

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?

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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

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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)

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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

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- 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.

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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?

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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:
 - Multicultural guidelines: Ecological approach (2017)
 - Guidelines for practice with transgender and gender nonconforming people (2015)
 - 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)

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Guidelines for Psychological Practice With Transgender and Gender Nonconforming People

American Psychological Association

Transgender and gender nonconforming* (TGNC) people are those who have a gender identity that is not fully aligned with their sex assigned at birth. The existence of TGNC people has been documented in a range of historical cultures (Coleman, Cohen, & Gross, 1992; Foubert, 1996; Miller & Nichols, 2012; Schmidt, 2003). Current population estimates of TGNC people have ranged from 0.1% to 1% (Mansfield, 2014).

the Behavior Therapist

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Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017

Adopted by the APA Council of Representatives in August 2017

Summary

Since the initial version of the Change for Psychologists (AC) regarding multicultural context of representation in the 200 guidelines, including their put the important role that clients themselves, and how they act. These current Multicultural Guidelines (e.g., Multicultural Guidelines) within professional psychology version of the Multicultural Guidelines (e.g., Multicultural Guidelines) identify divergence from an ecological approach that incorporates

10 Addressing Diverse Populations in Intensive Outpatient Treatment

Intensive outpatient treatment (IOT) programs increasingly are called on to serve individuals with diverse backgrounds. Roughly one-third of the U.S. population belongs to an ethnic or racial minority group. More than 15 percent of Americans, the highest percentage in history, are now foreign born (Schmidley 2003).

Culture is important in substance abuse treatment because clients' experiences of culture provide and influence their client experience. Treatment setting, coping styles, social supports, stigma attached to substance use disorders, even whether an individual seeks help—all are influenced by a client's culture. Culture needs to be understood as a broad concept that refers to a shared set of beliefs, norms, and values among any group of people, whether based on ethnicity or on a shared affiliation and identity.

In this limited issue, substance abuse treatment professionals can be said to have a shared culture, based on the Western worldview and on the scientific method, with common beliefs about the relationship among the body, mind, and environment (Jewell and Smith 2009). Treating a client from outside the prevailing United States culture involves understanding the client's culture and can result including among U.S. culture, treatment culture, and the client's culture.

This chapter contains:

- An introduction to current research that supports the need for individualized treatment that is sensitive to the client's culture
- Principles in the delivery of culturally competent treatment services
- Types of special services, including foreign-born clients, women from other cultures, and religious considerations
- Clinical implications of culturally competent treatment
- Structures of diverse client populations, including:
 - Hispanic/Latino
 - African American
 - Native American

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)

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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.

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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

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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

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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*

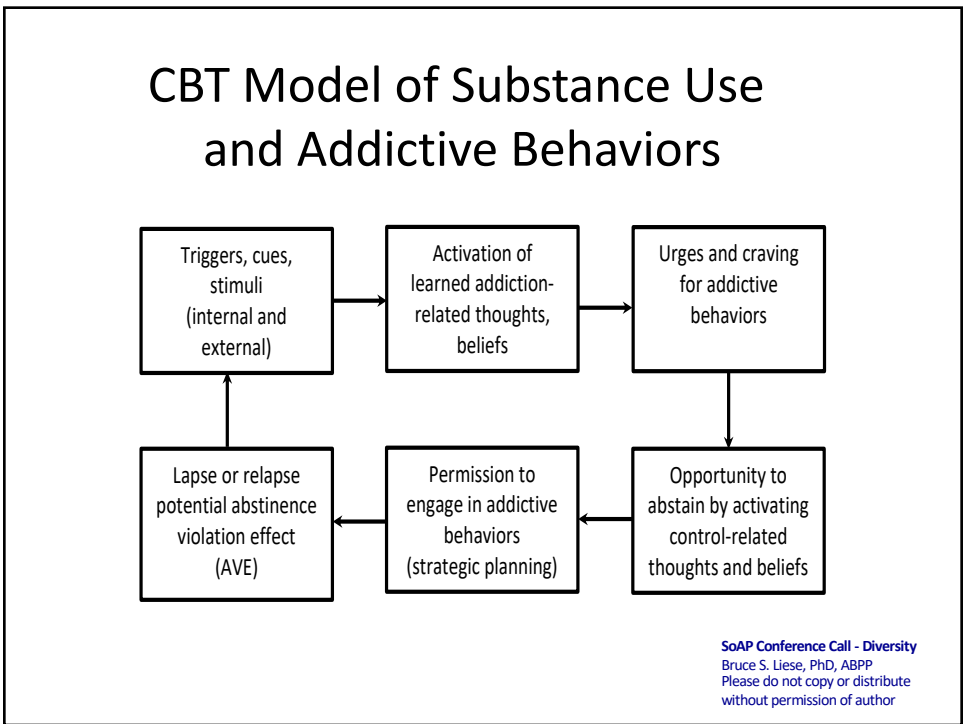
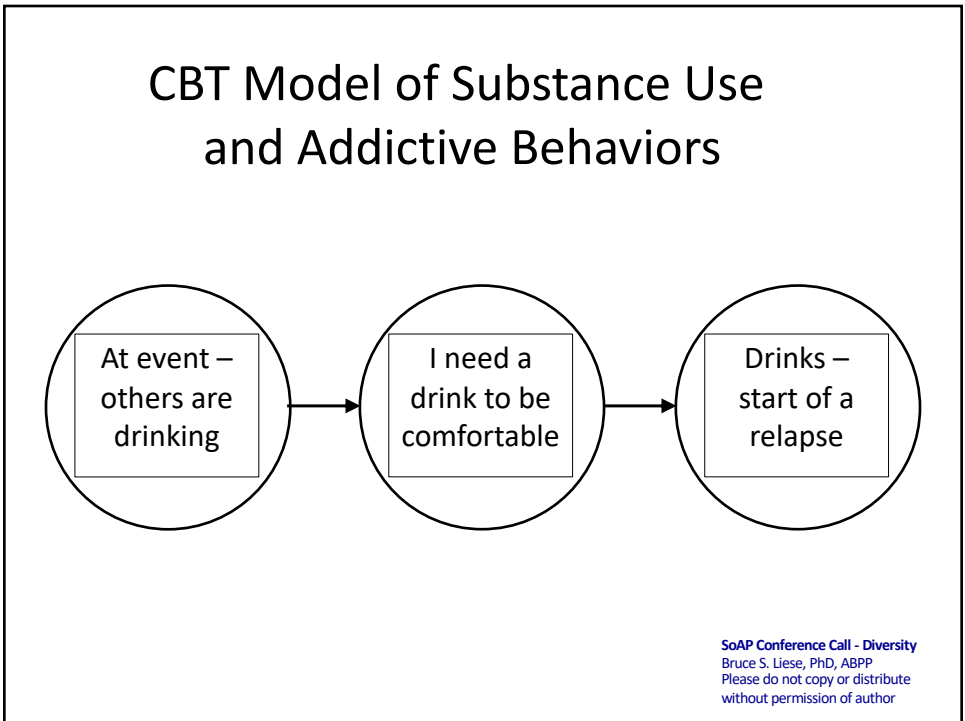
- Who **are** you?
- How do **you** define your problem?
- How do you think **I** can help?
- How have you tried to solve this problem?
- What's worked and what hasn't worked?
- What barriers might be in the way (in therapy and outside of therapy)?

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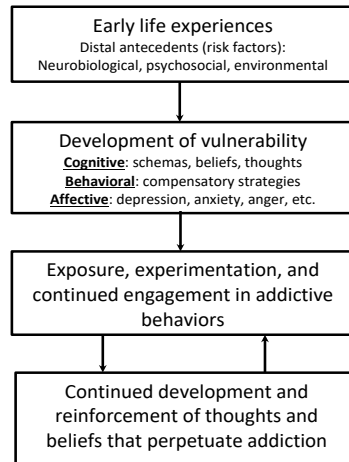
Case conceptualizations reflect as much about the therapist as the patient

- 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

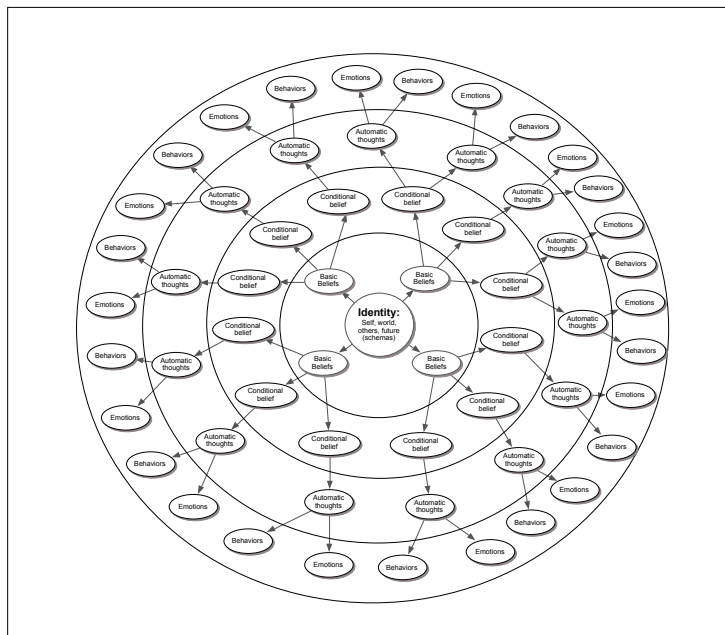
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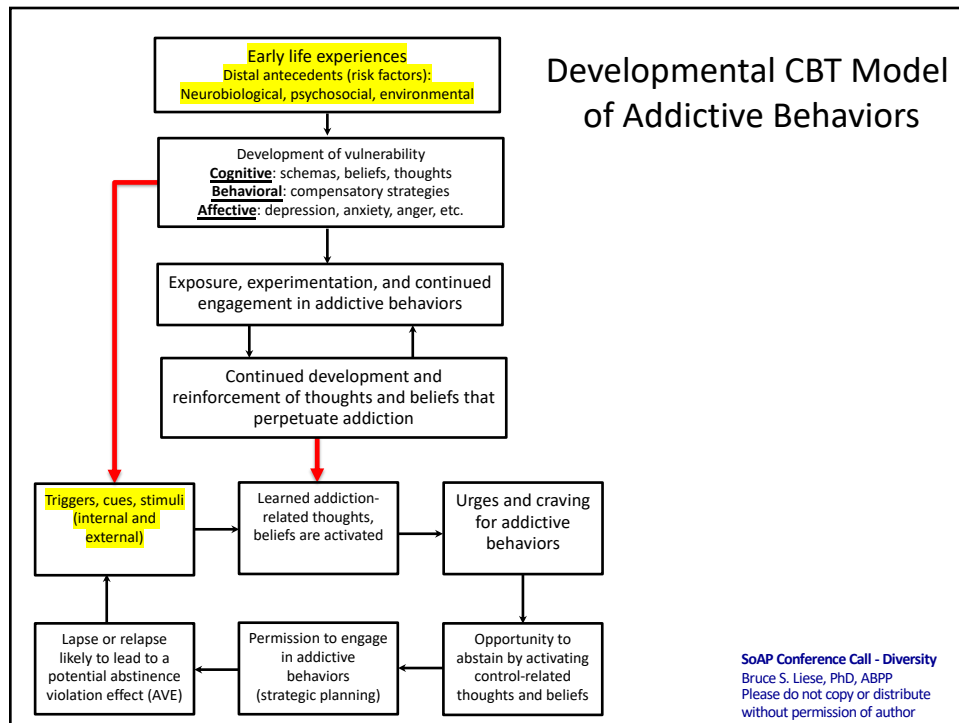


CBT Model of Substance Use and Addictive Behaviors



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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

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<p>General Life Stressors</p> <ul style="list-style-type: none"> • Divorce/break-up • Job loss • Changing jobs or moving • Problems at work or school • Trouble with a neighbor • Family member in poor health 	<p>Fateful/Catastrophic Events</p> <ul style="list-style-type: none"> • September 11, 2001 attacks • Other terrorist attacks • Fires, floods, earthquakes, hurricanes, and other natural disasters • Nuclear disasters
<p>Childhood Maltreatment</p> <ul style="list-style-type: none"> • Emotional abuse • Emotional neglect • Physical abuse • Physical neglect • Sexual abuse 	<p>Minority Stress</p> <ul style="list-style-type: none"> • Racial/ethnic minority • Sexual minority • Female

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

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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)

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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

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Individual CBT Structure

Agenda

Mood

Bridge

Prioritize and discuss items

Guided discovery/Functional analysis

Facilitate skill development

Feedback

Homework

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Cognitive & Behavioral Strategies

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

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Specific Techniques

- Functional analysis
- Self-monitoring
- Refusal skills
- Prolonged exposure
- Scaling
- Urge surfing
- Mindfulness and meditation
- “If-then” technique
- Advantages-disadvantages
- Interpersonal skills training

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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

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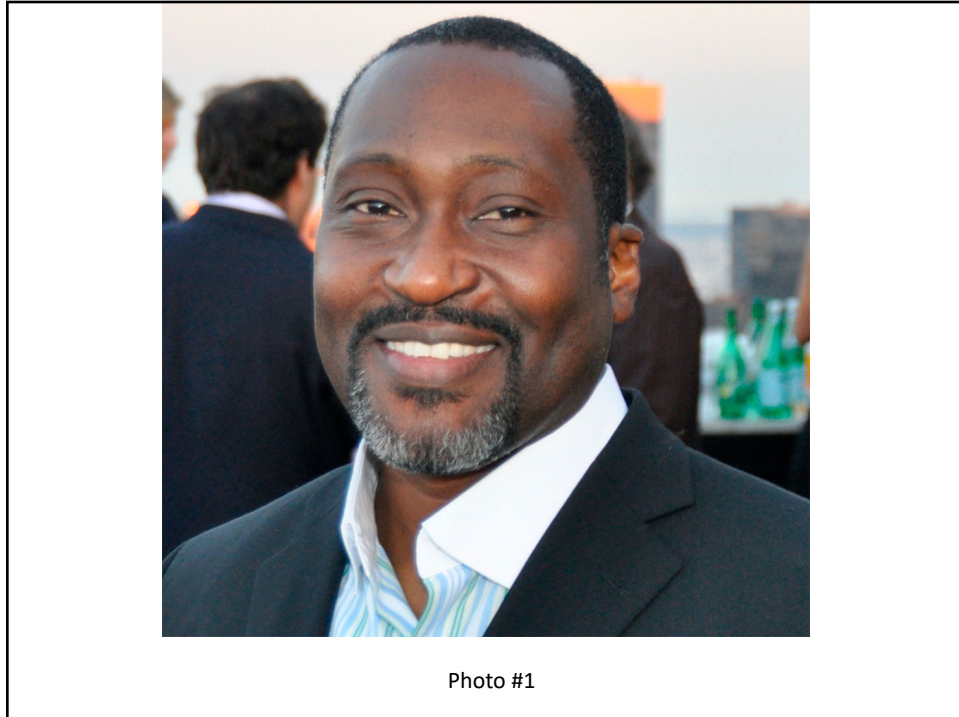




Photo #3



Photo #4

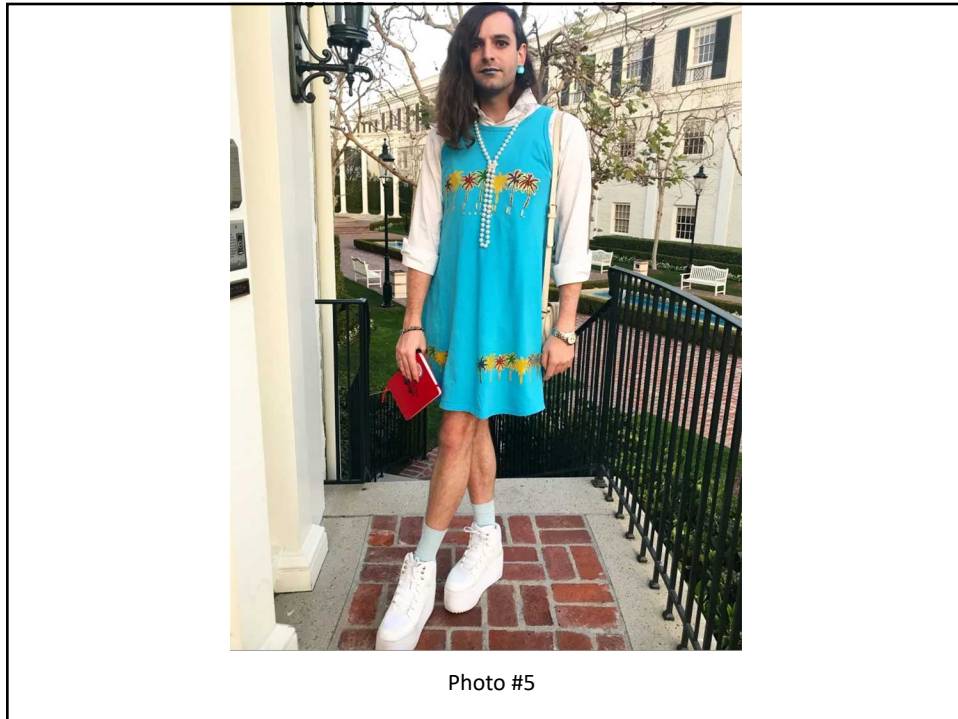




Photo #7



Photo #8

