

University of Cincinnati Cognitive Behavioral Treatment for Substance Abuse Curriculum

Developed by the

University of Cincinnati Corrections Institute (UCCI)
School of Criminal Justice
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Cognitive Behavioral Curriculum Description

Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) integrates the core components of any cognitive behavioral intervention with a focus on substance abuse. Cognitive-Behavioral Treatment (CBT) programs encompass a therapeutic strategy designed to change the cognitions that influence maladaptive behavior. Speigler and Guevremont (2010) identify certain defining characteristics of CBT interventions. These kinds of interventions are *scientific*, meaning they rely on empirical support for therapeutic strategies. CBT interventions are also *action-oriented*. Participants have to engage in many activities, such as role-play, as part of the therapeutic process. This stands in contrast with many of the talk-therapy approaches used for substance abuse treatment to date. Third, CBT approaches are *focused on the present*; therapeutic strategies are aimed at changing the current risk factors that impact a participant's behavior. Finally, there is a *focus on learning* with a CBT approach. Clients will spend a significant amount of time in this group learning and practicing new methods of handling risky situations.

True to behavioral theory, CBT approaches also utilize classical conditioning, which is when two stimuli are paired, so that a neutral stimulus begins to evoke the same response as the non-neutral stimulus. This was demonstrated in Pavlov's classic study where a ringing bell was paired with food, so that eventually a dog salivated just by hearing the bell (Farmer and Chapman, 2010). When substance abuse is paired with what for many are neutral places (a bar, an apartment building where drugs can be obtained, a store or restaurant that sells alcohol), particular people (drug-using associates, dealers), times of day or week (after work, weekends), and feeling states (lonely, bored, sad), these stimuli that are neutral for many become triggers for individuals that engage in substance abuse. Such triggers alone may become sufficient to elicit very intense cravings or urges to use. CBI-SA spends time exploring what individual triggers contribute to participants' substance abuse, and teaches ways to identify, avoid and manage such triggers as well as the associated urges to use.

Developed by UCCI, this curriculum is designed for individuals that are moderate to high need in the area of substance abuse and well suited for criminal justice populations. There are a number of validated assessment tools that can be used to assess substance abuse need. When working with a correctional population, it is also helpful to assess risk for engagement in criminal behavior, as criminal attitudes and behavior can certainly be targeted as part of this program as well. In corrections, there is evidence that treatment should vary by risk and need

level of the offender, suggesting that higher risk offenders receive a higher dosage of treatment (Lowenkamp and Latessa, 2004).

The curriculum can be delivered as a stand-alone substance abuse intervention, or incorporated into a larger program, particularly those designed for clients in the corrections system. In order to deliver an effective cognitive-behavioral group, the group size should be limited to allow for practice exercises for all participants. The ideal size for an interactional group treatment session is 8 participants, with a maximum of 10 (Yalom, 2005). Hence, for CBI-SA, the recommended group size is no more than 10 participants with one facilitator, and no more than 16 participants with two or more facilitators. Hence, with additional facilitators, the group size can be expanded beyond 10, but more small-group practice exercises should be incorporated with a larger group. Training on the curriculum is three full days. For those trained on the curriculum a training-of-trainers option is also available. For more information about training please contact Jen Scott at Jennifer.Scott@uc.edu or 513-556-7765.

Consistent with the research on evidence-based practice and specifically, using a cognitive behavioral approach, the components of the curriculum include:

Pretreatment

Module 1: Motivational Enhancement

Module 2: Cognitive Restructuring

Module 3: Emotional Regulation

Module 4: Social Skills

Module 5: Problem Solving

Module 6: Success Planning

The Pretreatment sessions are optional. The purpose of these sessions is to prepare participants to enter the group. The three sessions explore resistance to treatment in general. The process allows the group to focus on the typical reasons people are reluctant to enter a substance abuse program and eliminate this discussion during the curriculum sessions.

The first module includes a series of sessions aimed to increase motivation to engage in the substance abuse intervention, including an exploration into personal values, goals and resistance. In addition, the CBI-SA curriculum is intended to be delivered in a motivational style. This style is drawn from Motivational Interviewing, a blended therapeutic approach to increase motivation by exploring and resolving ambivalence (Miller and Rollnick, 1991).

Module 2 focuses on cognitive restructuring. Just as the actions we perform repeatedly become habits, so also, the thoughts we repeatedly have become habitual. In this module, participants are taught to pay special attention to the thoughts that place them at risk to abuse substances. Those thoughts are then restructured to reduce the risk of addictive behaviors, and increase the possibility of positive goal achievement. The curriculum uses a behavior chain format to emphasize the connection between thoughts, feelings and actions to likely consequences. This

teaches participants how their thinking led to feelings and then actions, ultimately resulting in associated consequences.

The next module addresses emotional regulation. Once participants have identified situations that put them at risk to abuse substances and begun to recognize the important part their thoughts play, the focus turns to feelings. Such feelings for participants include cravings and urges. This section uses a behavioral approach to understand, manage and control feelings.

In module four, the curriculum uses a social learning model to train social skills, including: modeling, trying, receiving feedback and practicing. Through behavioral rehearsal, participants receive training to increase their pro-social interaction options. The social skills covered include areas of assertiveness, communication, and responses to risky situations. Although many clients are demoralized by their past substance abuse failures, they do possess complex skills that can be translated into pro-social behaviors. Therefore, the curriculum is also intended to assist participants in recognizing their ability to learn social skills, thereby supporting self-efficacy to face the challenges of lifestyle changes.

Module five progresses to the advanced skill of problem solving, critical for successfully navigating the world. This skill involves both cognitive and behavioral abilities and relies on a person's capacity to think about the problem objectively, identifying a variety of often complex factors. Problem solving is impossible when a person reacts from pure emotion. When thoughts and feelings are slowed, the ability to analyze the possible choices involved and link them to a desired outcome is greatly enhanced. Thus, participants attend the previous modules before entering module five. In this curriculum, participants will learn and practice three steps to effective problem solving:

1. Identify your problem and goal
2. Brainstorm options and choose the best one
3. Plan and try your solution

In this way, the problem solving process is directed by the individual participant and can be applied to any type of problem the individual may face.

The final series of sessions in module six work on success planning (e.g., relapse prevention). The plan used in this program stems from a curriculum developed by Correctional Services or Canada (CSC) for the treatment of domestic violence offenders, and was modified to make it relevant to participants with substance abuse behaviors. Participants create an individualized plan based on risky situations they identified in the beginning of the curriculum. The plan integrates the behavior chain format originally introduced in the cognitive restructuring module. Furthermore, coping options, lifestyle factors and support systems are included during the planning activities.

After almost every session, homework is assigned so that participants can practice generalizing the skill in their daily lives. The emphasis on homework cannot be overstated, as this can greatly increase a participant's ability for longer-term change. Each participant is fully expected to complete the homework assignments during the intervention.

The curriculum allows flexibility by providing a modified closed-group format. There are pre-set entry points to introduce new members. The program can also be delivered in a fully closed format.

In addition, this curriculum can be expanded for higher risk/need offenders by adding practice sessions to any of the modules deemed appropriate. Sessions can be added to the curriculum where clients continue to practice the skills they have specifically identified to manage their individual high risk situations. Practice can be made more advanced so that participants rehearse how they would handle risky situations in the most realistic way possible. These additional sessions would be structured using a format similar to the social skill sessions; however, rather than introducing a new skill; a previously learned skill is practiced again to improve proficiency.

With more than forty group sessions, the curriculum covers key components of the cognitive behavioral approach. By enhancing motivation, recognizing risk, managing feelings, increasing pro-social behaviors and establishing a relapse prevention plan, the CBI-SA group curriculum works toward providing individuals struggling with drug and alcohol addiction an opportunity to redesign their lives and find freedom from substance abuse.

References

- Andrews, D. and Bonta, J. (2010). *The Psychology of Criminal Conduct (5th ed.)*. Cincinnati, OH: Anderson Publishing Co.
- Farmer, R. F., & Chapman, A. L. (2010). Changing Behavior by building skills. In R.F. Farmer & A.L. Chapman (Eds.), *Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action*. Washington, DC: American Psychological Association.
- Lowenkamp, C. and E. Latessa (2004). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology and Public Policy* 4(1): 501-528.
- Miller, W. R and Rollnick, S. (1991) *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford.
- Spiegler, M.D., & Guevremont, D.C. (2010). *Contemporary Behaviour Therapy*. (5th ed.). Pacific Grove, CA: Brooks/Cole.