Group Cognitive Behavioral Therapy for Addictive Behaviors

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APA Division 50 (Addictions)
Society for Addiction Psychology (SoAP)
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Group CBT Structure

- 90-minute sessions (more if necessary)
- 5-8 members with psychopathology, comorbidity, and associated problems
- Open, rolling enrollment
- Compatible with other approaches (e.g., 12-step programs, individual therapy)
- Goals may be variable (e.g., harm reduction, improved relationships, employment, etc.)
Cannabis Use Disorder

Diagnostic Criteria

A. A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Cannabis is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
4. Craving, or a strong desire or urge to use cannabis.
5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
8. Recurrent cannabis use in situations in which it is physically hazardous.
9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
10. Tolerance, as defined by either of the following:
   a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
   b. Markedly diminished effect with continued use of the same amount of cannabis.
11. Withdrawal, as manifested by either of the following:

Gambling Disorder

Diagnostic Criteria

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.
Six Core Components of Addictions
(Griffiths, 2005)

1) **Salience** – Importance in a person’s life. Dominates thoughts, feelings, behaviors. Salience increases with abstinence

2) **Mood modification** – A function of the addictive behavior is to induce a desired state (e.g., relief from boredom, anxiety, depression; provision of increased energy)

3) **Tolerance** – Increasing amounts needed to achieve same effect

4) **Withdrawal symptoms** – Unpleasant feelings and physical effects when activity is stopped or reduced

5) **Conflict** – Interpersonal relationships are damaged

6) **Relapse** – Repeated slips and return to addictive behavior
Misconceptions of CBT

- CBT is superficial and mechanistic.
- CBT focuses on symptom reduction, ignoring personality reorganization.
- CBT ignores importance of early life experiences.
- CBT ignores interpersonal relationship factors.
- CBT minimizes the therapeutic relationship.
- CBT ignores motivational issues.
- CBT disregards emotion.

(Adapted from Gluhoski; Psychotherapy, 1994)

Five Components of CBT

List and explain the importance of five essential components of individual and group cognitive-behavioral therapy (CBT) for substance use disorders and addictive behaviors.
Five essential components of individual and group CBT

1) **Structure** – Maintaining organization, focus
2) **Collaboration** – Listening, empathy, mutual goal-setting, giving & receiving feedback
3) **Case conceptualization** – Consideration of intrapersonal, interpersonal, developmental, environmental, socioeconomic, educational, distal, and proximal factors

4) **Psychoeducation** – teaching basic facts about SUDs and addictions, cause-effect relationships, developmental processes
5) **Structured techniques** – functional analysis, self-monitoring, daily thought records, scaling, advantages-disadvantages, what-if, behavioral activation, refusal skills, relationship (e.g., communication and conflict resolution) skills, seeking support, etc.
CBT Case Conceptualization

Formulate CBT case conceptualizations for individuals with substance use disorders and addictive behaviors, including distal and proximal antecedents, cognitive, behavioral, and affective processes.

Case conceptualization involves data collection

For example…

- Relevant childhood experiences
- Current life problems
- Vulnerable (high risk) situations
- Schemas and core beliefs
- Addiction-related and permissive beliefs
- Conditional assumptions/beliefs/rules
- Compensatory strategies
Case conceptualization

*Specific Categories*

I. Demographic information  
II. Diagnoses  
III. Psychometric test scores (if available)  
IV. Presenting problem and current functioning  
V. Developmental profile  
VI. Cognitive profile  
VII. Integration of cognitive/developmental profiles  
VIII. Implications for therapy

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Attend to Both Cognitive

*Content* and *Processes*

- **Content** - thoughts, beliefs, schemas (i.e., *what* you think)  
- **Processes** – executive functioning; includes impulse control, affect regulation, focus, organization, planning, balance (i.e., *how* you think)
The most basic CBT model

**Antecedents**

- Situations
- Stimuli

**Beliefs**

- Thoughts
- Schemas

**Consequences**

- Behaviors
- Emotions

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**Depression**

- Lunch with friends successful in their careers
  - "They are more successful."
  - Envy
  - "They are smarter."
  - Sadness
  - "They think I am stupid."
  - Shame
  - "I am stupid!"
  - Anger, disgust towards self

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Anxiety

Running five minutes late for a dental appointment

- "I should never be late for anything." (Worry)
- "My dentist will fire me." (Fear)
- "The entire staff will be inconvenienced." (Dread)
- "I'm having those chest pains again." (Terror)

Anger

Standing in a line. A couple cuts in front.

- "They shouldn't have done that." (Irritation)
- "It's unacceptable." (Anger)
- "I can't stand it." (Hostility)
- "I'll show them!" (Aggression)
Borderline Personality Disorder

A new friend doesn't return phone calls.

- "Abandoned again." -> Sadness, despair
- "Everyone leaves." -> Loneliness, anxiety
- "I can't stand it!" -> Anger, hostility

CBT Model of Substance Use and Addictive Behaviors

- Triggers, cues, stimuli (Internal and external)
- Activation of (learned) addiction-related thoughts, beliefs
  - Urges and cravings to engage in addictive behaviors
  - Opportunity to abstain by means of control-related thoughts, beliefs
  - Permission to engage in addictive behavior, strategic planning
  - Lapse/relapse

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CBT Model – Drugs and Alcohol

Internal/External Triggers: At a party where friends are getting high.

Activation of addiction-related thoughts, beliefs:
"I'd love to get stoned."
"Time to party!"

Urges, cravings to engage in addictive behaviors

Permission to engage in addictive behavior, strategic planning:
"No big deal."
"I can stop whenever I want."

Opportunity to abstain by means of control-related thoughts, beliefs:
"I know I shouldn't smoke weed."

Lapse/relapse

CBT Model – Gambling and Shopping

Internal/External Triggers: Home alone Saturday night, feeling lonely.

Activation of addiction-related thoughts, beliefs:
"Got to get out of here."
"Go to the casino!"
"Go shopping!"

Urges, cravings to gamble or shop

Permission to engage in addictive behavior, strategic planning:
"I'll limit my spending."
"I'll only bring $20 in cash with me."

Opportunity to abstain by means of control-related thoughts, beliefs:
"I can't afford to gamble or shop."

Lapse/relapse
CBT Model – Binge Eating

Internal/External Triggers:
- Home alone.
- Feeling lonely, bored, despair.

Activation of addiction-related thoughts, beliefs:
- "I can't stand it."
- "I want to feel better."
- "It'll taste so good."

Urges, cravings to engage in addictive behaviors

Permission to engage in addictive behavior, strategic planning:
- "What the heck."
- "It doesn't matter."
- "I'll do better tomorrow."

Opportunity to abstain by means of control-related thoughts, beliefs:
- "I know I shouldn't be eating now."
- "I promised myself."

Lapse/relapse

Developmental CBT Model of Addictive Behaviors

Early life experiences
- Distal antecedents
  - Neurobiological (e.g., genetic, neurobiological risk factors)
  - Psychosocial (e.g., psychological and social risk factors)

Vulnerability to addiction
- Cognitive (e.g., schemas, basic beliefs, conditional beliefs, automatic thoughts)
- Behavioral (e.g., compensatory strategies to achieve emotion regulation, self-control)
- Affective (e.g., depression, fear, anxiety, anger)

Exposure, experimentation, and continued use of addictive substances, behaviors

Development and reinforcement of thoughts and beliefs that perpetuate addictive behaviors

Triggers, Cues, Stimuli
- Proximal antecedents
  - Internal (e.g., emotional distress, physical discomfort, craving, withdrawal symptoms)
  - External (e.g., people, places, things, times of day, events, holidays associated with addictive behaviors)

Activation of (learned) addiction-related thoughts, beliefs

Urges and cravings to engage in addictive behaviors

Permission to engage in addictive behavior, strategic planning

Opportunity to abstain by means of control-related thoughts, beliefs

Lapse/relapse
Goal-Setting, Goal Achievement, and Readiness to Change

Identify specific methods and challenges of goal-setting and goal-achievement for people with substance use disorders and addictive behaviors at all stages of readiness to change.

Transtheoretical Stages of Change Model
(Prochaska, DiClemente, & Norcross)

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
Goals of Therapy

Goals vary widely within and between people:

• Abstinence versus control
• Improve emotion regulation
• Improve social/interpersonal skills
• Improve coping skills
• Control of undesired habits
• Increased psychological mindedness
• Support from therapist or group

Structure and content of group CBT

Describe the structure of individual and group CBT for substance use disorders and addictive behaviors.
Group CBT Structure

- 90-minute sessions (more if necessary)
- 5-8 members with psychopathology, comorbidity, and associated problems
- Open, rolling enrollment
- Compatible with other approaches (e.g., 12-step programs, individual therapy)
- Goals may be variable (e.g., harm reduction, improved relationships, employment, etc.)

Group Sessions

- Facilitator introductions (including rules, basic features of group)
- Member introductions – addictive behavior, status of addictive behavior, goals, other problems
- Cognitive & behavioral strategies - based on needs of group members
- Homework – review old and assign new
- Closure
Group Psychotherapy
Therapeutic Factors
(Yalom & Leszcz, 2005)

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. Corrective recapitulation of family of origin issues

6. Developing social skills
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors
Screening CBTAG Members

Inclusion criteria:

- Openness to psychotherapy
- Desire to share and receive feedback in a group setting
- Willingness to take responsibility for addictive behavior and other problems
- At least contemplating change
- Willingness to follow group rules

Basic Rules

- Strict confidentiality
- No clique formation or outside meetings
- No advice
- Personalize (vs. philosophize): “I” statements rather than “You” or “People…”
- Practice interpersonal skills in group
- Maintain willingness to grow
- No defensiveness
Screening CBTAG Members

Exclusion criteria:
- Believes that he or she has been coerced into group attendance
- Denies any problems
- Severe/active psychopathology (e.g., hallucinations, delusions, sociopathy)
- Hostile or threatening behavior

Facilitator Introductions

- Facilitator name and pertinent information
- Reason for facilitating group
- Set expectations regarding structure and content of group
- Provide examples
- Review basic rules
## Member Introductions

- **Member name**
- **Addictive behavior(s)**
- **Status of addictive behavior(s)**
- **Goal(s)**
- **Other issues**

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary problem</th>
<th>Status of primary problem</th>
<th>Goal(s)</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>Alcohol</td>
<td>Controlled drinking</td>
<td>“Don’t get drunk again”</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Mary</td>
<td>Marijuana</td>
<td>Abstinent</td>
<td>“Abstinence”</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Sarah</td>
<td>Binge eating</td>
<td>Daily binge eating</td>
<td>“Healthy eating”</td>
<td>Medical problems</td>
</tr>
<tr>
<td>Ben</td>
<td>Gambling</td>
<td>Abstinent</td>
<td>“Only on special occasions”</td>
<td>Bipolar illness</td>
</tr>
<tr>
<td>Ann</td>
<td>Smokes 1.5 pack/day cigarettes</td>
<td>Lives with boyfriend who smokes.</td>
<td>“I’m just not ready to quit.”</td>
<td>“My children hate my boyfriend!”</td>
</tr>
</tbody>
</table>
Cognitive & Behavioral Strategies

- Socialize members to CBT model
- Coping vs. compensatory strategies
- Emotion regulation skills training
- Frustration tolerance
- Interpersonal skills training, including communication skills with role-playing
- Relapse prevention skills training
- Motivational interviewing

Specific Techniques

- Functional analysis
- Motivational interviewing
- Self-monitoring
- Refusal skills
- Exposure with response prevention
- Scaling
- Urge surfing
- Mindfulness and meditation
- “If-then” technique
- Advantages-disadvantages
- Communication skills training
**Problem Grid**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Behaviors</th>
<th>Feelings</th>
<th>Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>• Withdraw from wife, other family members, and friends. • Withdraw from hobbies, social, and recreational activities.</td>
<td>• Impatient • Restless • Unhappy • Tense</td>
<td>• &quot;My life sucks.&quot; • &quot;Nothing works out.&quot; • &quot;I'm tired of this.&quot;</td>
</tr>
<tr>
<td>Anger, Aggression</td>
<td>• Become visibly angry. • Raise voice. • Slam doors.</td>
<td>• Annoyed • Frustrated • Angry</td>
<td>• &quot;Sometimes I just need to blow off steam.&quot; • &quot;People piss me off.&quot;</td>
</tr>
<tr>
<td>Heavy alcohol use</td>
<td>• Drink alcohol and pass out every night while watching television.</td>
<td>• Tense until drinking begins • Relief after first drink</td>
<td>• &quot;I don’t have a drinking problem.&quot; • &quot;I drink to relax.&quot;</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>• Continue to smoke 2 packs of cigarettes per day, despite the fact that wife has asked him to stop on many occasions.</td>
<td>• Urges and cravings prior to smoking • Relief while smoking and for some time afterwards</td>
<td>• &quot;I wish people would just get off my back about smoking.&quot; • &quot;I’ll quit when I’m good and ready.&quot;</td>
</tr>
<tr>
<td>Marital problems</td>
<td>• Anger, aggression towards wife. • Raise voice at wife. • Refuse to stop drinking, smoking.</td>
<td>• Angry that his wife is critical of him • Furious when wife threatens to leave</td>
<td>• &quot;My marriage sucks.&quot; • &quot;My wife is always on me about something.&quot; • &quot;My wife doesn’t understand me.&quot;</td>
</tr>
</tbody>
</table>

**Concept Mapping**

- Wife hates when he drinks or smokes
- "I don’t have a drinking problem"
- Drinks until passed out
- "I drink to relax"
- Impatient, restless
- "My life sucks."
- Tension, frustration, irritability
- Marital problems
- Cigarette smoking
- "I wish my wife would get off my back!"
- Anger, aggression (raises voice, slams doors)

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Daily Thought Record (DTR)

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Situation</th>
<th>Emotion (0-100)</th>
<th>Automatic thoughts (0-100%)</th>
<th>Alternative thoughts (0-100%)</th>
<th>New Emotion (0-100)</th>
</tr>
</thead>
</table>

Advantages-Disadvantages Analysis

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in addictive behavior</td>
<td>Do not engage in addictive behavior</td>
</tr>
</tbody>
</table>

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Homework

- CBT wouldn’t be CBT without homework
- Assignments determined collaboratively
- Individuals and group members are expected to provide ideas for homework
- May be related to addictive behaviors but may also involve general coping skills
- May be cognitive, behavioral, relational
- Review of homework is essential