



Between-session skill practice in SUD treatment

Paul Stasiewicz, Ph.D.
SoAP Member at Large, Practice

Description of the clinical problem or issue

Cognitive-behavioral therapy (CBT) for alcohol use disorders includes the facilitation of skills, which may include an in-session demonstration of the skill, and between-session practice exercises for the client. Between-session practice is a core component of CBT and is essential for learning new skills. Further, completion of between-session skill practice positively relates to treatment outcomes. A review of the literature on between-session practice offers guidance to therapists with the goal of maximizing the likelihood that clients will follow through with their practice plan.

Clinical Pearls

- Provide rationale for between-session practice
- Select or recommend between-session skill topics
- Develop a plan for between-session skill practice

Overview

In Cognitive-behavioral therapy (CBT) for alcohol use disorders, therapists present CBT skills and conduct in-session demonstrations of the skill. As part of CBT treatment, clients are then asked to return to their lives and practice these skills. They then report back to the therapist at the next session about how their practice went, and treatment continues. Thus, between-session skill practice is a core component of CBT and completion of skill practice is positively related to treatment outcome.

In recognition of the fact that clients may have difficulty completing between-session practice, which can delay their progress, the following material is offered as a way to increase the client's likelihood of success with developing and implementing a skills practice plan. The information provided below is based on years of experience working with clients in substance use treatments.

Suggesting CB Skills and Strategies for Achieving Goals

Therapist begins by asking for permission to describe the CB approach. For example:

Therapist: I wonder if you would be interested in learning

about an approach that has helped a lot of other people with similar goals. Would it be okay if I shared some information about this approach?

Note: it often helps to provide the reasons WHY CBT tools might help them:

Therapist: In addition to the ideas and strategies that you've come up with for achieving your goals, I think you might find it helpful to learn some additional skills and strategies that other people have used to change their drinking and achieve their goals for change. These strategies are designed to help you avoid or cope better with difficult situations and to help you engage in activities other than drinking.

Therapist: It's useful to think of this as a 3-legged stool. We understand that for some people, using substances can be a way to help you through the day. Now that you have decided to cut down/cut down altogether on your substance use, it is important to replace this 'Third leg'. You can think of your coping skills that you will learn, as a way of dealing with situations that can help you, now that alcohol is taken out of the picture.

Therapist: We can also work together to personalize the material, so you can learn how to apply the skills to your situations. How does that sound?

Next, it's helpful to Offer a Menu of CB Skill Options

Example 1: *If you're willing, what I'd like to do is work with you to choose skill topics that would help you in meeting your specific goals. Some of what we might cover in future sessions are what we think of as "core" skills, which most people making changes in their alcohol use seem to find very helpful. For you, I think that [name a few topics/skills] could be especially useful, given your goals of [name the relevant high-priority goal(s)].*

Example 2: *Because you said that you would like to find ways to decrease your stress and your cravings for alcohol, you may find the following skill sessions useful: coping with urges, managing emotions, and managing negative thoughts. While over the course of treatment we will have time to cover all of these and any others that you think would be helpful, which one would be most useful*

for you to begin with?

Example 3: It sounds like you have struggled with abstinence when you experience urges and cravings. This makes me think that coping with urges might be a good skill set to learn.

Continue to recommend other components/skills that you believe would be useful for this client, briefly explaining for each how it would address one or more of the client's high-priority goals. Elicit and respond to client reactions and questions.

Eliciting Client Ideas for Achieving Goals

Introduce the idea of finding alternative paths for achieving desirable outcomes in situations associated with drinking and take time to understand what ideas the client has about how to succeed in changing. Here is a sample statement for initiating this part of the discussion.

Therapist: So let's think together about how, if you wanted, you might be able to deal with these situations without alcohol.

Therapist: [For a given situation] What are your thoughts about how you might handle this situation without alcohol? What might you do?

This question can also be asked as a hypothetical:

Therapist: If you were to do something about your drinking, what might you do differently in these situations?

Negotiating a Specific Plan

Once the client has offered his or her ideas for how to make changes and has heard your suggestions for skill topics to cover in future sessions, work with the client to develop a plan for between-session skill practice. This plan should reflect the client's preferences and thoughts about how best to proceed. Consistent with a guiding style, it is appropriate for the therapist to offer feedback and suggestions with respect to the plan, provided this is done after receiving explicit or implicit permission from the client. However, it is essential that the client feel ownership of the plan, as opposed to feeling that it has been imposed by the therapist. Finally, it is not necessary for the change plan to be complicated, but it is useful for it to be specific, especially in reference to the next step or steps the client intends to take toward achieving his or her goals.

Following up with the Plan at the Next Session.

Reviewing between-session skill use and practice conveys to the client the importance of skill practice and allows

you and the client to troubleshoot any problems the client may have had practicing the skill(s). When between-session skill practice was not completed, a discussion may reveal that the task was too difficult, poorly planned, or confusing to the client. Follow-up of between-session activities also provides the client with the opportunity to process or reflect upon his or her experience practicing the skill(s) and whether the client found the activity helpful.

If the client did not complete the between-session skill practice, explore barriers to completion.

Therapist: What prevented you from carrying out your plan as you intended?

Therapist: Would it be okay to take a closer look at this to see if there might be a way for you to meet your goals?

It's important to strike a balance between acknowledging the client's autonomy and advancing your belief that skill practice is beneficial to achieving the client's treatment goals. Review the importance of doing the between-session skill practice with optimism and empathy. It is not uncommon for clients to have rehearsed the skills in ways that are different than what was discussed in the previous session. Often, clients will modify the skill to fit their lifestyle and circumstances. Provide encouragement for any attempts at between-session skill practice and reinforce adaptations that maintain the skill's intent or purpose.

Source References

- Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People With Alcohol Abuse and Dependence, 340 pp. NIH Pub. No. 04-5288, 2004
- Flynn, H. A. (2011). Setting the stage for the integration of motivational interviewing with cognitive behavioral therapy in the treatment of depression. *Cognitive and Behavioral Practice, 18*, 46-54.
- Hunter, J. A., Button, M. L., & Westra, H. A. (2014). Ambivalence and alliance ruptures in cognitive behavioral therapy for generalized anxiety. *Cognitive Behaviour Therapy, 43*, 201-208.
- Miller, W. R. & Rollnick, S. (2013). *Motivational Interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- Resnicow, K., & McMaster, F. (2012). Motivational interviewing: Moving from why to how with autonomy support. *International Journal of Behavioral Nutrition and Physical Activity, 9*:19, <http://www.jibnpa.org/content/9/1/19>
- Slagle, D. M., & Gray, M. J. (2007). The Utility of motivational interviewing as an adjunct to exposure

therapy in the treatment of anxiety disorders. *Professional Psychology: Research and Practice*, 38, 329-337.

Qualitative investigation. *Cognitive and Behavioral Practice*, 24, 256-267.

Waltman, S., Hall, B. C., McFarr, L. M., Beck, A. T., & Creed, T. A. (2017). In-session stuch points and pitfalls of community clinicians learning CBT:

Westra, H. A., & Norouzian, N. (2017). Using motivational interviewing to manage process markers of ambivalence and resistance in cognitive behavioral therapy. *Cognitive Therapy and Research*, <https://doi.org/10.1007/s10608-017-9857-6>.

Dr. Stasiewicz is a licensed clinical psychologist as well as senior research scientist and director of the Addiction Treatment Services outpatient clinic at the State University of New York at Buffalo's Research Institute on Addictions. His NIH-funded research focuses on the development of novel behavioral therapies for alcohol use disorders.