



COGNITIVE BEHAVIORAL MODEL IN THE TREATMENT OF SUBSTANCE USE DISORDERS

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Angelita Colón-Ortiz, PsyD

Tanya Álvarez-Remesal, MS, MHS

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Cognitive Behavioral Model (CBM) is the most widely used model for the treatment of Substance Use Disorders (SUD). It focuses on the present; it is brief; it promotes the identification of beliefs, attitudes, expectations and attributions in relation to a problem; it seeks to solve problems; and, it promotes that recovery is sustained by the personal development of self-reinforcement.

CBM Core Principles

- Cognitions (thoughts) can influence an individual's emotions and behavior.
- Behavior can affect an individual's thought patterns and emotions.

People with SUD develop and maintain cognitions, emotions, and behaviors with erroneous and distorted assumptions that affect recovery, including:

- Search for immediate gratification
- Relief from discomfort
- Culturally and socially accepted enabling or permissive beliefs
- Anticipate immediate positive effects and ignore negative consequences

CBM Objectives

The goal of CBM treatment is for the person to:

- Learn to identify concrete thoughts that:
 - arise in external situations or through thoughts in the form of involuntary and automatic self-verbalizations;
 - are believed by the person, even if they are irrational;
 - spontaneously enter the mind;
 - are a result of previous negative experiences.
- Increase motivation for change.
- Acquire self-control techniques.
- Develop self-efficacy through education.
- Recognize personal strengths.
- Understand the neurobiology of drugs and understand that recovery is a long-term effort that requires commitment and daily work.





The functional analysis of behavior enables the identification of problematic observable and quantifiable conducts in everyday life management. This allows to identify triggers and details of the frequency and intensity of harmful behaviors and establish the work plan aimed at change and recovery from substance use disorders.

Techniques for Applying CBM

- Socratic Method: Exploring ideas through open-ended questions.
- Psychoeducation: It consists of written exercises, diaries, readings, and educational videos.
- Cognitive Restructuring: Identifying harmful thoughts and replacing them with positive ones.
- Downward Arrow Technique: Establishing the person's central and deepest beliefs to increase their level of awareness about them.
- Cognitive Reattribution: Working on the attribution of behaviors and beliefs and then redirecting it to a realistic, objective, and functional perspective.
- Daily Thought Record: Recording of automatic thoughts and subsequent analysis.
- Imagery Technique: Visualizing appropriate ways to handle situations and manage self-control.
- Affirmations: Developing positive personal verbalizations about what to do or feel.
- Coping Cards: Making or having cards with negative thoughts, emotions and behaviors and management strategies.
- Thought Stopping: Activate unwanted and harmful thoughts and practice ways to stop them; visualize new forms of behavior.
- Distraction Techniques: Learning to change the focus of attention from external thoughts or experiences.
- Modeling: Observing and practicing positive ways to act in harmful situations.
- Coping: Analyzing and practicing skills for saying "no".

People with SUD should learn to understand and manage recurrence as part of their recovery process by means of CBM. They should develop skills to cope with risk situations; modify their thoughts and make lifestyle changes.

Resources:

- Beck, A.T., Wright, F.D., Newman, C.F., & Liese, B.S. (1993). *Cognitive therapy of substance abuse*. New York: Guilford
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