CBT for Diverse Patients with Diverse Addictions

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SoAP Clinical Conference Call
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Conflict of Interest Statement

Nothing to report
Overview of Conference Call

1. Who am I? Who are you?
2. What are your questions?
3. What is CBT?
4. What is cultural diversity?
5. What should we know about diversity?
6. What can we learn from psychology about working with diverse groups?
7. How can we customize our CBT strategies to meet the needs of people from diverse backgrounds?

What is CBT?

- Cognitive-Behavioral Therapy (CBT) is a set of therapeutic approaches designed to help people with mental health problems
- CBT is not a single approach, but instead is a family of therapies that focus on changing thoughts, feelings, and behaviors
- The ultimate aim of CBT is to help people engage in life more fully and effectively
- It always involves the development of skills, knowledge, or expertise
Who’s in the CBT family?

- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavior Therapy (DBT)
- Rational Emotive Behavior Therapy (REBT)
- Cognitive Therapy (CT)
- Behavioral Activation (BA)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Cognitive Processing Therapy (CPT)
- Exposure and Response Prevention (ERP)
- Prolonged Exposure (PE)

Five essential components of individual and group CBT

1) **Structure** – Maintaining organization, focus
2) **Collaboration** – Active listening, empathy, mutual goal-setting, giving & receiving feedback
3) **Case conceptualization** – Consideration of intrapersonal, interpersonal, developmental, environmental, socioeconomic, educational, distal and proximal factors; automatic thoughts, basic and conditional beliefs, schemas
Five essential components of individual and group CBT

4) **Psychoeducation** – teaching about SUDs and addictions, cognitive-behavioral model, developmental processes, consequences

5) **Structured techniques** – functional analysis, self-monitoring, daily thought records, scaling, advantages-disadvantages, what-if, behavioral activation, refusal skills, interpersonal relationship skills, seeking support, etc.

What is Cultural Diversity?

- What does “cultural diversity” mean to you?
- What particular groups come to mind when you think about cultural diversity?
- How do you describe your cultural background?
- How does your cultural identity impact how you think about people who are different from you?
- What life experiences have had the greatest impact on your thoughts about diversity?
- What assumptions do you make regarding cultural influences on addictive behaviors?
What should we know?

- Tailoring services to the specific needs of ethnic groups will improve utilization and outcomes*
- APA provides excellent standards and guidelines for working with culturally diverse groups:
  - Guidelines for psychological practice with LGB (2012)
- The Cultural Formulation Interview (CFI) in DSM-5 provides a framework for considering the effects of culture on each client.

*The Surgeon General's report, Mental Health: Culture, Race, and Ethnicity (U.S. Department of Health and Human Services 2001, p. 36)
What should we know?

- Disparities in mental health services exist for racial and ethnic minorities.
- These groups face many barriers to availability, accessibility, and use of high-quality care.
- The gap between research and practice is worse for racial and ethnic minorities than for the general public, with problems evident in both research and practice settings.

*The Surgeon General's report, Mental Health: Culture, Race, and Ethnicity (U.S. Department of Health and Human Services 2001, p. 36)

What should we know?

- In clinical practice settings, racial and ethnic minorities are less likely than whites to receive the best evidence-based treatment.
- However, given the requirements established by funders and managed care, clients at publicly funded facilities are more likely than those at many private treatment facilities to receive evidence-based care.

*The Surgeon General's report, Mental Health: Culture, Race, and Ethnicity (U.S. Department of Health and Human Services 2001, p. 36)
What should we know?

- Some examples of differences between cultures:
  - Holistic worldview
  - Spirituality
  - Community orientation
  - Extended families
  - Communication styles

- Common issues affecting therapeutic relationship:
  - Boundaries and authority issues
  - Respect and dignity
  - Attitudes toward help from counselors

Exercise
Implicit Bias

• Having thoughts beyond your awareness that influence how you act and feel
• Necessary for human functioning
• Typically misconstrued as bad and therefore stigmatized
• As a result of this stigma, most people deny it impacts them
• Compassionate liberals are at risk for denial
• Recognition and understanding is vital
• You can’t de-bias yourself

System 1 and System 2 thinking

System 1 thinking
• Intuitive
• Fast
• Automatic
• Effortless
• Implicit
• Emotional
• Efficient
• Appropriate for most decisions

System 2 thinking
• Slower
• Conscious
• Effortful
• Explicit
• More logical
• “Lazy”

Kahneman, D. Thinking, Fast and Slow
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Case Conceptualization Questions

for treatment planning

• Who are you?
• How do you define your problem?
• How do you think I can help?
• How have you tried to solve this problem?
• What’s worked and what hasn’t worked?
• What barriers might be in the way (in therapy and outside of therapy)?

Case conceptualizations reflect as much about the therapist as the patient

• What does this mean?
  – I am only able to see the world through my lens
  – I can be empathetic, but there’s no erasing me
  – Implicit bias
• Who is the patient? But also, who am I?
• This is where implicit bias comes in
CBT Model of Substance Use and Addictive Behaviors

At event – others are drinking

I need a drink to be comfortable

Drinks – start of a relapse

Triggers, cues, stimuli (internal and external)

Activation of learned addiction-related thoughts, beliefs

Urges and craving for addictive behaviors

Permission to engage in addictive behaviors (strategic planning)

Opportunity to abstain by activating control-related thoughts and beliefs

Lapse or relapse potential abstinence violation effect (AVE)
CBT Model of Substance Use and Addictive Behaviors

Early life experiences
Distal antecedents (risk factors):
Neurobiological, psychosocial, environmental

Development of vulnerability
Cognitive: schemas, beliefs, thoughts
Behavioral: compensatory strategies
Affective: depression, anxiety, anger, etc.

Exposure, experimentation, and continued engagement in addictive behaviors

Continued development and reinforcement of thoughts and beliefs that perpetuate addiction

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Stress as an important trigger

- It has been well established that stress is an important trigger of addictive behavior (negative affect)

- Recently, it has been understood that cultural diversity is a substantial stressor
Case conceptualization involves data collection

For example...

- Distal experiences (when culture is transmitted)
- Current life problems, proximal antecedents
- Vulnerable - high risk - situations (context)
- Schemas, core beliefs, cultural values
- Addiction-related and permissive beliefs
- Conditional assumptions/beliefs/rules
- Compensatory strategies
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)

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
Individual CBT Structure

Agenda
Mood
Bridge
Prioritize and discuss items
Guided discovery/Functional analysis
Facilitate skill development
Feedback
Homework

Cognitive & Behavioral Strategies

• Motivational interviewing
• Contingency management
• Acceptance and commitment
• Behavioral activation
• Coping skills vs. compensatory strategies
• Relapse prevention skills
• Building a support network
Specific Techniques

- Functional analysis
- Self-monitoring
- Refusal skills
- Prolonged exposure
- Scaling
- Urge surfing

- Mindfulness and meditation
- “If-then” technique
- Advantages-disadvantages
- Interpersonal skills training

Homework

- The term “homework” is loaded for many people
- Assignments determined collaboratively
- Individuals and group members are expected to provide ideas for homework
- May be related to addictive behaviors but may also involve many other relevant skills
- Pay close attention to potential barriers
- Review of homework is essential
Photo #7

Photo #8