

Cognitive Behavioral Therapy for Opioid Use Disorder

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Disclosures



Research funding from National Institute on Drug Abuse.
No conflicts of interest relevant to the current presentation.

Overview



General CBT for substance use disorder skills
Particularly important treatment targets for opioid use
disorder

Getting Started

Treatment Planning

psychopharm

case management

self-help

peer supports

Role of CBT in this context?

Decisional Balance



	PROS	CONS
Change		
Stay The Same		

Decisional Balance

Why doesn't this work?

Cons:

My spouse will leave me.

I will lose my kids.

My health is poor.

I could die.

I could go to jail.

I will lose my job.

I feel like a failure.

Ambivalence

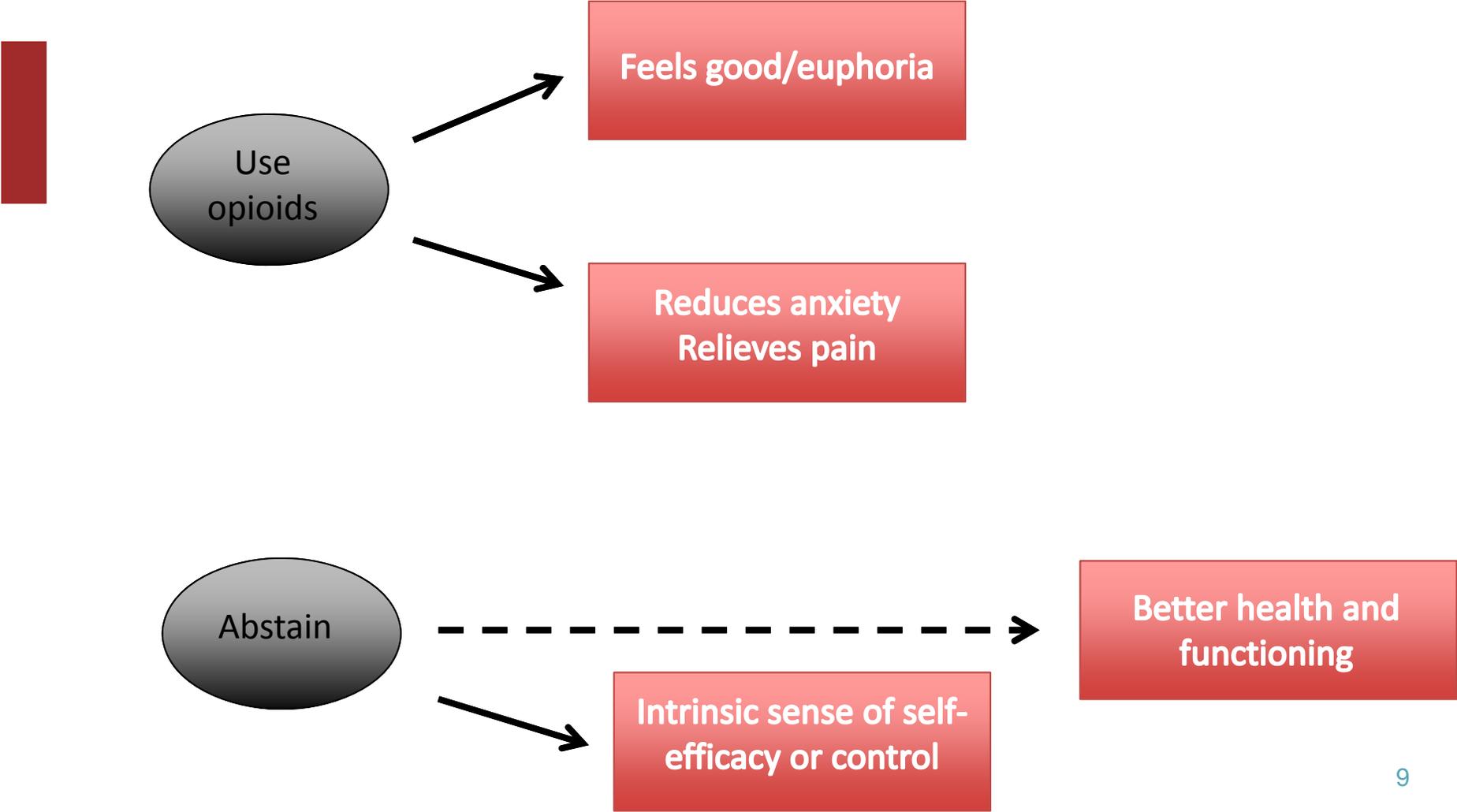


Not just PRO vs. CON...
Also NOW vs. LATER

An Exercise...



Contingency Management



What is Functional Analysis?



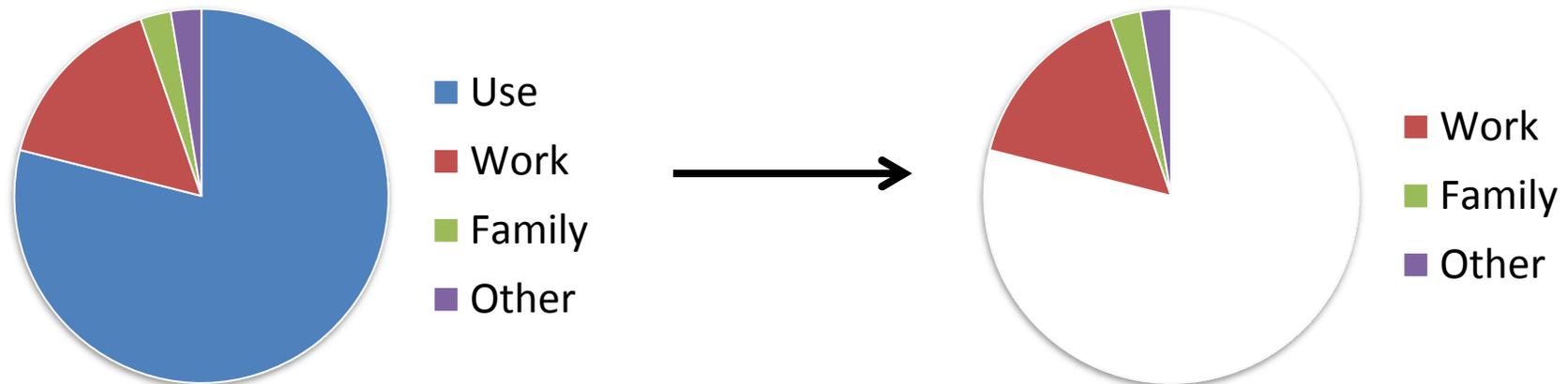
Examination of the surrounding contexts, triggers, motivations, and outcomes related to a behavior targeted for change

Based on the premise that behaviors are functional (i.e., they serve a specific purpose)

Function of Use

Importance of replacing the “pros” of use

- Anxiety management, social connection, etc.



Trigger	Behavior	Consequences
		<u>Short Term:</u>
		<u>Long Term:</u>
		<u>Short Term:</u>
		<u>Long Term:</u>

Trigger	Behavior	Consequences
<p>Left basketball tournament in the neighborhood where I used to buy heroin.</p>	<p>Called dealer just to see if he would answer. Arranged to meet up with him.</p>	<p><u>Short Term</u>: Felt even better, pain relief</p> <p><u>Long Term</u>: Mom found the dirty needle, told me I had to move out.</p>
<p>Felt really low and tired, thinking “this is never going to get better”</p>	<p>Found pills in old pants pocket and took them.</p>	<p><u>Short Term</u>: Felt great, went to work and got a lot done.</p> <p><u>Long Term</u>: Felt ashamed, got in an argument with wife, afraid I will lose my job.</p>



Using Functional Analysis

Identification of triggers and high risk situations

- Builds awareness
- Used to develop a plan for managing these triggers

Identification of function of use

- Explore alternative options to achieve this function
- Easier to replace than remove!

Managing Triggers

Two types of approaches

- Altering environmental and contextual cues for use (e.g., “people, place, and things”)
- Building tolerance of/resilience to triggers or developing new skills

Strategy depends on the nature of the trigger

- Avoidable?
- Modifiable?
- Treatable?

Altering the Environment

Avoiding triggers

- Delete and block dealer's number
- Don't contact friends who use
- Don't go to the place where you used to buy

Modifying triggers

- Remove triggers from one's home (paraphernalia, legitimate opioid prescriptions)
- Ask significant others not to use or to offer opioids
- Provide non-drug alternatives in the environment/change routine

Treating triggers

- Insomnia, depression, pain, etc.

Goal-driven vs. Habitual Behavior



Shift from reward to relief

Loss of reinforcement (X makes me want to use...)

Skill Practice

Interpersonal/communication skills

Coping skills

Emotion regulation skills

Problem-solving

Maximize rehearsal

- Realistic
- Generalizable

Coping Plans

Opioids provide strong, quick relief of distress (pain, craving, anxiety, withdrawal)

How do you replace this?

What gets in the way?



Distress Intolerance

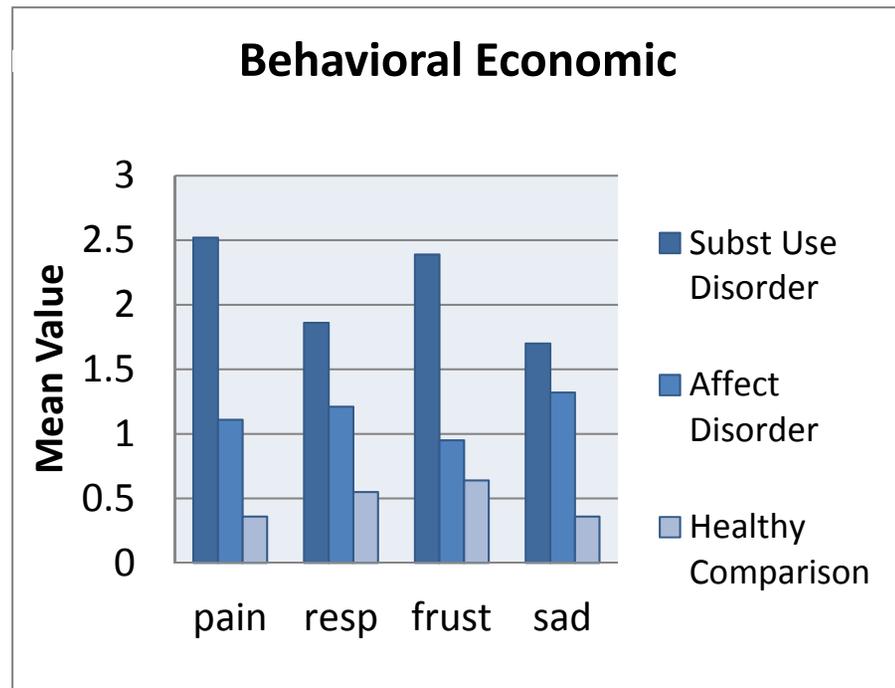
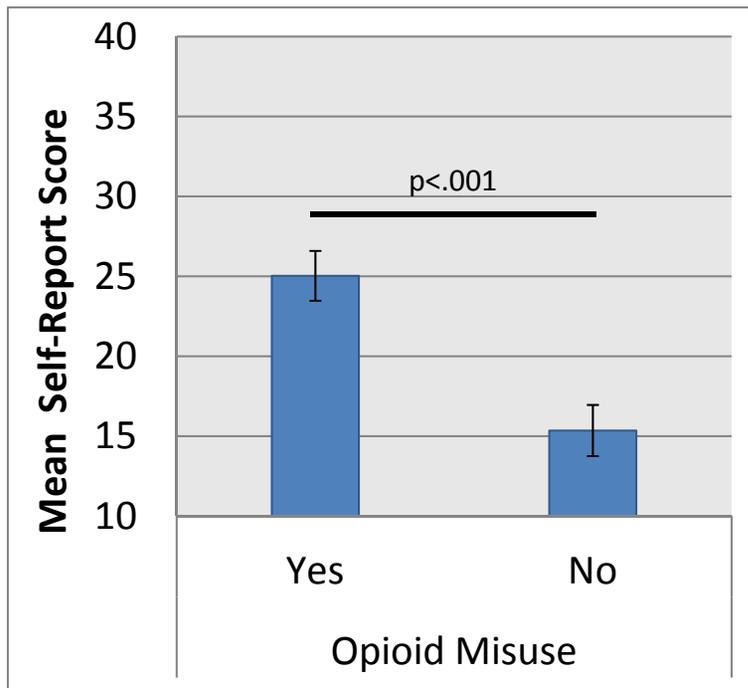
Sensitivity to Distress
“I can’t handle this”

Lack of Persistence
“I need to get rid of it”

Amplification of distress
“Distress about distress”

Avoidance/escape
“Quick fix” behaviors

Distress Intolerance and Opioids



Developing a Coping Plan

An important strategy for early in treatment
Often drugs/alcohol are the primary (or only)
strategy for coping with stress, emotions,
interpersonal difficulties, etc.

Good to be collaborative

- Offer ideas and suggestions
- Elicit suggestions
- Can take an empirical approach (trying strategies out to test whether they are effective)

Why Coping Plans Are Hard

Listing/identifying strategies is the easy part...

How to you implement a coping plan?

Tip #1: Almost no one wants to be told to do deep breathing.

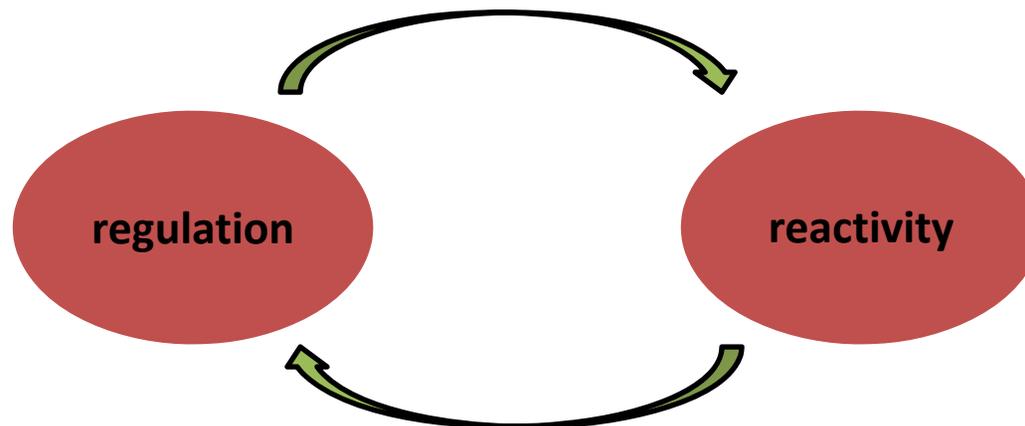
Tip #2: Variety, variety, variety.

Tip #3: Think like a marathon runner.

Tip #4: Remove barriers to implementing the plan.

Craving

Core feature of substance use disorders
Analogous to emotional states



Moderately associated with substance use and
relapse following treatment

Quick Craving Assessment

1. How much do you currently crave opiates?
0 (not at all) – 10 (extremely)
2. In the past week, please rate how strong your desire to use opiates has been when something in the environment has reminded you of opiates?
0 (no desire) – 10 (extremely strong)
3. Please imagine yourself in the environment in which you previously used opiates. If you were in this environment today and if it were the time of day that you typically used opiates, what is the likelihood you would use opiates today?
0 (not at all) – 10 (I'm sure I would use opiates)

Predictive Validity

Average the 3 items (total score between 0-10)

Each 1-unit increase = 17% higher likelihood of using opioids in the next week.

Improved prediction compared to asking about urges alone.

**Craving reduction vs. decoupling craving from use

Coping with Craving

Recognize craving

- What is it? How do you know when you are craving? What do you feel/think?

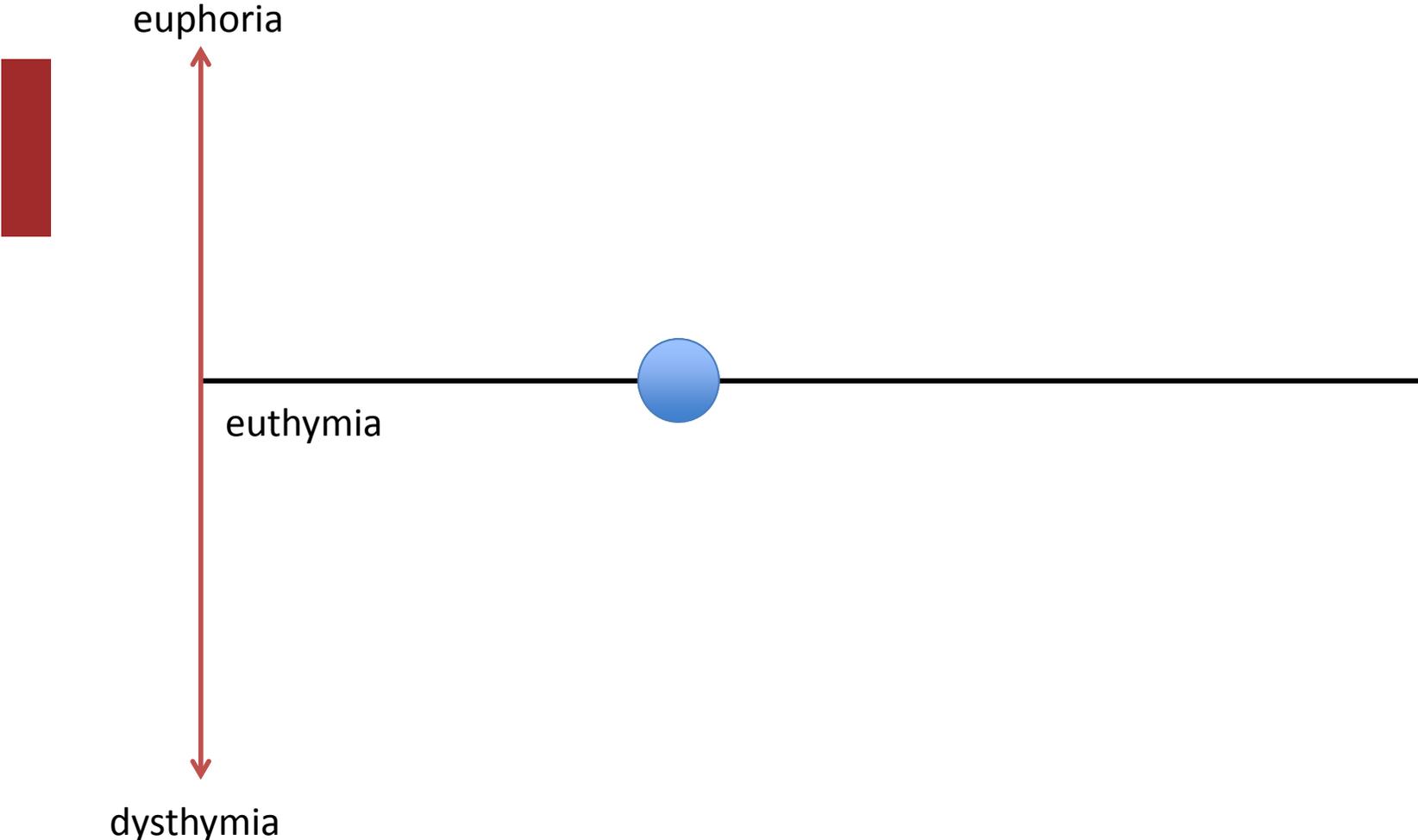
Normalize craving

Educate about craving

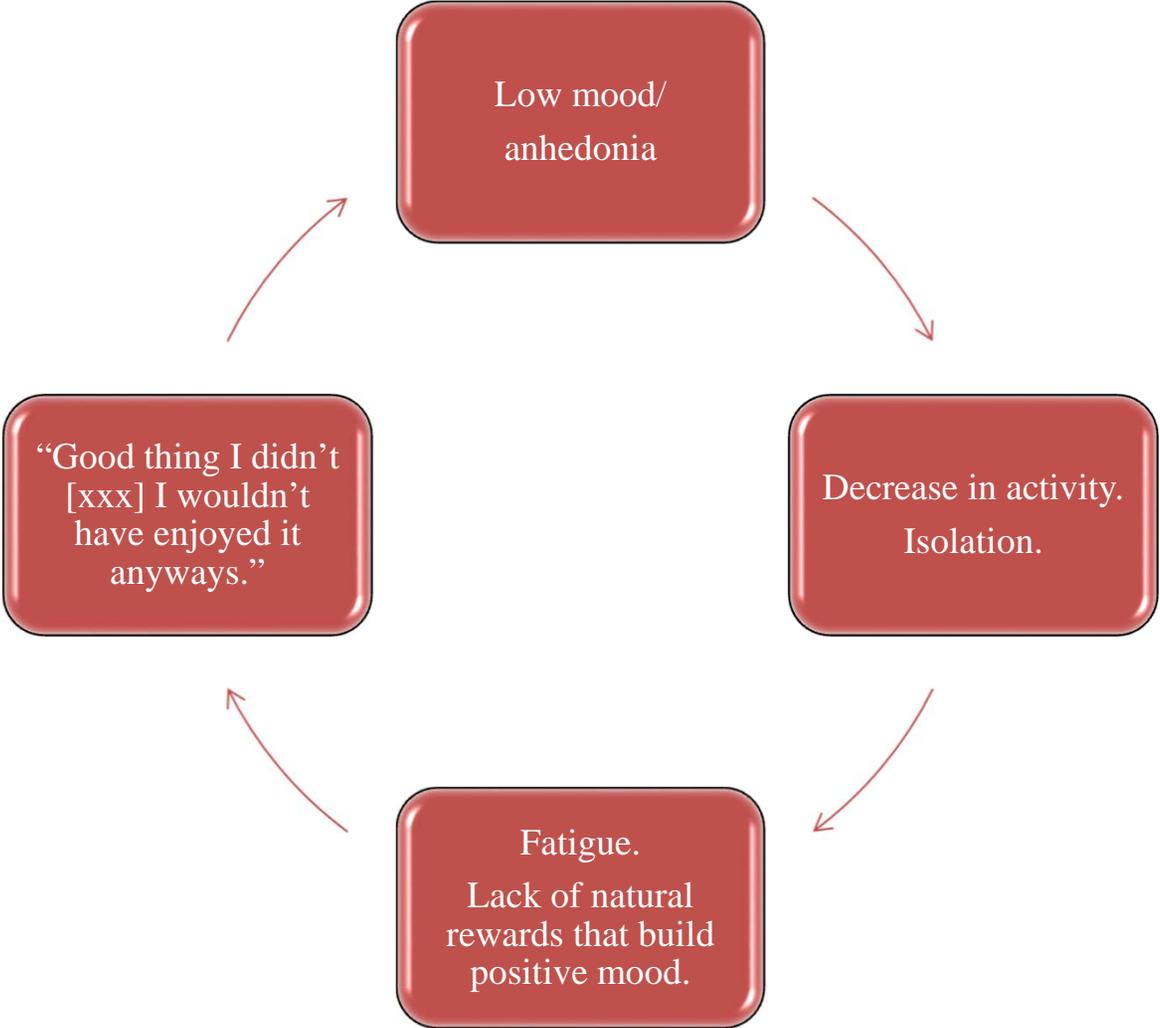
Discuss strategies for managing coping

- Write them down
- Availability is key

Anhedonia and Withdrawal



Cycle of Low Mood



Combating Low Positive Affect

- 
1. Myth: motivation must precede behavior
 2. Generating a list of naturally rewarding activities
 3. Add structure
 4. Attend to the small rewards

Sleep Disruption

Sleep disruption and sleep-related disorders highly prevalent (sleep study may be indicated)

Cognitive-behavioral therapy for insomnia

CBT-I Coach: free app

Some good behavioral principles:

Do not go to bed if you aren't tired, don't stay in bed if you aren't sleeping

Caffeine and alcohol

Naps and “sleep drive”

Light exposure (TV, cell phone, etc.)

Pain

- Most common reason for opioid misuse onset
- Fluctuations in pain can increase risk for relapse
- Many effective non-opioid strategies for pain:
 - non-opioid medication strategies
 - behavioral and complementary medicine strategies

Thank you!



Questions?