Cognitive Behavioral Interventions for Substance Abuse

Facilitator Training

University of Cincinnati Corrections Institute



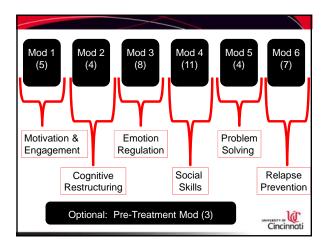
Curriculum Content, Format and Supporting Research



Curriculum Organization

- Introduction and Preparation Material
- Pretreatment Modules (optional)
- Modules 1-6
- Participant Worksheets





Group Structure

- Ideal size: 8-10 (max 16 = 2 facilitators)
- Group time: 1.25-1.50 hours
- Modified closed group: entry points with pre-requisites, pages 11-13
- Preparation requirement: ~30 minutes
- Homework: a key to transfer of practice



Session Format

- Session background Facilitator notes
- · Session materials
- · Practice work review
- · Group discussion and activities
- · Practice work assignment



Who May Deliver CBI-SA?

- Individuals who have successfully completed CBI-SA training
- Preference to substance abuse professionals
- State regulations may prohibit those without certification or licensure



Who Would Benefit from CBI-SA?

- Clients who score MODERATE or HIGH need in the substance use domain
- Admission does not require a substance use disorder diagnosis
- Those with substance abuse or dependence diagnosis are appropriate



How is the term "Substance Abuse" used in the Curriculum?

- Substance abuse leads to impairment in some aspect of functioning
- Individual may or may not be dependent on substances
- Current substance use (unless in a controlled environment)

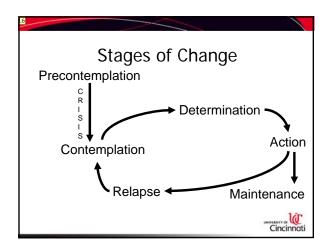


Is Abstinence Required?

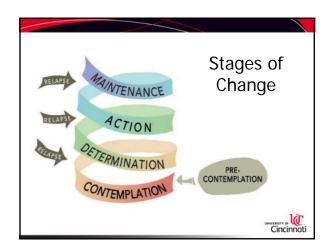
- Abstinence is not required programs will use their own policies
- Safety could warrant banning participants currently under the influence
- Drug testing is often used to monitor, but positive results are evidence of the need for treatment



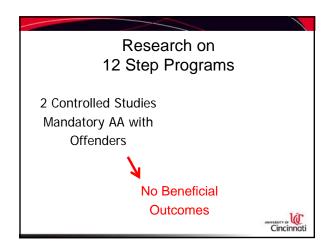




Contemplation=rationalize? It seems enough to say ambivalence (as that already points to both side L6 of the argument). LutherJR, 11/14/2011







Self-Help and Support Network

- Self-Help compliments and extends treatment effects
- Examples include 12 Step, SMART Recovery, Women for Sobriety
- Support is key type of support can vary (church, family/friends, community groups)



MI + CBT compared to CBT alone for Cocaine TX

- · Attended more sessions
- Reported greater desire for abstinence
- · Reported expectation of success
- Expected greater difficulty in maintaining abstinence
- · No differences on cocaine use

McKee, et al., (2007)

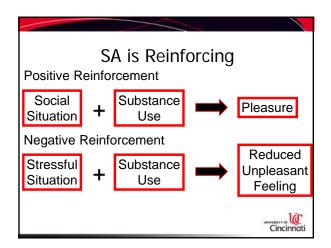
Trigger



Cognitive-Behavioral Treatment (CBT) THOUGHTS FEELINGS BEHAVIORS

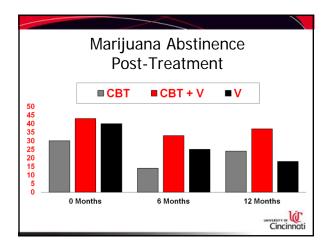
Use











Use of Lower Cost Items

- Petry (year) has shown lower but still significant benefits from low cost incentives
- Use of fishbowl, refund of fees, etc.
- · Socio-economic status did not change efficacy of incentives



Review by Bahr, Masters, and Taylor (2012)

- CBT TCs and Drug Courts lower drug use and crime more than no treatment control
- Pharmacological treatments associated with lower frequency of drug use
- · Contingency Management led to less drug use - especially when combined with CBT
- Improved outcomes with Aftercare

Bahr, S., A Masters, and B. Taylor (2012) "What Works in Substance Abuse Treatment Programs for Offenders?" The Prison Journal 20(10): 1-20.



Effective Programs

- Focus on high-risk offenders
- Provide strong inducements to receive treatment
- Include several types of interventions simultaneously
- Provide intensive treatment
- Include an aftercare component

