

Brief Treatment for CT SBIRT

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Model Based on Clinical Trial

- Integrated treatment
- CSAT Marijuana Treatment Project (MTP)
- Significant results demonstrating reductions in use and increased abstinence up to 15 months post-treatment

Integrated Treatment for Alcohol & Substance Abuse Problems:

Conceptual domains

- Engagement/Goal setting
- Holistic approach
- Skills building/efficacy promoting

Integrated Treatment for Substance Abuse

- Components of Treatment:
 - 1. Engagement/assessment/goal-setting: MET
 - 2. Clinical case management
 - 3. Cognitive-behavioral teaching and practice

Engagement/Goal Setting: MET

Broad purposes

- Assessment
 - Severity of alcohol, substance, and other life problems
- Motivational Enhancement
 - Build rapport
 - Tap into client's energy and motivation for change
 - Collaboratively develop goals

Holistic Emphasis: Clinical Case Management {Principles}

- Substance use problems do not occur within a vacuum
- Psychosocial problems may impede one's ability to focus on substance use/change (e.g., threat of losing a child, no transportation, need for training or education, family/relational problems)
- Focusing in a holistic way may improve overall outcomes



Cognitive-Behavioral Therapy for Substance Use Problems

What is CBT?

- Theoretical framework
- View of psychological difficulties
- Role of unconscious conflict
- Importance of learning /conditioning
- Problems are not character flaws
- Treatment focus on the present, & past to degree it impacts the present

CBT Intervention Strategies

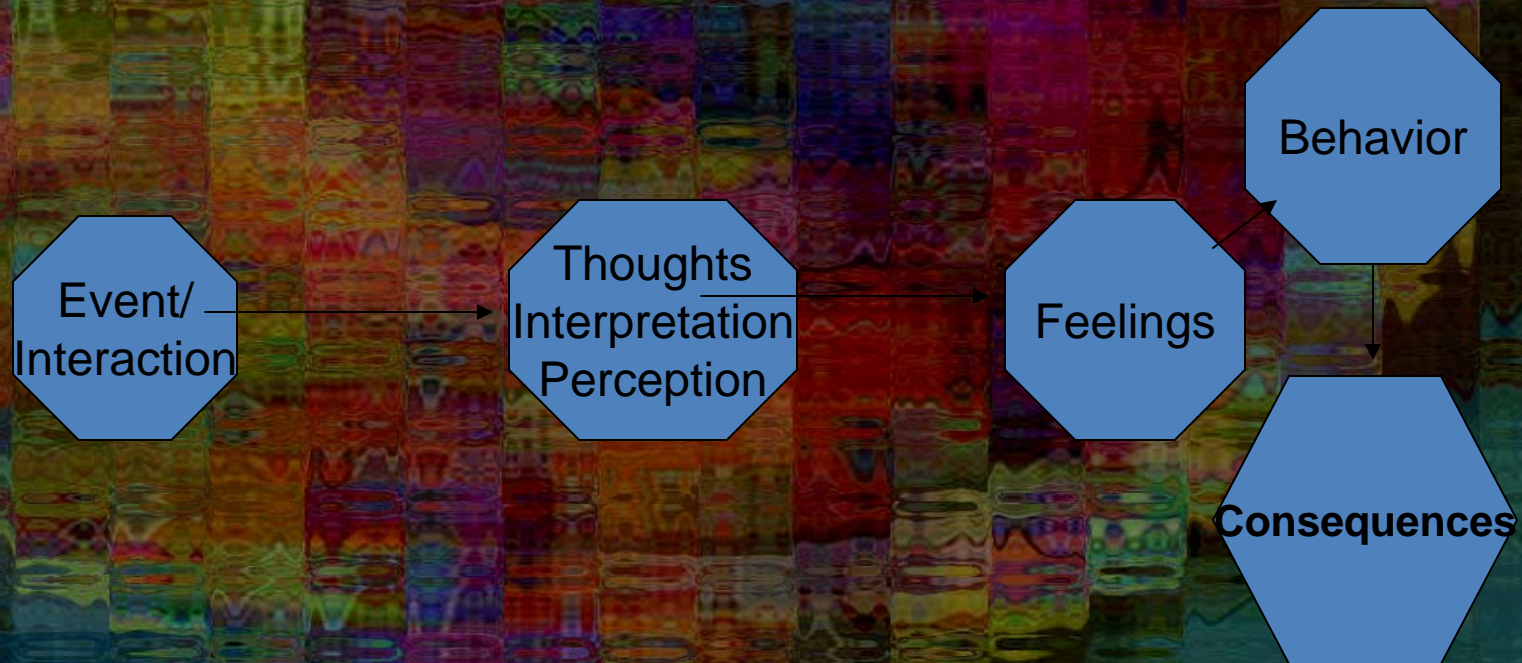
- Assessment is important-informs selection of skills to focus on
- Therapist can be more active
- Homework
- Role play
- Didactic (eg., depression is common & treatable; substance abuse is not a character flaw)
- Prognosis is hopeful
- Therapeutic alliance important

What Problems Can CBT Help?

- Substance & Alcohol Abuse/Dependence
- Depression
- Anxiety
- PTSD

How is a CBT session structured?

- 20-20-20
- A-B-C model
- event-interpretation-feelings



Example CBT Sessions

- Functional Analysis –
 - Antecedents & Consequences
 - Developing a contextual perspective on the use of substances (situations, preceding feelings & interactions, outcomes)
- Coping with Cravings—DEMO
- Substance skills

Problem-Solving

- Identify problem
- Brainstorming-elaborate & consider various approaches
- Examine pros & cons
- Select most promising approach
- Evaluate effectiveness

Assertiveness Training

- Assertive vs. Aggressive vs. Passive communication
- Use of role play is helpful (can enhance empathy)
- DEMO

Negative Mood/Cognitive Distortions

- overgeneralizing
- catastrophizing
- black/white thinking
- focusing only on negative side
- selective abstraction

What's important is identifying ways that the person's thinking may be exacerbating mood & other difficulties, promoting a tone that makes marijuana use more likely (e.g., "I'll never be able to quit, change")

Behavioral Activation

- Goal-setting (many times, goals have been deferred, person is “going through motions” in life but not achieving desired objectives)
- Pleasant activities (inconsistent with substance use)

Anger Management

- Substance use may mask anger, frustration that exists in relation to work, important relationships, or self. It is important to identify sources of anger and develop constructive strategies for handling emotional dysregulation.

Seemingly Irrelevant Decisions

- Method by which a person can continue using without taking responsibility for the circumstances that one finds oneself in (e.g., stopping by former using partner's home for another supposed purpose; going to the bar for "cigarettes")
- Treatment involves raising awareness about behaviors that may lead one down a path they have not consciously intended.

General Comments

- Techniques should be integrated into therapeutic relationship
- Tailoring to patient problems and presentation is important

Discussion with SBIRT Brief Treatment Providers

- 1. What assessment are currently being used and how to incorporate vs. ASSIST?
- 2. Treatment delivery: individual vs. group vs. combination
- 3. Selection of sessions and organization of treatment
- 4. Tailoring for specific substances
- 5. Supervision, fidelity to model