

# Group Cognitive Behavioral Therapy for Addictive Behaviors

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Society for Addiction Psychology (SoAP)  
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## Group CBT Structure

- 90-minute sessions (more if necessary)
- 5-8 members with psychopathology, comorbidity, and associated problems
- Open, rolling enrollment
- Compatible with other approaches (e.g., 12-step programs, individual therapy)
- Goals may be variable (e.g., harm reduction, improved relationships, employment, etc.)

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## Cannabis Use Disorder

### Diagnostic Criteria

- A. A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. Cannabis is often taken in larger amounts or over a longer period than was intended.
  2. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
  3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
  4. Craving, or a strong desire or urge to use cannabis.
  5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
  6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
  7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
  8. Recurrent cannabis use in situations in which it is physically hazardous.
  9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
  10. Tolerance, as defined by either of the following:
    - a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
    - b. Markedly diminished effect with continued use of the same amount of cannabis.
  11. Withdrawal, as manifested by either of the following:

## Gambling Disorder

### Diagnostic Criteria

**312.31 (F63.0)**

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  2. Is restless or irritable when attempting to cut down or stop gambling.
  3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
  4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
  5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
  6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
  7. Lies to conceal the extent of involvement with gambling.
  8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
  9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behavior is not better explained by a manic episode.

## Six Core Components of Addictions

(Griffiths, 2005)

- 1) Saliency – Importance in a person's life.  
Dominates thoughts, feelings, behaviors.  
Saliency increases with abstinence
- 2) Mood modification – A function of the  
addictive behavior is to induce a desired  
state (e.g., relief from boredom, anxiety,  
depression; provision of increased energy)
- 3) Tolerance – Increasing amounts needed to  
achieve same effect

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## Six Core Components of Addictions

(Griffiths, 2005)

- 4) Withdrawal symptoms – Unpleasant feelings  
and physical effects when activity is stopped  
or reduced
- 5) Conflict – Interpersonal relationships are  
damaged
- 6) Relapse – Repeated slips and return to  
addictive behavior

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## Misconceptions of CBT

- CBT is superficial and mechanistic.
- CBT focuses on symptom reduction, ignoring personality reorganization.
- CBT ignores importance of early life experiences.
- CBT ignores interpersonal relationship factors.
- CBT minimizes the therapeutic relationship.
- CBT ignores motivational issues.
- CBT disregards emotion.

(Adapted from Gluhoski; *Psychotherapy*, 1994)

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## Five Components of CBT

List and explain the importance of five essential components of individual and group cognitive-behavioral therapy (CBT) for substance use disorders and addictive behaviors.

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## Five essential components of individual and group CBT

- 1) Structure – Maintaining organization, focus
- 2) Collaboration – Listening, empathy, mutual goal-setting, giving & receiving feedback
- 3) Case conceptualization – Consideration of intrapersonal, interpersonal, developmental, environmental, socioeconomic, educational, distal, and proximal factors

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## Five essential components of individual and group CBT

- 4) Psychoeducation – teaching basic facts about SUDs and addictions, cause-effect relationships, developmental processes
- 5) Structured techniques –functional analysis, self-monitoring, daily thought records, scaling, advantages-disadvantages, what-if, behavioral activation, refusal skills, relationship (e.g., communication and conflict resolution) skills, seeking support, etc.

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## CBT Case Conceptualization

Formulate CBT case conceptualizations for individuals with substance use disorders and addictive behaviors, including distal and proximal antecedents, cognitive, behavioral, and affective processes.

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## Case conceptualization involves data collection

### For example...

- Relevant childhood experiences
- Current life problems
- Vulnerable (high risk) situations
- Schemas and core beliefs
- Addiction-related and permissive beliefs
- Conditional assumptions/beliefs/rules
- Compensatory strategies

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## Case conceptualization *Specific Categories*

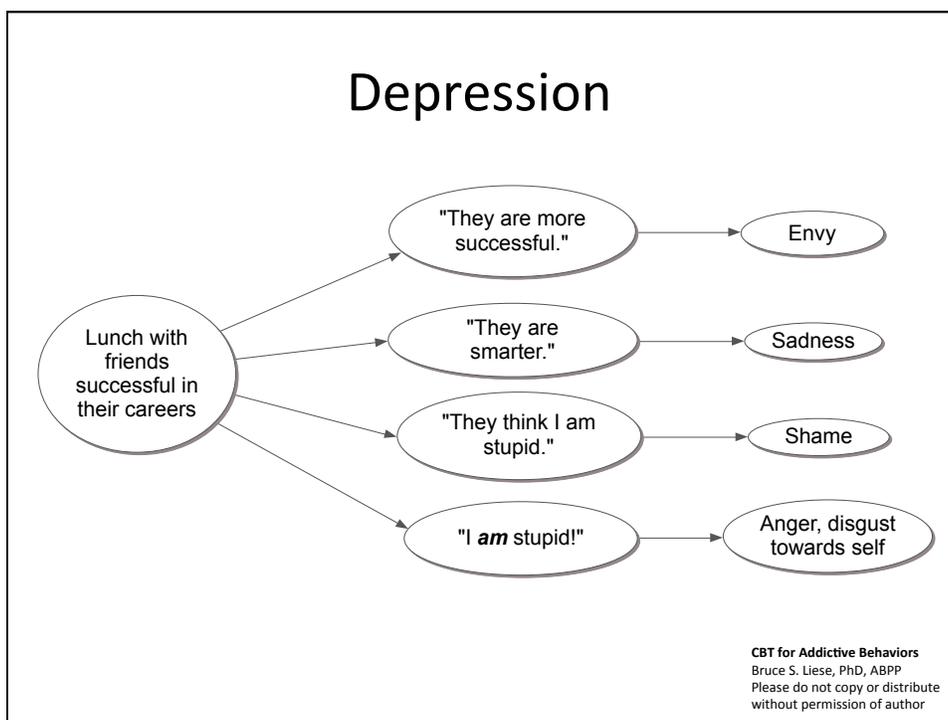
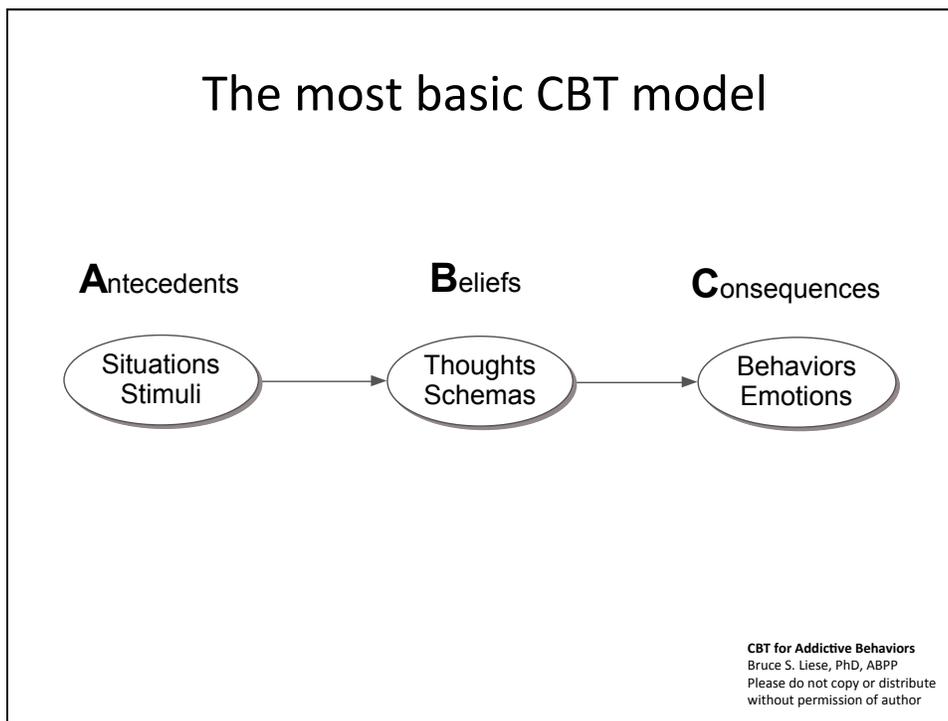
- I. Demographic information
- II. Diagnoses
- III. Psychometric test scores (if available)
- IV. Presenting problem and current functioning
- V. Developmental profile
- VI. Cognitive profile
- VII. Integration of cognitive/developmental profiles
- VIII. Implications for therapy

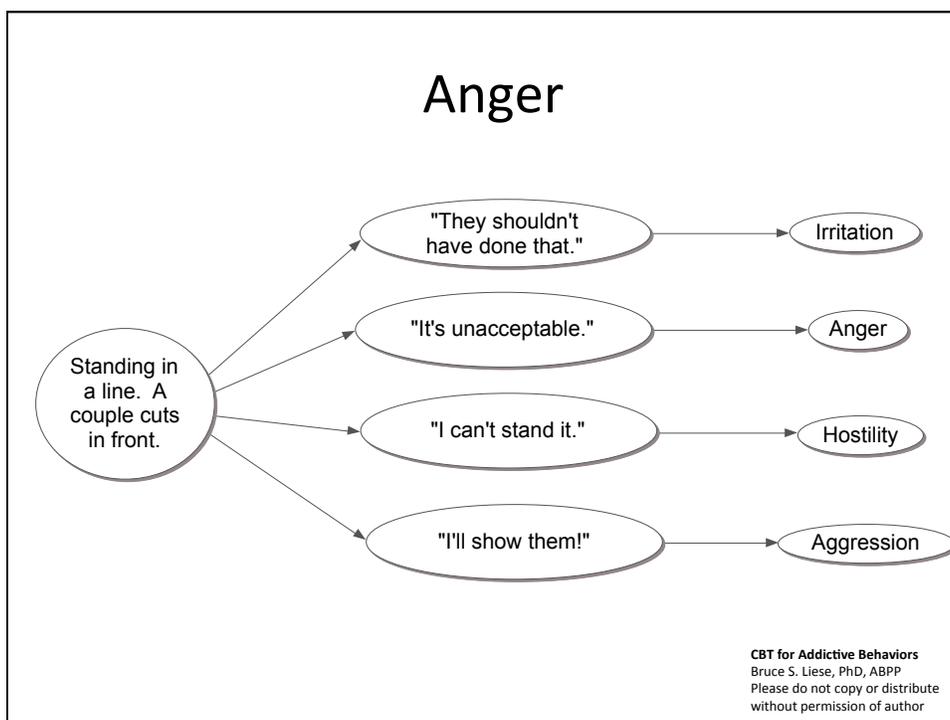
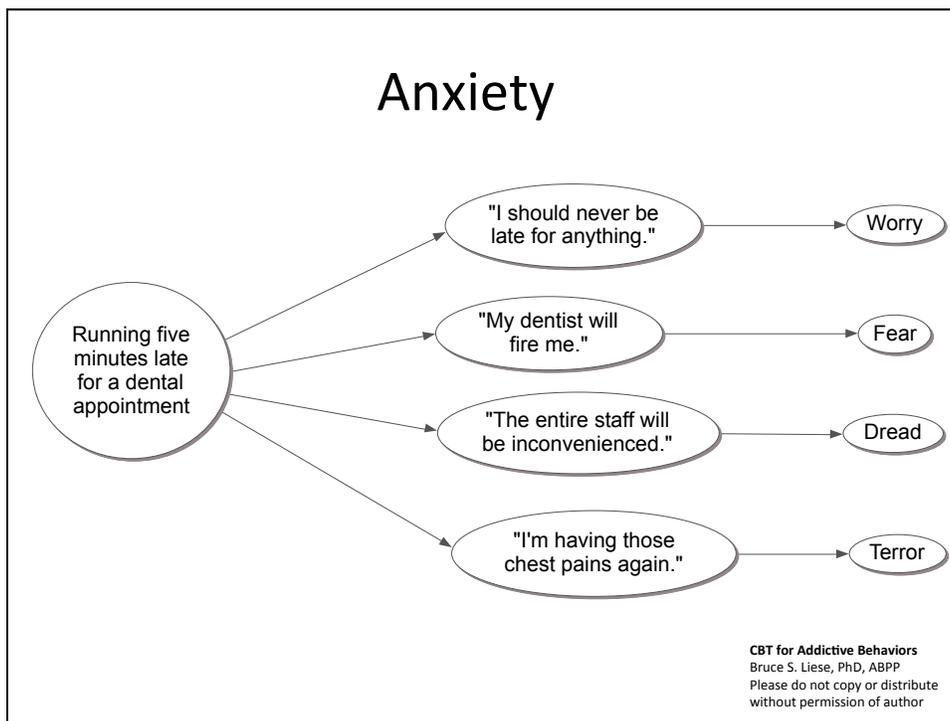
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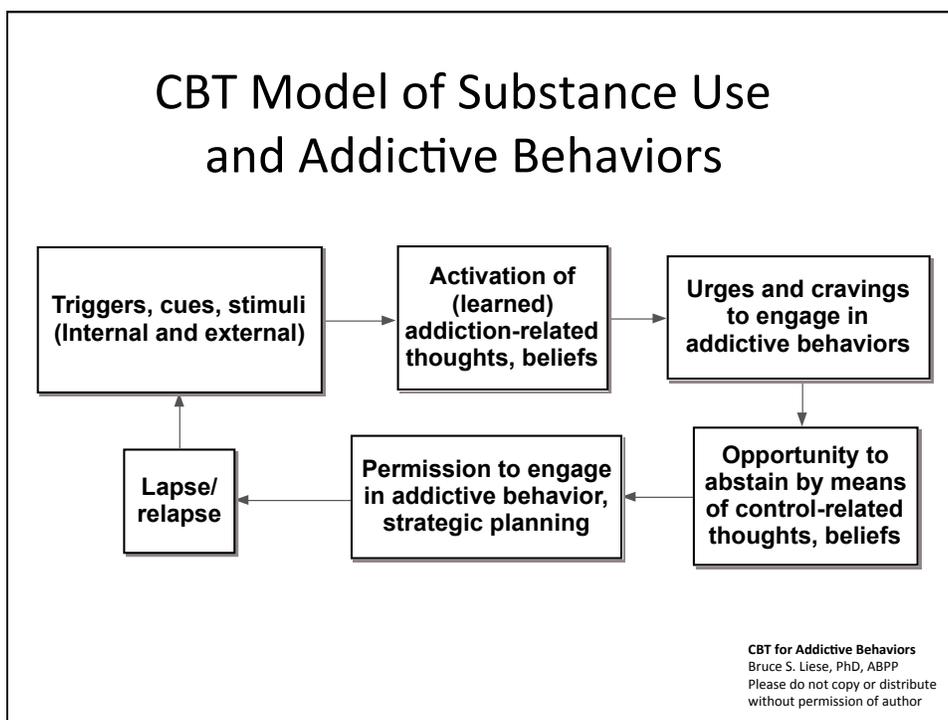
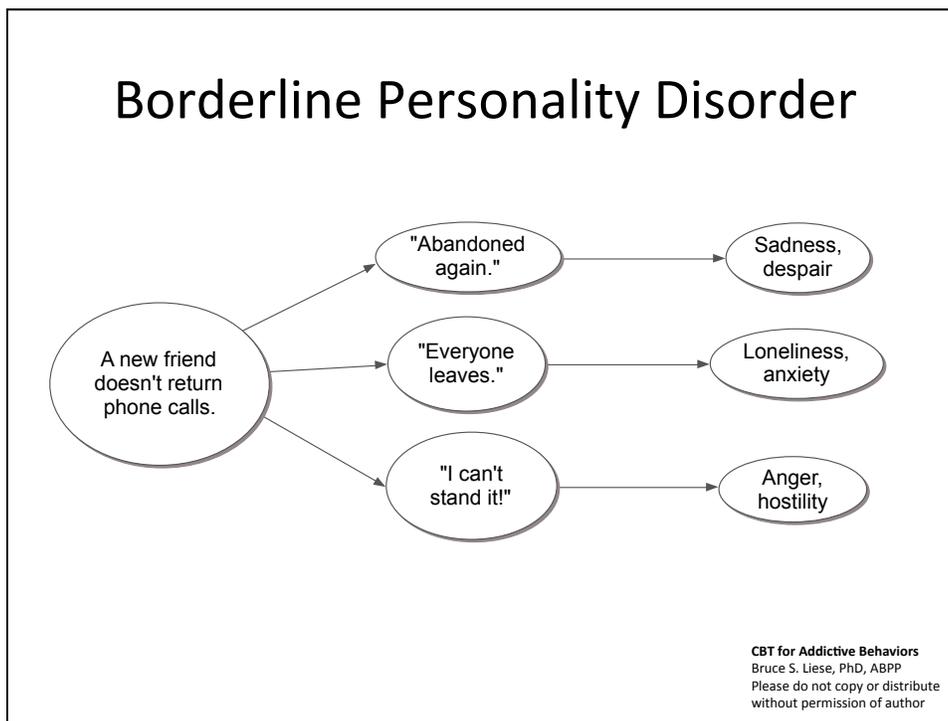
## Attend to Both Cognitive *Content and Processes*

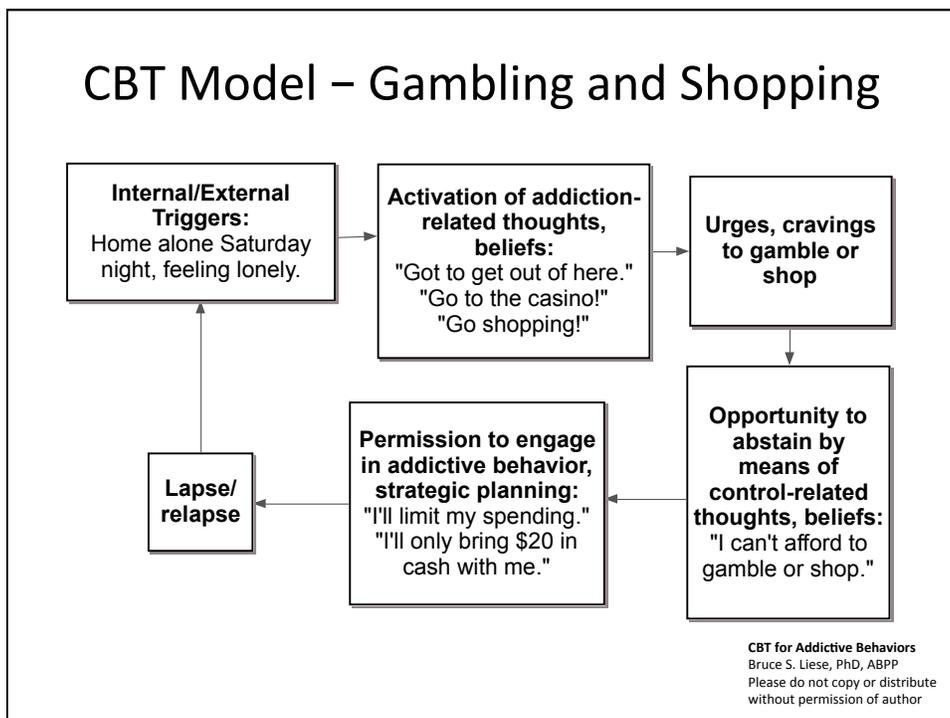
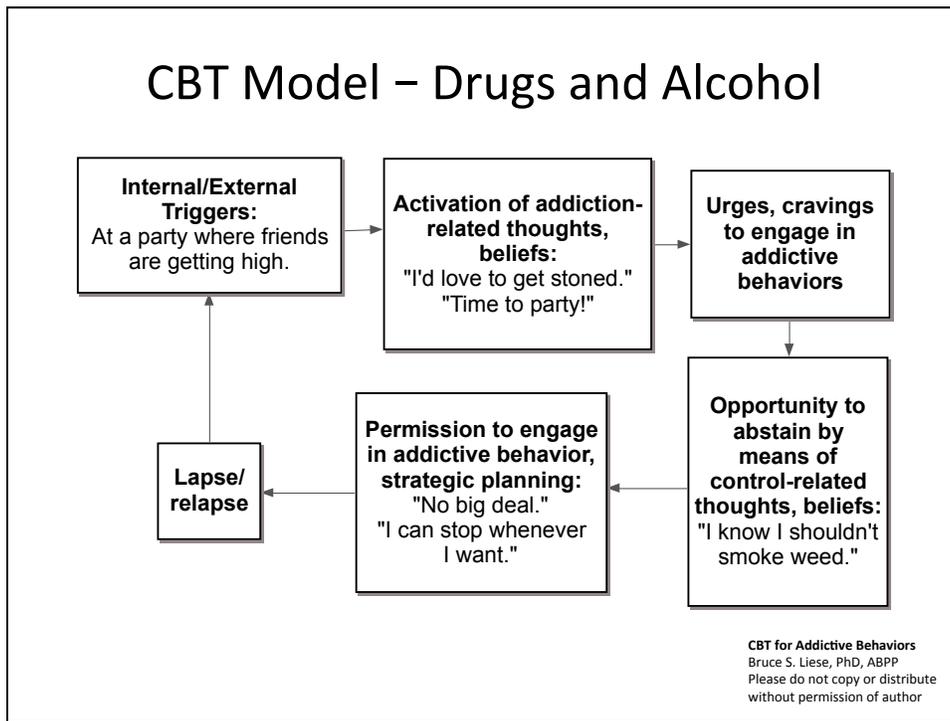
- Content - thoughts, beliefs, schemas (i.e., *what you think*)
- Processes – executive functioning; includes impulse control, affect regulation, focus, organization, planning, balance (i.e., *how you think*)

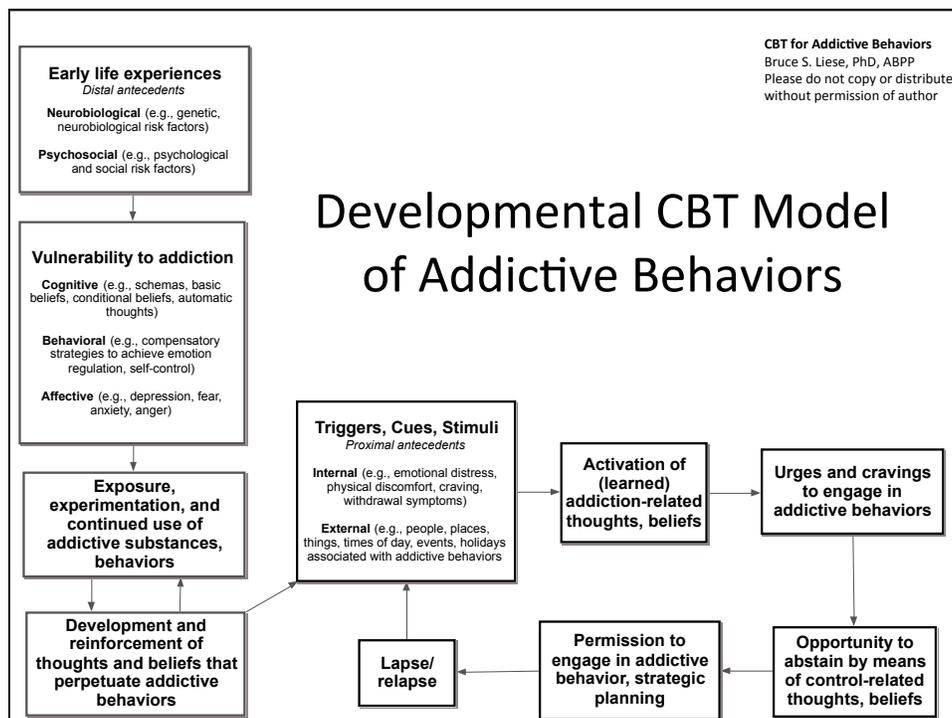
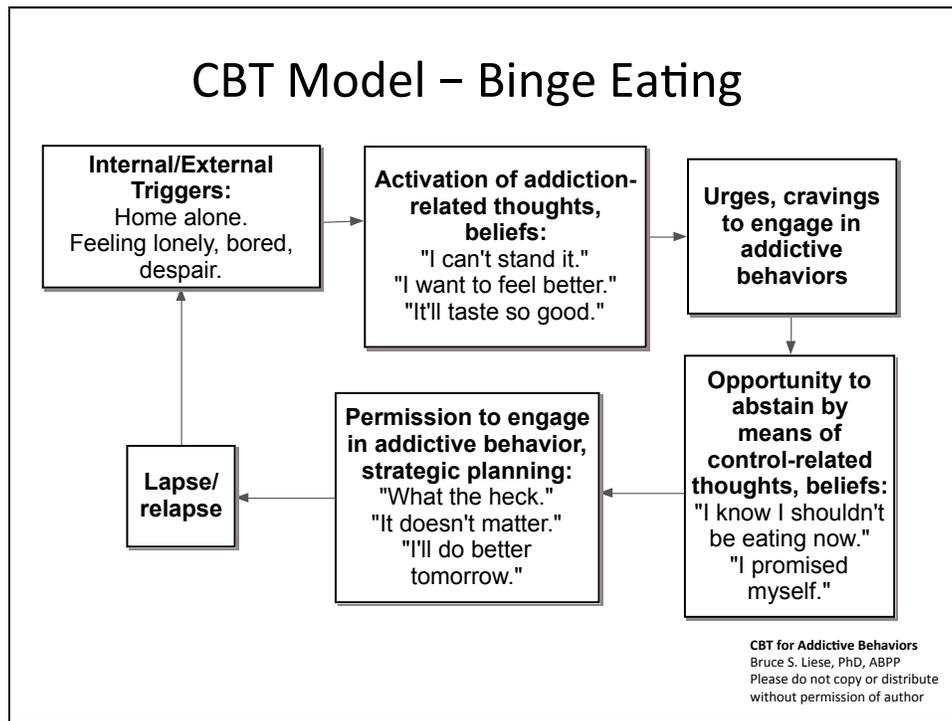
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## **Goal-Setting, Goal Achievement, and Readiness to Change**

Identify specific methods and challenges of goal-setting and goal-achievement for people with substance use disorders and addictive behaviors at all stages of readiness to change.

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## **Transtheoretical Stages of Change Model**

(Prochaska, DiClemente, & Norcross)

Precontemplation

Contemplation

Preparation

Action

Maintenance

Relapse

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## Goals of Therapy

Goals vary widely *within* and *between* people:

- Abstinence versus control
- Improve emotion regulation
- Improve social/interpersonal skills
- Improve coping skills
- Control of undesired habits
- Increased psychological mindedness
- Support from therapist or group

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## Structure and content of group CBT

Describe the structure of individual and group CBT  
for substance use disorders and addictive behaviors.

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## Group CBT Structure

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## Group Sessions

- Facilitator introductions (including rules, basic features of group)
- Member introductions – addictive behavior, status of addictive behavior, goals, other problems
- Cognitive & behavioral strategies - based on needs of group members
- Homework – review old and assign new
- Closure

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## Group Psychotherapy *Therapeutic Factors*

(Yalom & Leszcz, 2005)

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. Corrective recapitulation of family of origin issues

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## Group Psychotherapy *Therapeutic Factors*

(Yalom & Leszcz, 2005)

6. Developing social skills
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors

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## Screening CBTAG Members

### Inclusion criteria:

- Openness to psychotherapy
- Desire to share and receive feedback in a group setting
- Willingness to take responsibility for addictive behavior and other problems
- At least contemplating change
- Willingness to follow group rules

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## Basic Rules

- Strict confidentiality
- No clique formation or outside meetings
- No advice
- Personalize (vs. philosophize): “I” statements rather than “You” or “People...”
- Practice interpersonal skills in group
- Maintain willingness to grow
- No defensiveness

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## Screening CBTAG Members

### Exclusion criteria:

- Believes that he or she has been coerced into group attendance
- Denies any problems
- Severe/active psychopathology (e.g., hallucinations, delusions, sociopathy)
- Hostile or threatening behavior

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## Facilitator Introductions

- Facilitator name and pertinent information
- Reason for facilitating group
- Set expectations regarding structure and content of group
- Provide examples
- Review basic rules

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## Member Introductions

- Member name
- Addictive behavior(s)
- Status of addictive behavior(s)
- Goal(s)
- Other issues

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## Member Introductions

Name	Primary problem	Status of primary problem	Goal(s)	Other issues
Joe	Alcohol	Controlled drinking	"Don't get drunk again"	Unemployed
Mary	Marijuana	Abstinent	"Abstinence"	Anxiety
Sarah	Binge eating	Daily binge eating	"Healthy eating"	Medical problems
Ben	Gambling	Abstinent	"Only on special occasions"	Bipolar illness
Ann	Smokes 1.5 pack/day cigarettes	Lives with boyfriend who smokes.	"I'm just not ready to quit."	"My children hate my boyfriend!"
Bill	Cocaine	"Out of control" Recently visited crack house.	"Stop my self-destructive behavior"	Wife divorcing him.

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## Cognitive & Behavioral Strategies

- Socialize members to CBT model
- Coping vs. compensatory strategies
- Emotion regulation skills training
- Frustration tolerance
- Interpersonal skills training, including communication skills with role-playing
- Relapse prevention skills training
- Motivational interviewing

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## Specific Techniques

- Functional analysis
- Urge surfing
- Motivational interviewing
- mindfulness and meditation
- Self-monitoring
- “If-then” technique
- Refusal skills
- Advantages-disadvantages
- Exposure with response prevention
- Communication skills training
- Scaling

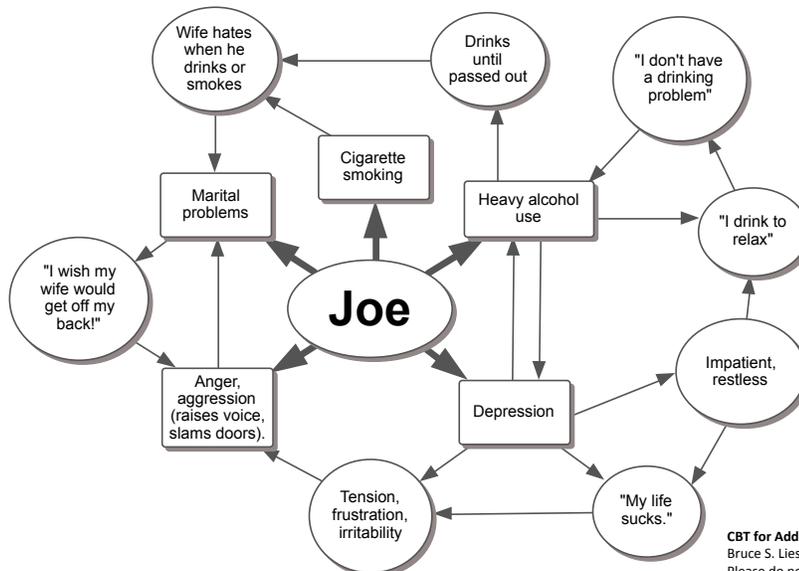
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## Problem Grid

Problem	Behaviors	Feelings	Thoughts
Depression	<ul style="list-style-type: none"> <li>Withdraw from wife, other family members, and friends.</li> <li>Withdraw from hobbies, social, and recreational activities.</li> </ul>	<ul style="list-style-type: none"> <li>Impatient</li> <li>Restless</li> <li>Unhappy</li> <li>Tense</li> </ul>	<ul style="list-style-type: none"> <li>"My life sucks."</li> <li>"Nothing works out."</li> <li>"I'm tired of this."</li> </ul>
Anger, Aggression	<ul style="list-style-type: none"> <li>Become visibly angry.</li> <li>Raise voice.</li> <li>Slam doors.</li> </ul>	<ul style="list-style-type: none"> <li>Annoyed</li> <li>Frustrated</li> <li>Angry</li> </ul>	<ul style="list-style-type: none"> <li>"Sometimes I just need to blow off steam."</li> <li>"People piss me off."</li> </ul>
Heavy alcohol use	<ul style="list-style-type: none"> <li>Drink alcohol and pass out every night while watching television.</li> </ul>	<ul style="list-style-type: none"> <li>Tense until drinking begins</li> <li>Relief after first drink</li> </ul>	<ul style="list-style-type: none"> <li>"I don't have a drinking problem."</li> <li>"I drink to relax."</li> </ul>
Cigarette smoking	<ul style="list-style-type: none"> <li>Continue to smoke 2 packs of cigarettes per day, despite the fact that wife has asked him to stop on many occasions.</li> </ul>	<ul style="list-style-type: none"> <li>Urges and cravings prior to smoking</li> <li>Relief while smoking and for some time afterwards</li> </ul>	<ul style="list-style-type: none"> <li>"I wish people would just get off my back about smoking."</li> <li>"I'll quit when I'm good and ready."</li> </ul>
Marital problems	<ul style="list-style-type: none"> <li>Anger, aggression towards wife.</li> <li>Raise voice at wife.</li> <li>Refuse to stop drinking, smoking.</li> </ul>	<ul style="list-style-type: none"> <li>Angry that his wife is critical of him</li> <li>Furious when wife threatens to leave</li> </ul>	<ul style="list-style-type: none"> <li>"My marriage sucks."</li> <li>"My wife is always on me about something."</li> <li>"My wife doesn't understand me."</li> </ul>

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## Concept Mapping



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## Daily Thought Record (DTR)

Date and Time	Situation	Emotion (0-100)	Automatic thoughts (0-100%)	Alternative thoughts (0-100%)	New Emotion (0-100)

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## Advantages-Disadvantages Analysis

	Engage in addictive behavior	Do not engage in addictive behavior
Advantages		
Disadvantages		

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## Homework

- CBT wouldn't be CBT without homework
- Assignments determined collaboratively
- Individuals and group members are expected to provide ideas for homework
- May be related to addictive behaviors but may also involve general coping skills
- May be cognitive, behavioral, relational
- Review of homework is essential

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