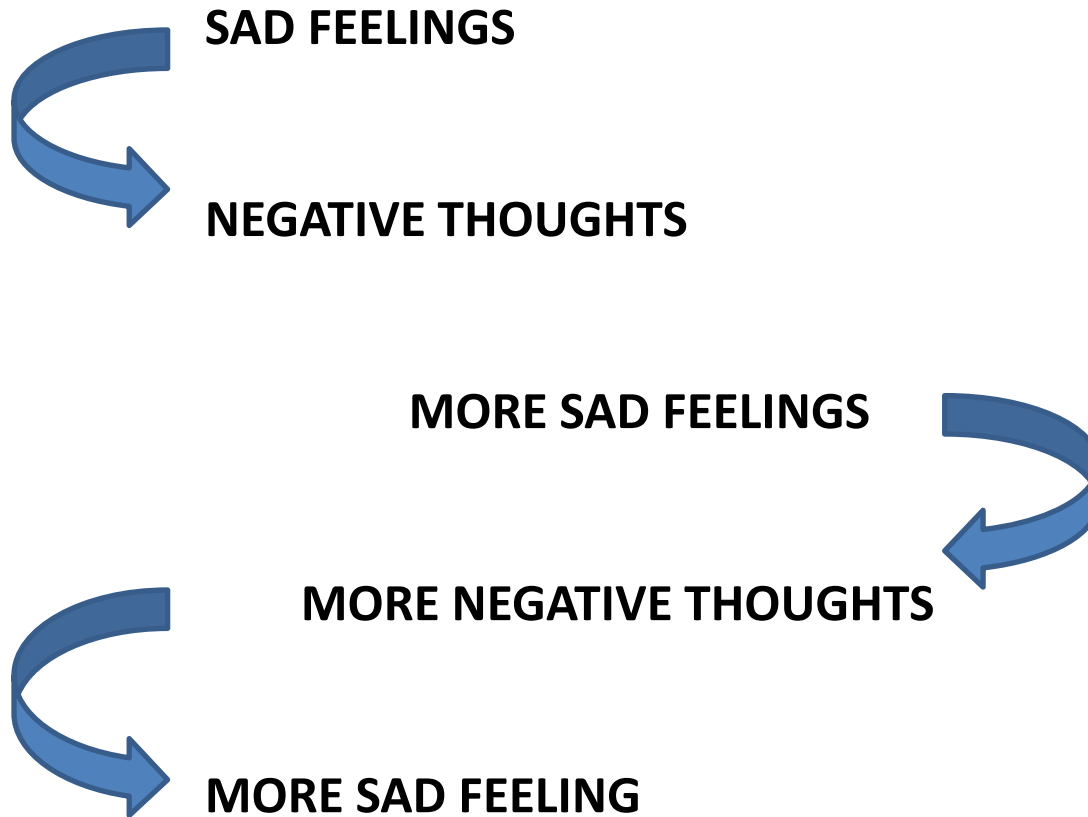
❖ *Change how you feel*

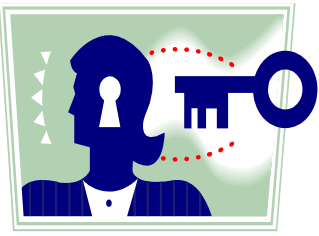
❖ *Change how you act*

Ultimately, changing our thoughts we can also change our beliefs



Example: Negative Thinking and Depression

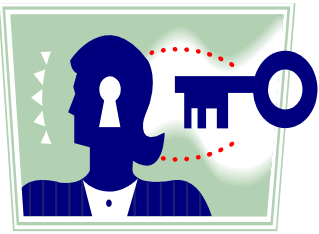




Automatic Distorted Thoughts



- Negative thoughts reinforce **misperceptions** about the world around us
- They interfere with doing thing that might make us feel better or make better decisions for ourselves
- They lead to **misleading** assumptions about the situation and about ourselves



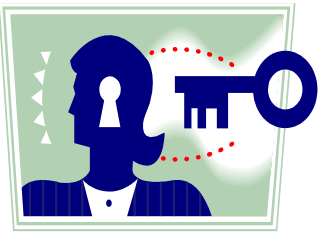
What happens in daily life?

SITUATION

AUTOMATIC THOUGHT

ASSUMPTIONS

CORE BELIEF



Cleaning the Kitchen Floor

What is the **Situation**?

a woman is washing the floor and she scolds her daughter who entered the room and walked across the wet floor

What runs through her mind at that moment?

“I am a bad mother because I yelled at my daughter”

We call this an “**Automatic Thought**” (or automatic image)

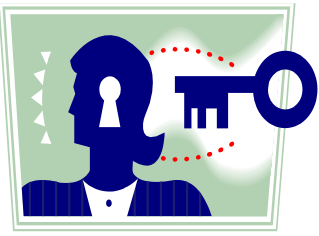
What are the underlying **Assumptions** that support this thought?

“Good mothers never lose their temper or get angry.

If I yell at my kids, I must not be a good mother.”

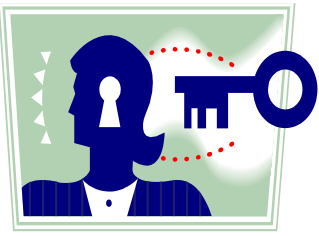
What **Core belief** (or schema) undergirds this assumption?

“I am bad” - or - “I am worthless”



Cognitive Distortions

- All or none thinking
- Catastrophizing
- Discounting the positive
- Emotional reasoning
- Labeling
- Mind reading
- Overgeneralization
- Personalization
- “Should” or “Must” statements
- Tunnel vision



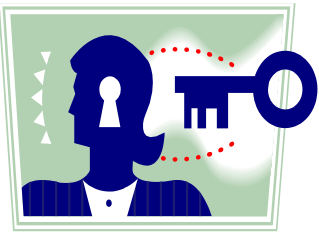
What is a CORE BELIEF?

“I am bad” “I am a failure” “I am unlovable”

“I can’t do it” “I don’t count”

“I’m dumb”

- **Belief -Deep** within the person; we are not always aware that we have these beliefs
- They correlate w/ symptoms and behaviors



Aim of Cognitive Therapy

HELP the client

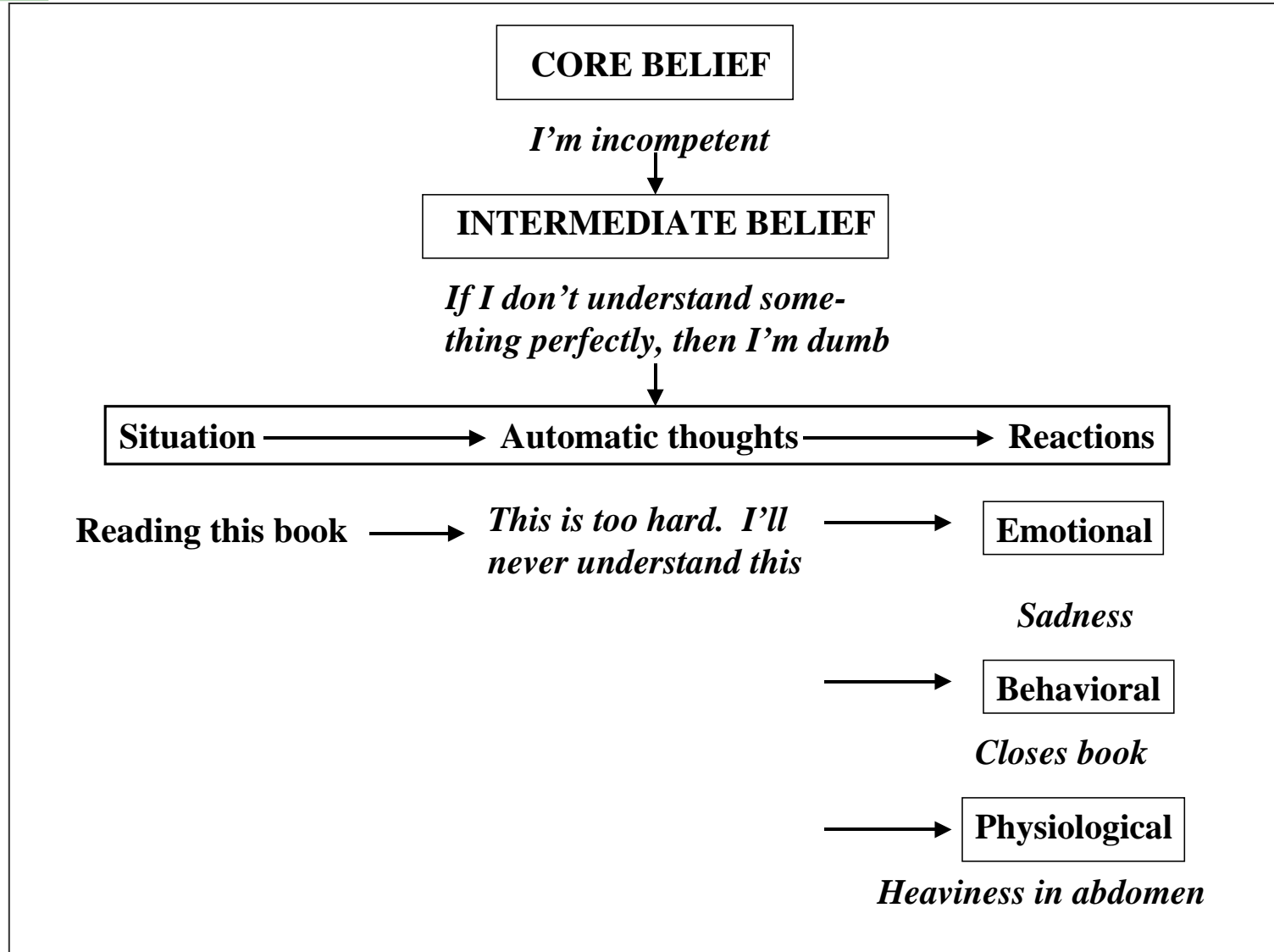
*Identify their core beliefs
and to*

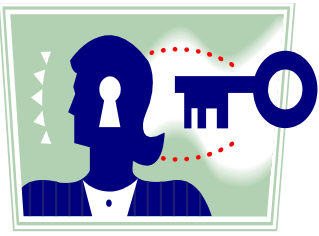
Re-evaluate these beliefs

(and, for use on their own!)



The Cognitive Model





CT: Asking and exploring

Ask about being a “bad mother”

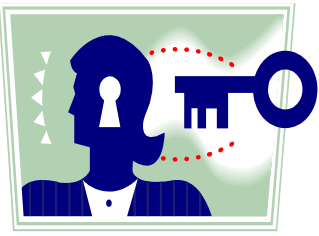
Is there another explanation for this?

If this is true that you are a “bad mother,” what is the worst that could happen?”

Could you live through it?

Now, knowing that you yelled at your child, What’s the best that could happen?

Now, that we explored that, tell me, What’s the most realistic outcome?



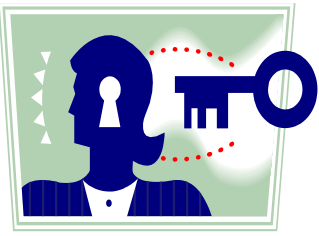
CT - What is going through your mind?

The client must be able to **CATCH** the automatic thought and identify it

Then,

We use the content of the automatic thought to shape treatment

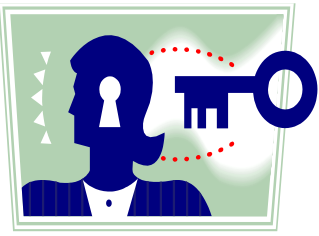
To **CHECK** the thought and **CHANGE** it!



CT- Show when thoughts are misleading

Example: She thought, “I am a bad mother”

- **Ground the person** in the *REAL* data about their lives
- **Ask for the evidence**
 - She is challenged to tell you why she thinks she is a bad mother.....



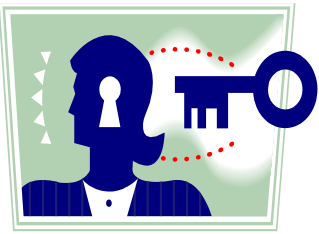
CT: Getting real

Say to your client: Ask yourself, be honest.

What is the effect of these thoughts on me?

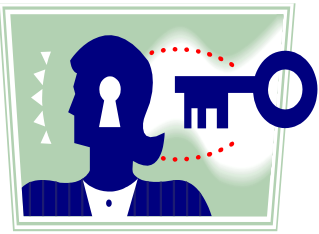
What is the effect of me believing the automatic thoughts?

What could be the effect of changing my thinking?



Other CT Techniques

- Pro/Con Analysis
- Pie Technique
- “Worry Time” or “Anger Time”
- Credit List
- Pleasant Activities List



Cognitive Therapy

- CT can be used:
 - To design a program of treatment
 - In 1:1 or in groups
 - Tailored to meet the needs of the client or group



Contingency Management

Providing vouchers of increasing value or chances to draw from a lottery for consecutive biological samples documenting substance abstinence

- Evidence of efficacy for use with opioids, nicotine, cocaine, methamphetamine
- Effective as treatment, but has variable effects implemented with non-treatment seekers

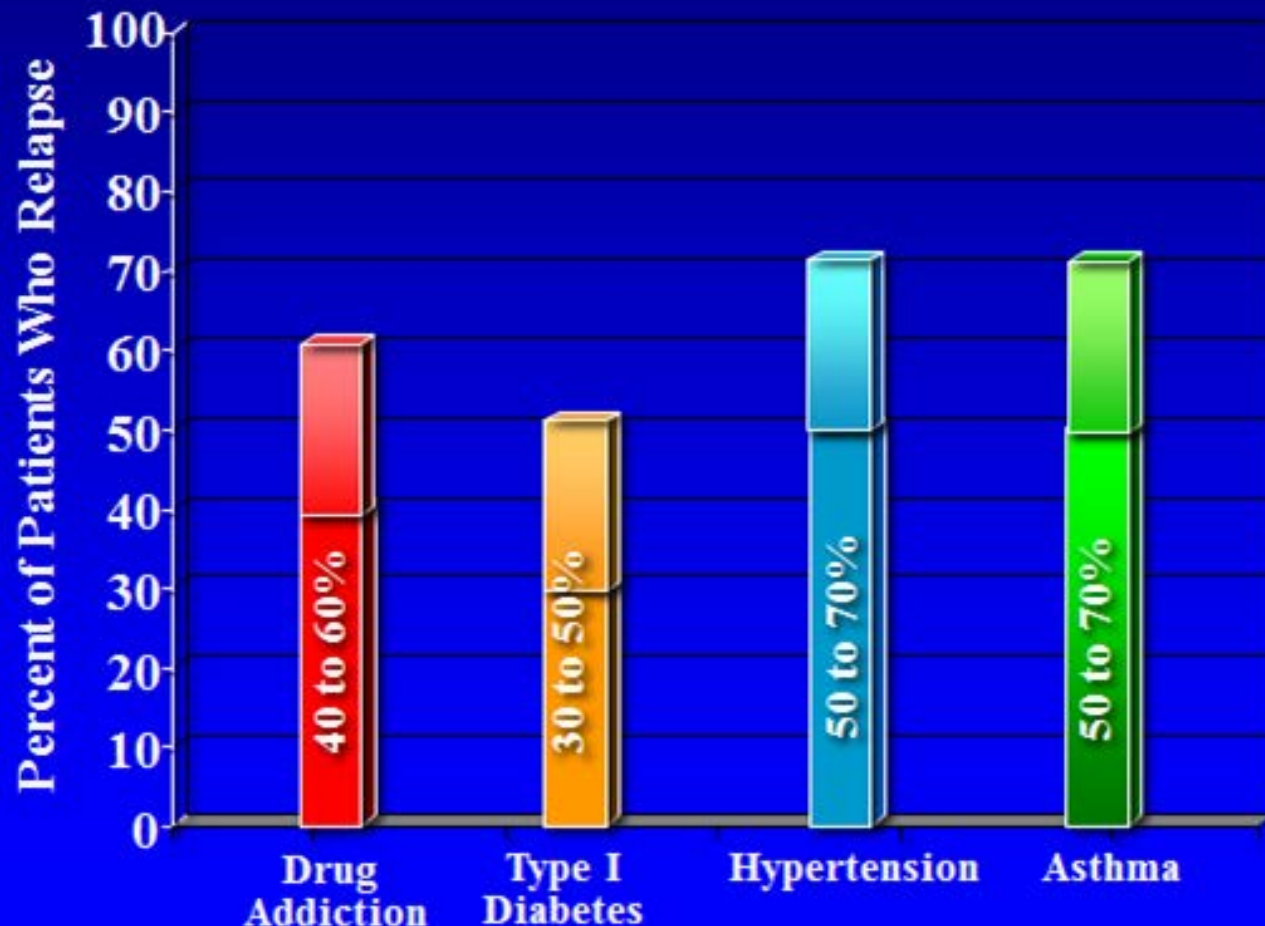
Strona (2006); Menza (2011); Corsi (2012)



Lapse vs. Relapse

- Lapse:
 - Using a drug after an attempt to stop using
 - The act of resuming the behavior of “using”
- Relapse:
 - Return of manifestations of a disease after an interval of improvement or treatment

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses





Relapse Prevention

- Start on the first encounter!
- Addiction is characterized by relapses and remissions, individuals make many quit attempts
- Longer duration of treatment
 - Keep coming back!
- “Healthy Adherence effect” ---PATIENCE!!!!

Harm Reduction

Overview

- Pragmatic approach to behavioral change
- Primary coping mechanisms kept until others skills are in place
- Recognizes harm to be multidimensional
 - harm to self
 - harm to those in relationship
 - harm to community
- Addresses immediate needs

Harm Reduction

Starting Points

- Safer sexual practices
- Sterile injection drug equipment
- Drug treatment
 - nonjudgmental, accessible, culturally specific
- HIV pre- and post-test education & counseling
- Food and shelter
- Medical care, mental health treatment
 - traditional and alternative (complementary)

Recovery

“Recovery is hard work; it is a full-time job.
Recovering from addiction is heroic,
worthy of respect and admiration

Dr. S. Alex Stalcup



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Family Medicine, UCLA



References

- Beck, J. (1995). *Cognitive Therapy: Basics and Beyond*, Institute for Cognitive Therapy and Research.
- Compton W, et al., *Arch Gen Psych*, 2007, 64:566-576.
- *Miller, W.R, & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd.Ed). Gilford Press, New York*
- NIDA (2012). Tobacco Addiction. Research Report Series. Publication Number 12-4342 U.S. Department of Health and Human Services, National Institutes of Health.
- NIDA (2014). Drug Facts, U.S. Department of Health and Human Services, National Institutes of Health