Research, evidence, and experience demonstrate CBT's effectiveness in treating both substance use and relapse remediation. In light of Dr. Aaron Beck's passing (Nov. 2021), this session re-visits the use of CBT coupled with our current understanding of substance use disorders, advances in medicine, and over 50 years of CBT practice.

"Summary Statement"
The Effective Use of Cognitive Behavioral Therapy (CBT) with Substance Use Clients

Presented by:
Christopher Shea, MA, CRAT, CAC-AD, LCC

1. To be able to define addiction according to the latest ASAM definition

2. To be able to describe the connection between SUD and trauma-related experiences

3. To be able to explain the connection of existential meaninglessness to SUD

What is Cognitive Behavioral Therapy?

CBT is based on the theory that the way individuals perceive a situation is more closely connected to their reaction than the situation itself. Individuals’ perceptions are often distorted and unhelpful, mainly when distressed.

Cognitive Behavior Therapy helps people identify their distressing thoughts and evaluate how realistic the thoughts are. Then they learn to change their distorted thinking. When they think more realistically, they feel better.

The emphasis is also consistently on solving problems and initiating behavioral changes.

Source: https://beckinstitute.org/about/intro-to-cbt/
Irrational Ideas (Albert Ellis)

Rational therapy holds that certain core irrational ideas are at the root of most neurotic disturbances.

There are three musts that hold us back: I must be well. You must treat me well. And the world must be easy.

Albert Ellis

Aaron Beck on Change

According to Beck, "If beliefs do not change, there is no improvement. If beliefs change, symptoms change."

One’s thoughts and beliefs affect one’s behavior and subsequent actions.

Dysfunctional behavior is caused due to dysfunctional thinking, and that thinking is shaped by our beliefs.

Our beliefs decide the course of our actions.

One develops anxiety not because of unconscious motivations, but because one has learned inappropriate ways of handling life experiences.

Aaron Beck Anxiety Disorders & Phobias: A Cognitive Perspective
What is Substance Use Disorder?

The Effective Use of Cognitive Behavioral Therapy (CBT) with Substance Use Clients

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The ICD-10 CM
why & what is it?

The ICD-10-CM is used for medical claim reporting in all healthcare settings. ICD-10-CM is a standardized classification system of diagnosis codes that represent conditions and diseases, related health problems, abnormal findings, signs and symptoms, injuries, external causes of injuries and diseases, and healthcare encounters.

Source: https://www.aapc.com/
International Classification of Diseases

The ICD-10-CM, is the HIPAA-adopted code set for medical diagnoses used by medical providers, insurers, and health care administrators.

One important update involves the diagnostic codes for substance use disorders. The ICD-10-CM diagnostic codes for the diagnosis of mild substance use disorder, and F1x.20 for both moderate substance use disorder and severe substance use disorder, where x indicates the class of substance.

There are different ICD-10-CM codes for active substance use disorder and substance use disorder in remission. Mild substance use disorder in remission is now coded as F1x.11 and moderate and severe substance use disorder in remission is now coded as F1x.21.

Source: Psychiatric Times, Vol 34 No 10, Volume 34, Issue 10

Addiction as an illness & disease

In 1956, the American Medical Association (AMA) declared alcoholism an illness, and in 1987, the AMA and other medical organizations officially termed addiction a disease.

The widely used definition is based on the definitions of E.M. Jellinek (1960), the World Health Organisation, and the American Medical Association.

*Alcoholism is a chronic, progressive treatable disease in which a person has lost control over her or his drinking so that it is interfering with some vital area of her or his life such as family and friends or job and school or health.
Medical definition of disease

“A definite pathological process having a characteristic set of signs and symptoms. It may affect the whole body or any of its parts, and its etiology, pathology, and prognosis may be known or unknown.”

- Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment initiatives for addiction are generally as successful as those for other chronic diseases.

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) October 2019

The connection with past trauma

Presented by:
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The Effective Use of Cognitive Behavioral Therapy (CBT) with Substance Use Clients

Community Impact

- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits)
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition
- 17% of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness
- Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth)
- 41% of Veteran’s Health Administration patients have a diagnosed mental illness or substance use disorder

The information on this page comes from studies conducted by organizations like Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice. The terminology used on this page reflects what is used in original studies.

Why Addiction and Mental Illness Co-Occur

Even though there is a high rate of comorbidity between addiction and mental illness, it does not mean that one caused the other—even if one condition appeared first.

- Drug use can cause people to experience one or more symptoms of another mental illness. For example, there is an increased risk of psychosis in some marijuana users.
- Mental disorders can lead to drug or alcohol use disorders because some people use substances to self-medicate. For instance, tobacco products sometimes lessen the symptoms of schizophrenia and may improve cognition.

There also is some evidence that indicates that addictions and mental illnesses are caused by underlying brain deficits, genetic influences, and/or exposure to trauma early in life. For instance, it is estimated that 40 to 60 percent of a person’s vulnerability to addiction can be attributed to genetics.

Source: SAMHSA

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The Facts on Trauma and SUDs

One-quarter to three-quarters of people who have survived abusive or violent traumatic experiences report problematic alcohol use.

Men and women who have experienced sexual abuse have higher overall rates of alcohol and other substance use disorders.

5% of individuals with post-traumatic stress disorder (PTSD) also met criteria for a substance use disorder diagnosis.

Source: SAMHSA 2018 Study

Why the connection between trauma & SUD?

Some popular theories:

- Self-medication hypothesis: People with PTSD use substances in an attempt to cope with or counteract their symptoms.
- High-risk hypothesis: People with substance use disorders have higher rates of trauma as a result of their substance use (usually due to lifestyle choices associated with the substance use).
- Susceptibility hypothesis: People who use substances are more susceptible to developing PTSD after exposure to trauma than those who do not use substances.

One recent research study demonstrated that the hypothesis with the strongest evidence for support is the self-medication hypothesis, with some support for the high-risk hypothesis. However, there was no evidence in the study to support the susceptibility hypothesis.

Source: Risk pathways among traumatic stress, posttraumatic stress disorder symptoms, and alcohol and drug problems: A test of four hypotheses
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Findings on study of combat experience

The results demonstrate that childhood and combat trauma have differential effects on alcohol use, such that combat trauma may not add to the effect on alcohol use in those with greater child maltreatment but may contribute to greater alcohol use among those with low child maltreatment.

As expected, childhood and combat trauma had synergistic effects on lifetime drug use.

Source: Childhood trauma, combat trauma, and substance use in National Guard and reserve soldiers

Existentialism’s connection to hope as a recovery essential


Existential psychotherapy was introduced to the United States in 1958 with the publication of "Existence: A New Dimension in Psychiatry and Psychology", edited by Rollo May, Ernest Angel, and Henri Ellenberger.

The main presentation and summary of existential therapy was in the first two chapters, written by May: “The Origins of the Existential Movement in Psychology” and “Contributions of Existential Psychology.”

Stressful life events combined with poor coping skills may impact risk of addiction through increasing impulsive responding and self-medication. While it may not be possible to eliminate stress, we need to find ways to manage it.”

Shahram Heshmat Ph.D.

“In the counseling process, we do not remold the person completely and send him out of the office a new man. The endeavor is to free him to be himself. This means giving him the start in his own task of transforming his personality.”

Rollo May
There are two streams in the history of human thought. One is of essences, seen most clearly in Plato’s belief that there are perfect forms of everything and that things such as a specific chair are imperfect copies (accidents).

There is another stream of thought coming down through history: namely, existence. This viewpoint holds that truth depends upon the existing person, existing in a given situation (world) at that time. Hence the term existential.
There remains in our day the chasm between truth and reality. And the crucial question that confronts us in psychology is precisely this chasm between what is abstractly true and what is existentially real for the given living person.

In a meta-analysis of 150 studies on this topic, researchers put it this way: "Inductions of well-being lead to healthy functioning, and inductions of ill-being lead to compromised health."

But a study published in the Proceedings of the National Academy of Sciences (PNAS) states that happiness may not be as good for the body as researchers thought. It might even be bad.

The researchers, who looked at a large sample of people over a month-long period, found that happiness is associated with selfish "taking" behavior and that having a sense of meaning in life is associated with selfless "giving" behavior.

"Happiness without meaning characterizes a relatively shallow, self-absorbed or even selfish life, in which things go well, needs and desire are easily satisfied, and difficult or taxing entanglements are avoided. If anything, pure happiness is linked to not helping others in need. Partly what we do as human beings is to take care of others and contribute to others. This makes life meaningful but it does not necessarily make us happy."

PNAS study
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“What if I measure the progress toward my purpose in life not by outcomes that I cannot control but by processes that I can?”

Shulman “Is What I Do Who I Am?”

Using CBT To Treat SUD

How does it work?

When an addicted person understands why they feel or act a certain way — and how those feelings and actions lead to substance use — they are better equipped to overcome their addiction.

Cognitive behavioral therapists help those in recovery to identify their negative “automatic thoughts.” An automatic thought is based on impulse and often comes from misconceptions and internalized feelings of self-doubt and fear.
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Motivational Interviewing

... is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

Motivation to change is elicited from the client

It is the client's task, not the counselor's, to articulate and resolve ambivalence.

The counselor is directive in helping the client to examine and resolve ambivalence.

The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

Express Empathy

Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experience.

Support Self-Efficacy

As noted above, a client's belief that change is possible is an important motivator to succeeding in making a change.
Roll with Resistance In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead, the counselor uses the client's "momentum" to further explore the client's views.

Develop Discrepancy "Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be."

(Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8).
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References
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