Developing and Implementing CBT Strategies for Co-Occurring Disordered Clients

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About Dr. Hal Baumchen

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• Founder and Executive Director of Northland Counseling Services (Chanhassen, Minnesota)
• Author of Destinations and Journeys, two Co-Occurring Disorder Treatment Manuals, the Destinations Companion Workbook, the Journeys Companion Workbook, and Reflections – Insight for the Journey
• Author and founder of Journey to Recovery
Roadmap

- Intro
- Co-Occurring Disorders (COD)
- Challenges of COD
- Best ways to manage challenges
- Ten specific CBT interventions for COD
Intro

A framework to hang your knowledge of COD and a foundation upon which to build treatment.

It’s not what you know, it’s what you can teach that truly makes a difference.
Defining Co-Occurring Disorders

Co-occurring disorders refers to an individual having one or more substance abuse disorders and one or more mental health disorders.
Identifying Co-Occurring Disorders
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Co-Occurring Mental Health and Substance Use Disorders
Co-Occurring Mental Health and Substance Use Disorders

- Cognitive Abilities
- Social and Relational Issues
- Medical Problems
- Spiritual Life
- Occupational Concerns
- Family Dynamics
- Trauma History
- Legal Matters
- Educational Opportunities
The Addicted Life
The co-occurring disorder begins to run and ruin your life.
People with Co-Occurring Disorders show increased risk of homelessness, as high as 30%, and are highly vulnerable to housing instability.

Source: Substance Abuse Treatment for Persons With Co-occurring Disorders Treatment Improvement Protocol 42 (TIP42)
People with Co-Occurring Disorders are 20 times more likely to be hospitalized and use emergency services.

Source: Substance Abuse Treatment for Persons With Co-occurring Disorders Treatment Improvement Protocol 42 (TIP42)
People with Co-Occurring Disorders have an average lifespan of 45.1 years, compared to 76 years for the general population.

Source: Substance Abuse Treatment for Persons With Co-occurring Disorders Treatment Improvement Protocol 42 (TIP42)
NIDA estimates 45% of offenders in state prisons and local jails have a mental health problem and comorbid substance use disorder.
Substance Use Interacts with Mental Health
Challenges of Co-Occurring Disorders
Understanding the Progression

Some people have mental health problems and start abusing drugs and alcohol as a way to self-medicine.
Understanding the Progression

Others use alcohol and drugs long enough to develop mental illness symptoms or make existing mental illness symptoms worse.
Recognizing Mental Health Issues

Illnesses that frequently co-occur with substance use disorders include:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar disorder
- Conduct disorders
- Personality disorders
- Anxiety disorders
- Depression
- Thought disorders (including schizophrenia, hallucinations, and delusions)
- Paranoia
- Post-Traumatic Stress Disorder (PTSD)
The Complexity of Co-Occurring Disorders
43,252,003,274,489,856,000

Different configurations of the Rubik’s Cube
The Three Axes of COD

Psychiatric – including medical issues

Psychological – including cognitive processing difficulties

Substance Use – including physical addiction and withdrawal
Set World Record

Patrick Ponce
Age 15

4.69 seconds
September 2017

https://www.worldcubeassociation.org/persons/2012PONC02
Cognitive Processing Difficulties in Co-Occurring Disorders
Cognitive processing is more difficult because of:

Withdrawal effects
Detoxification complications
Cognitive processing is more difficult because of:

Sleep problems
Sleep-deprivation
Cognitive processing is more difficult because of:

Chemical imbalance
Cognitive processing is more difficult because of:

Anxiety

Depression
Cognitive processing is more difficult because of:

Trauma
Cognitive processing is more difficult because of:

Thought disorders
Cognitive processing is more difficult because of:

Brain injury
Cognitive processing is more difficult because of:

Learning disabilities

ADHD
Cognitive processing is more difficult because of:

Nutritional deficiencies
These syndromes, symptoms, and effects lead to significant cognitive impairments.
COMMON COGNITIVE IMPAIRMENTS

- Lowered insight to illness
- Reduced judgment
- Compromised intellectual functioning
- Memory problems
- Slower processing speeds
- Decreased focus and attention
Treatment interventions must be sensitive to those impairments.
Best Ways to Manage the Challenges of COD
Effective Resources

- Relatable and engaging content
- Simple, relevant material
- Practical solutions
- User friendly layout
- Checklists
- Colored text, pictures, and graphics
- Targeted process questions
- Examples

Good Treatment Requires Good Resources
Our secret to working with the complexities of co-occurring disorders was not to make the interventions more complex, but rather make the interventions simpler and more effective.
Reinforce and Extend Your Therapeutic Influence

- Handouts
- Assignments
- Psychoeducation materials
- Group worksheets
- Structured Therapy Tools
- Skill-building information
Good Treatment Requires Good Resources

- Maximize impact
- Increase motivation
- Establish mastery
- Improve retention
- Simplify use

Designed with a purpose
A NEW COMMITMENT

Earlier in this chapter you looked at areas of resistance to treatment and how they kept you from getting help. The same items are listed below. This time, choose the ones that reflect your current level of acceptance.

I am willing to accept and embrace treatment _even though:_

- □ I’ve tried it before.
- □ My case is hard.
- □ I don’t feel like anyone will understand.
- □ I’m different.
- □ I’ve heard it doesn’t work.
- □ It takes a lot of time.
- □ I feel mistreated.
- □ I have a job.
- □ I believe the officer was wrong or unfair.
- □ I don’t want it to interrupt my schedule.
- □ Treatment costs money.
- □ I don’t believe the group will care about me.
**The Ten Principles of Self-Change**

The following ten points will clarify how changes in your thinking will benefit your mental health.

1. **Change is possible. Out of respect for yourself and others, you can change yourself.**

   Don’t change out of obligation to someone else or because you feel forced. Make the choice to change out of love for who you are and can become, not out of hatred for who you are today.

   Name something you hope to change about yourself.

   ____________________________________________
   ____________________________________________
   ____________________________________________

2. **The foundation of change is a change in your thinking.**

   If you think the same as you always have, you will stay the same. The whole idea of self-development is to feel or behave differently, which means you must make changes in what you think and believe.
### Psychological Symptoms (Section B)

- Anxiety
- Depression
- Confusion or flightiness
- Irrational fears
- Compulsive behaviors
- Forgetfulness
- Feeling overloaded or overwhelmed
- Feeling hyperactive
- Mood swings
- Loneliness
- Relational problems
- Frequent irritability
- Anger
- Low frustration tolerance
- Perfectionism
- Memory problems
- Dissatisfaction with work
- Difficulty concentrating
- Inattention
- Restlessness
- Racing thoughts
- Agitation
- Frequent boredom
- Frequent worrying or obsessing
- Frequent guilt
- Temper flare-ups
- Crying spells
- Nightmares
- Apathy

**Section A Items _______ + Section B Items _______ = Total Items _______**
Treatment for Co-Occurring Disorders
Making a Difference

• Sequential Treatments
• Parallel Treatment
• Fully Integrated Treatment

Being different makes a difference.
Alcohol and Panic Disorder
Treatment for Co-Occurring Disorders has Two Major Goals:

1. Reduce symptoms
2. Prevent relapse
Ten Specific CBT Interventions for COD
CBT Interventions #1: Illustrate How CBT Works in Co-Occurring Disorders

NEGATIVE THINKING

1. An intense or distressing thought occurs
2. An urge to avoid the feeling or seek comfort occurs. The craving increases in its intensity
3. A distressing and intense emotion follows, such as fear, worry, anger, or depression
4. As the desire to avoid intensifies, a plan to seek and obtain the preferred substance is formulated
5. Relapse occurs
6. A situation or circumstance develops
CBT Interventions #1: Illustrate How CBT Works in Co-Occurring Disorders

POSITIVE THINKING

1. A situation or circumstance develops
2. An intense or distressing thought occurs, and then is challenged and replaced with a positive thought
3. The positive thought leads to feeling hopeful, confident, and empowered
4. Urges to use are less intense, don’t last as long, and are less frequent
5. Desire to use decreases, and is replaced with increased energy and focus on the solution
6. Recovery is strengthened
CBT Intervention
#1:
Illustrate How CBT Works

- Thoughts and beliefs
- Strong feelings
- Corresponding actions
CBT Intervention
#1: Illustrate How CBT Works

Then it turns out, there is no dog.
CBT Intervention

#1: Illustrate How CBT Works

Anxiety, depression, and substance abuse are filled with thoughts that are not true.
CBT Intervention #1: Illustrate How CBT Works

If you want to change the way you feel or behave, you have to change the way you think.
CBT Intervention #1: Illustrate How CBT Works

Most people with chemical dependency problems want help.

But those same people can become resistant to change.

Rather than change they justify reasons to stay the same.

Old thinking leads to the same old problems.
To reduce symptoms and prevent relapse you must change the way you think.
Principles of Self-Change

1. Change is possible. Out of respect for yourself and others, you can change yourself.
CBT Interventions #2: Outline How Long Lasting Change Occurs

Principles of Self-Change

2. The foundation of change is a change in your thinking.
CBT Interventions #2: Outline How Long Lasting Change Occurs

Principles of Self-Change

3. Change in made possible through simple but systematic efforts, in a single direction, over time.
Principles of Self-Change

The goal of treatment is not how fast you can get out.
CBT Interventions #2: Outline How Long Lasting Change Occurs

Principles of Self-Change

The goal of treatment is to get as strong as you can before you leave.
CBT Intervention #3: Teach Positive Self-Talk to Change Negative Thinking

THE 5Rs OF CHANGED THINKING
THE 5Rs OF CHANGED THINKING

- **RECOGNIZE** negative thoughts
- **REFUTE** negative thoughts
- **REPLACE** negative thoughts with positive thoughts
- **REHEARSE** the positive substitution
- **REPEAT** the process as necessary
Now I’ve Got It Going On
CBT Interventions #4: Teach Character Goals

10 Essential Traits

- **Stay Honest**: Stay honest with yourself and with others. A strong recovery is built on integrity and transparency.
- **Stay Determined**: Find your primary reason for doing the work of recovery and keep it first and foremost.
- **Stay Aware**: Know your vulnerabilities. Be aware of your own temptations and triggers to slip back again.
- **Stay Intentional**: Get rid of haphazard and random living. Stay deliberate, planned and purposeful.
- **Stay Grateful**: Remain humble and accepting. Be grateful for another chance to get your life back.
- **Stay Balanced**: Keep work, love, projects, and people integrated in a finely tuned harmony.
- **Stay Positive**: Keep a positive, upbeat, and optimistic attitude. Smile, laugh, and enjoy your life.
- **Stay Strong**: Be known for best attitude, best effort and best character. Finish strong.
- **Stay Connected**: Stay close to those who support your recovery and stay distant from those who don't.
- **Stay Hopeful**: Remain confident that your future is filled with the promise of good things to come.

[www.JourneyToRecovery.com](http://www.JourneyToRecovery.com)
CBT Interventions #4: Teach Character Goals

- Stay Honest
- Stay Aware
- Stay Grateful
- Stay Positive
- Stay Connected
- Stay Determined
- Stay Intentional
- Stay Balanced
- Stay Strong
- Stay Hopeful
Getting Honest
Identifying Vulnerabilities
Recovery is not the goal.

Recovery is the avenue to reach the goal.
CBT Intervention #5: Identify and Reduce Selfishness
TROUBLED PSYCHOLOGIST GOES BERSERK!

Fast Food in Slow Motion Paralyzes Judgment

Late Wednesday night in the Chanhassen neighborhood McDonald’s the most unbelievable and jumped over the counter, grabbed worker, and by all accounts went crazy and career. Behind bars and no longer helping clients. His coworkers, clients, and family, are

BREAKING NEWS:

• Psychologist of 30 years loses license and will serve prison time
• Devastating snowstorm about to clobber the Midwest
SLOW CHILDREN
Reducing Selfishness
CBT Intervention #6: Develop A Can-Do Attitude
Self

☐ I am getting stronger
☐ I'm growing
☐ I am patient, kind, and understanding
☐ I have strengths, talents, gifts, and abilities
☐ My life has meaning and what I do matters
The World

☐ I'm happy for the opportunities I have
☐ I have a blessed, interesting, and fulfilling life
☐ I'm choosing to be a lifelong learner
☐ I can survive and thrive in the environment where I live
Other People

☐ Other people have helped me along the way
☐ People have contributed to my success
☐ When I've failed along the way, I've been forgiven by others
☐ Some people have helped me without expecting anything in return
CBT Intervention #7: Cultivate Acceptance
CBT Intervention #7: Cultivate Acceptance

Common Exceptions

01 I don’t drink anything, except beer
02 This is a special occasion
03 I only drink on the weekend
04 I couldn’t pass up free beer
05 She offered me a drink
Accepting Responsibility
CBT Intervention #7: Cultivate Acceptance

Common Excuses

1. One drink won’t hurt
2. Everybody drinks sometimes
3. Hey, we’re all going to die of something
4. You drink, why can’t I?
5. No one is going to tell me how to live my life
No More Excuses
CBT Intervention #8: Develop Frustration Tolerance
Challenge Thoughts

☐ I can tolerate frustration
☐ I’m getting stronger
☐ Practice makes progress
☐ When I tolerate, overcome, and endure, I get stronger
Managing Frustrations
CBT Intervention #9: Teach the Power of Gratitude
Gratitude:

☐ Improves psychological health
☐ Reduces toxic emotions
☐ Increases happiness
☐ Reduces depression
☐ Raises self-esteem
Hope is the belief that there are good things and better days ahead.
Strategies to Build Hope:

☐ Hang out with positive people

☐ Confide in a sponsor or an accountability partner

☐ List three things for which you are grateful

☐ Focus on your strengths not your weaknesses

☐ Make a commitment to someone for a future event

☐ Complement someone else on their character
Feedback Form:

☐ I would like an email with PDF versions of the posters

☐ I would like an email with all of the infographics in the presentation

☐ I would like an email with PDF versions of 6 lessons

☐ I would like to be added to the Journey to Recovery email list
Conclusion
Any questions?
Contact my office:

info@journeytorecovery.com

952-777-8755

www.JourneyToRecovery.com